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 _________________________________________________________

☐ First Order? • Please establish your qualification level (see reverse side)
☐ Renewing? • Please provide your current license/panel number(s)

3 RehaCom® In Clinic Licenses & Equipment

<table>
<thead>
<tr>
<th>Product Number</th>
<th>ISBN</th>
<th>Price*</th>
<th>Select Quantity</th>
<th>Sub-Total</th>
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<td>Initial Annual Starter Licenses</td>
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<td>Chin rest</td>
<td>0150303327</td>
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<td>POWER pkg 1600 hours</td>
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Prices are valid through December 31, 2021 and are subject to change without notice.

4 Shipping

Subtotal $ ______________
Add your state and local tax $ ______________
*Call for shipping information $ ______________
Total $ ______________
QUALIFICATION POLICIES & USER ACCEPTANCE FORM

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.

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, NAEC, 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.
**User Acceptance Form**

*Name________________________________________*Organization Name________________________________________*
*Telephone ____________________ *Fax ____________________
*E-mail __________________________________________*
*Address _____________________________
*City ____________________ *State ______ *Zip______ *Country________________________________________

1. **Professional Title**
   - [ ] Audiologist
   - [ ] Consultant/Specialist-Education
   - [ ] Counselor-Family/Mental Health/Substance Abuse
   - [ ] Counselor-Vocational/Academic
   - [ ] Director-Clinical Training
   - [ ] Early Childhood Professional
   - [ ] Education Professional
   - [ ] Educational Diagnostician
   - [ ] Human Resources Professional
   - [ ] Nurse
   - [ ] Occupational Therapist
   - [ ] Physical Therapist
   - [ ] Physician
   - [ ] Principal
   - [ ] Professor
   - [ ] Psychiatrist

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 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

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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