



## Training Partner Program Roster Submittal Form Occupational & Physical Therapy (OT & PT) Assessment Class Packs

If you are an approved TPP member teaching OT & PT Assessments in your program and would like your students to have access to a suite of digital assessment tools, please complete this form. Please note, this form is only to be used by TPP members. To apply to become a TPP member please visit pearsonassessments.com/TPP and fill out the membership application.

Please complete this form in its entirety and fax to: 1-800-232-1223 Attn: TPP Team. For faster processing, complete the webform at <a href="mailto:pearsonassessments.com/submitpo">pearsonassessments.com/submitpo</a> and attach this form. Please make sure to complete all required fields. Select 'Q-Global' as your product name and 'order/status' as your submission category.

Once this form is submitted and approved, class pack materials will be available in your Q-global account in 3-5 days.

		Professor/Cla	ss Information			
Profe	ssor's Name:					
University:						
Depa	rtment/Program:					
Cour	se(s) in which material will	be used:				
Year/Semester:						
Phone Number:						
Emai	Address:					
Q-glo	bal Account #:					
	SHIPPING AD	DRESS:	BILLING ADDRESS:			
Address:			Address:			
Address: 2			Address: 2			
City: State: Zip		tate: Zip	City:	State:	Zip	
Products Requested						
Please list the quantity of class packs needed for your class along with your student roster.						
Qty	ISBN/Product Number:		Description:		List Price:	
	A103000229875	TPP OT 8	R PT Class Pack on Q-global		No Charge	
	Student Roster					
		Terms & (	Conditions			
Terms & Conditions						
	I certify that the students listed above will be using these materials under my supervision					
and for educational purposes only.						
Signature:			Date:			
_						