Research Assistance Program

RAP Application

I. **Title.** Indicate the full title of the study that will be conducted. If you are requesting research assistance for more than one study, you must complete a separate application for each study.

II. **Principal Investigator.** Indicate the name and institution of the principal investigator of the study. Also indicate the principal investigator's address (both current and permanent), daytime phone number, and email address.

III. **Other Investigators.** Indicate the name and institution of all other investigators involved.

IV. **Purpose of the Study.** Describe the general purpose of the study.

V. **Methodology.** Describe the design of the study, including type(s) and number of participants, the data gathering procedures, the instruments used, and the proposed analyses.

VI. **Duration of the Study.** Indicate the date you anticipate that you will complete a formal report of the results. The formal report should be submitted to Pearson within one month of this date.

VII. **Signatures and Authorization.** For non-student researchers, your study description must be signed and dated by the principal investigator. For student researchers, your study description must be signed and dated by you and your supervisor, graduate advisor, or committee member. All applications are subject to review by the appropriate Pearson representatives.

I certify that the information contained in this proposal is accurate. I certify that all test materials and scoring services used under the Pearson Research Assistance Program (RAP) will be used in the above non-billable research project. I certify that the use of test(s) is clearly an appropriate application utilizing ethical administration procedures as defined in the test manual. I understand and agree that all materials utilized under this program are subject to the RAP contract terms and conditions stated and in the current Pearson catalogs. I understand that these materials may not be copied or reproduced in any way. In consideration of the granting of this research assistance for test materials and scoring services, I agree to provide Pearson with a formal report of the results of the research project described above within one (1) month after the report is completed. I authorize Pearson, on a royalty-free basis, to copy and distribute the formal report of this research project to interested researchers and clinicians.

I understand that this application is subject to review by the appropriate Pearson representatives.

If the ***principal investigator is NOT a student***, please complete the following signatures and authorization:

Principal Investigator's SIGNATURE **Date**

Pearson Director of Psychometric Development SIGNATURE **Date**

If the ***principal investigator IS a student***, please complete the following signatures and authorization:

Student's SIGNATURE **Date**

Research Supervisor, Graduate Advisor, or Committee Member SIGNATURE **Date**

Full name of the Graduate Program and Institution

Pearson Representative SIGNATURE **Date**

Please mail your signed and authorized study description, qualification form, order form, and payment to:

Pearson
5601 Green Valley Drive, 4th floor
Bloomington, MN 55437
Fax: 800.632.9011
Email: ResearchAssist@Pearson.com

Copyright © 2010 by Pearson Education, Inc. or its affiliate(s). All rights reserved. Pearson, PsychCorp, and Q Local are trademarks and the Psi logo is a registered trademark, in the U.S. and/or other countries, of Pearson Education, Inc. or its affiliate(s). **4432** 03/10 RES