

If you are submitting a purchase order, please attach it to this completed order form.



1 Customer Account Information

Customer Account Owner Number _____
(find number on recent invoice or packing slip)
Account Owner Name _____
Account Owner E-mail address _____
Account Owner Phone () _____

2 Activate and Ship to

Name _____
Title _____
Organization _____
Street _____
City _____ State _____ Zip _____ + _____
Phone () _____
Fax () _____
E-mail _____

Phone: 888.783.6363
Email: rehacominfo@pearson.com

Bill to (if different)

Name _____
Title _____
Organization _____
Street _____
City _____ State _____ Zip _____ + _____
Phone () _____
Fax () _____
E-mail _____

☐ First Order? • Please establish your qualification level (see reverse side)
• Include prepayment

3 RehaCom® Home Therapy Licenses & Equipment

RehaCom Package	Order #	Price*	Select Quantity	Sub-Total
In Clinic Screening License Packages				
REHACOM - IN CLINIC SCREENING LICENSE - 3 YR	A103000196656	\$1,000.00		
REHACOM - IN CLINIC SCREENING LICENSE - 5 YR	A103000196657	\$1,500.00		
REHACOM - IN CLINIC SCREENING LICENSE - 7 YR	A103000196658	\$1,900.00		
Hourly Home Training Packages				
DISCOVER pkg 400 hours	A103000196659	\$800.00		
CLASSIC pkg 800 hours	A103000196660	\$1,500.00		
POWER pkg 1600 hours	A103000196661	\$2,800.00		
RehaCom Panel	0150303092	\$500.00		

Prices are valid through December 31, 2020 and are subject to change without notice.

4 Payment

☐ Purchase Order # _____
☐ Check enclosed payable to NCS Pearson, Inc. Check # Amount \$ _____
☐ Credit card: *Please provide the best contact number to reach you
between the hours of 7:00 am and 6:00 pm Central Time:
Phone Number _____

*Pearson can only accept credit card payments through the e-commerce portal, call center, or remote call centers at selected events. Credit card information is not accepted via paper orders to protect your personal information.

5 Shipping

Subtotal	\$
Add your state and local tax	\$
*Call for shipping information	\$
Total	\$

6 Authorization, Prices and Terms

Prices effective from January 1, 2020 to December 31, 2020 and subject to change without notice. Terms are balance net 30 days. Risk of loss is FOB destination with shipping charges added to invoice. I authorize Pearson to ship this order and agree to Pearson's Terms and Conditions of Sale and Use of Pearson Products, their Qualification Policies, and their Return Policy.

Signature _____
Title _____ Date _____



Qualifications Policy

Please establish your qualification level for this and future purchases by completing the User Acceptance Form. You may also complete the form online at PearsonClinical.com.

Pearson is committed to maintaining professional standards in testing and professional practice as presented in the *Standards for Educational and Psychological Testing* published by the American Educational Research Association (AERA), American Psychological Association (APA), and the National Council on Measurement in Education (NCME). A central principle of professional use is that individuals should use only those products for which they have the appropriate training and expertise. Pearson supports this principle by stating qualifications for the use of particular tests and interventions, and selling products to individuals who provide credentials that meet those qualifications. The policies that Pearson uses to comply with professional testing practices are described below.

The "User" is the individual who assumes responsibility for all aspects of appropriate use, including administration, scoring, interpretation, and application of results. Some tests may be administered or scored by individuals with less training, as long as they are under the supervision of a qualified User.

Each test manual will provide additional detail on administration, scoring, and/or interpretation requirements and options for the particular test.

We accept orders from individuals when a User Acceptance Form has been submitted and accepted. All products are classified by a user qualification code. See the specific product descriptions in the catalog or on the Web for these qualification levels.

QUALIFICATION LEVEL A:

There are no special qualifications to purchase these products.

QUALIFICATION LEVEL B:

Products may be purchased by individuals with:

- A master's degree in psychology, education, occupational therapy, social work, or in a field closely related to the intended use of the assessment, and formal training in the ethical administration, scoring, and interpretation of clinical assessments.

OR

- Certification by or full active membership in a professional organization (such as ASHA, AOTA, AERA, ACA, AMA, CEC, AEA, AAA, EAA, NAEYC, NBCC) that requires training and experience in the relevant area of assessment.

OR

- A degree or license to practice in the healthcare or allied healthcare field.

OR

- Formal, supervised mental health, speech/language, and/or educational training specific to assessing children, or in infant and child development, and formal training in the ethical administration, scoring, and interpretation of clinical assessments.

QUALIFICATION LEVEL C:

Tests with a C qualification require a high level of expertise in test interpretation, and can be purchased by individuals with:

- A doctorate degree in psychology, education, or closely related field with formal training in the ethical administration, scoring, and interpretation of clinical assessments related to the intended use of the assessment.

OR

- Licensure or certification to practice in your state in a field related to the purchase.

OR

- Certification by or full active membership in a professional organization (such as APA, NASP, NAN, INS) that requires training and experience in the relevant area of practice.

We are committed to supporting the professional standards of our Customers, the integrity of our respected assessments and interventions, and the ethical obligations outlined by the American Psychological Association.

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User Acceptance Form

*Name _____

*Organization Name _____

*Telephone _____ *Fax _____

*E-mail _____

*Address _____

*City _____ *State _____ *Zip _____ *Country _____

1. Professional Title

- | | |
|---|---|
| <input type="checkbox"/> Audiologist | <input type="checkbox"/> Psychologist—Clinical |
| <input type="checkbox"/> Consultant/Specialist—Education | <input type="checkbox"/> Psychologist—Forensic |
| <input type="checkbox"/> Counselor—Family/Mental Health/Substance Abuse | <input type="checkbox"/> Psychologist—Industrial/Occupational |
| <input type="checkbox"/> Counselor—Vocational/Academic | <input type="checkbox"/> Psychologist—Neuro |
| <input type="checkbox"/> Director—Clinical Training | <input type="checkbox"/> Psychologist—School |
| <input type="checkbox"/> Early Childhood Professional | <input type="checkbox"/> Psychometrist |
| <input type="checkbox"/> Education Professional | <input type="checkbox"/> Public Safety Official |
| <input type="checkbox"/> Educational Diagnostician | <input type="checkbox"/> School Social Worker |
| <input type="checkbox"/> Human Resources Professional | <input type="checkbox"/> Social Worker |
| <input type="checkbox"/> Nurse | <input type="checkbox"/> Special Education Professional |
| <input type="checkbox"/> Occupational Therapist | <input type="checkbox"/> Speech Language Pathologist |
| <input type="checkbox"/> Physical Therapist | <input type="checkbox"/> Student/Intern |
| <input type="checkbox"/> Physician | <input type="checkbox"/> Teacher |
| <input type="checkbox"/> Principal | <input type="checkbox"/> Testing Coordinator |
| <input type="checkbox"/> Professor | <input type="checkbox"/> Training Development Professional |
| <input type="checkbox"/> Psychiatrist | <input type="checkbox"/> Other: _____ |

2. Primary Work Setting:

Education

- ☐ Public School
☐ Private School
☐ Post-Secondary 4-year
☐ Post-Secondary 2-year
☐ Technical/Vocational College
☐ Head Start
☐ Daycare/Preschool
☐ Other: _____

Government

- ☐ Corrections
☐ Public Safety/High-Risk
☐ Military/VA
☐ CMHC
☐ Federal/State/Local Org
☐ Other (please specify) _____

3. Highest professional degree attained:

*Degree _____ *Major Field _____ *Year _____

*Institution _____

4. Course work completed in Tests and Measurement: yes or no

If yes *Date _____ *Course _____

*Institution _____

☐ graduate level ☐ undergraduate level

5. Valid license or certificate issued by a state regulatory board:

*Certificate/License Type _____ *Number _____

*Certifying or Licensing Agency _____

*State _____ *Expiration Date _____

6. I have Full and Active Membership in the following Professional Organization(s):

- ☐ ASHA ☐ AOTA ☐ APA ☐ AERA ☐ ACA ☐ AMA ☐ NASP ☐ NAN ☐ INS ☐ CEC ☐ AEA ☐ AAA
☐ EAA ☐ NAEYC ☐ NBCC ☐ OTHER _____

Member No. _____ Member Type _____

I agree:

- To update my information upon request.
- I am qualified to properly use any Pearson Products I order, and I have provided Pearson with only accurate and true qualification information.
- Any Pearson Products purchased under my account will be used by me and/or under my supervision.
- Any Pearson Products purchased under my account will be used in accordance with all applicable legal and ethical guidelines.
- I have read and hereby agree to and accept Pearson's Terms and Conditions of Sale and Use of Pearson Products on all orders for my account and will abide by the Pearson Terms and Conditions and Qualification Policies (as may be modified or amended at PearsonClinical.com).
- I will not resell or reproduce any Pearson Products.
- Any violation of Pearson's Terms and Conditions of Sale and Use may result in the revocation of my right to purchase as a qualified Customer. If there are any changes that may affect my qualification to purchase, I will immediately notify Pearson of such changes.

*Signature _____ *Date _____

* Required fields