

Accreditation Form

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Organization Name _____ Country _____
Physical Address _____ City _____ State _____ Zip _____
Administrator (Responsible Party) _____ Position/Title _____

1. Type of Business:

- Public School Non-Public School College-4yr, 2yr, Trade/Technical Institute, Graduate
 Tutoring/Learning Agency Preschool/Daycare

2. Accreditation Information:

- Accredited School (If checked, complete question 3) Non-Accredited (If checked, complete question 4)

3. Organization Accredited by:

4. Does the facility plan to seek accreditation? Yes, Complete lines 4a and 4b

- No, Complete lines 5 and 6 a-e

4a. Name of accrediting organization: _____

4b. Beginning date of accreditation process _____

5. Administrator Educational Background:

Bachelor's Degree: Year _____ Institution _____ Major _____

Master's Degree: Year _____ Institution _____ Major _____

Doctorate: Year _____ Institution _____ Major _____

Other: Year _____ Institution _____ Major _____

6. School Information:

6a. Curriculum Utilized:

6b. Enrollment:

6c. School Established:

6d. Grade levels:

6e. Current achievement test used:

I certify that I and/or persons who may use the test material being ordered by me have a general knowledge of measurement principles and of the limitations of test interpretations as called for in the *Standards for Educational and Psychological Testing* and that I/we are qualified to use and interpret the results of these tests being purchased is recommended in these *Standards*. Each person or institution purchasing a test must agree to comply with the following basic principles of minimum test security: Test takers must not receive test answers before beginning the test; test users must adhere strictly to the copyright law and under no circumstances photocopy or otherwise reproduce answer forms, test books, or manuals; access to test materials must be limited to qualified persons who agree to safeguard their use. Test materials may not be resold or distributed under any circumstances.

Your signature indicates acceptance of and compliance with the principles above.

Signature _____ Date _____

Copy and return with order to Fax 1-888-556-2103 or 1-765-483-6792 or scan a completed form to EACustomerService@pearson.com. Pearson, Attn: Research Group / Customer Service, PO BOX 599704, San Antonio, TX 78259