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

### Customer Account Information

Customer Account Owner Number __________________________ (find number on recent invoice or packing slip)

Account Owner Name ______________________________________

Account Owner Email address __________________________________

Account Owner Phone ( ) ________________________________

### Activate and Ship to

Name ___________________________________________________

Title ____________________________________________________

Organization _____________________________________________

Street __________________________________________________________________________

City __________________________ State _____ Zip __________ + ___ ___

Phone ( ) __________________________ Fax ( ) _________________________

E-mail __________________________________________________________

### 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>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Initial Annual Starter Licenses</strong> (these licenses include a RehaCom panel)</td>
<td></td>
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<tr>
<td>1 year license (includes Panel)</td>
<td>0150303033</td>
<td>$1,495.00</td>
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<td>3 year license (includes Panel)</td>
<td>015030305X</td>
<td>$3,300.00</td>
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<td>A103000130461</td>
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<td><strong>Annual Renewal Licenses</strong></td>
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<td><strong>Additional RehaCom Equipment</strong></td>
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<td>Panel</td>
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<td>Chin rest</td>
<td>0150303327</td>
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<td>RehaCom Server Dongle (also requires multiple licenses to be ordered)</td>
<td>A103000130197</td>
<td>$300.00</td>
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<tr>
<td><strong>Hourly Home Training Packages</strong> (must be added to an existing RehaCom license)</td>
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<td>DISCOVER pkg 400 hours</td>
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<td>CLASSIC pkg 800 hours</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.

### Shipping

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<th>Subtotal</th>
<th>Add your state and local tax</th>
<th>Total</th>
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<tbody>
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</tr>
</tbody>
</table>

ISBN Product Number Price Select Quantity Sub-Total

- PHONE 888-783-6363 | PearsonAssessments.com/RehaCom

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)

☐ Renewing? • Please provide your current license/panel number(s)

*Prices are subject to change without notice.*
Authorization, Prices and Terms

Prices effective from January 1, 2019 to December 31, 2021 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 ____________________________  Date ____________

Title ____________________________

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.

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, 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, NAEYC, NBCC) that requires training and experience in the relevant area of practice.
QUALIFICATION POLICIES & USER ACCEPTANCE FORM

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
☐ Government
☐ Other: ________________________________

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

3. Highest professional degree attained:

*Degree ________________________________ *Major Field____________________

*Year ________________________________ *Institution __________________________________

☐ grad school level
☐ undergraduate level

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

If yes

*Date__________________________ *Course__________________________

*Institution __________________________________________

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 ☐ 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

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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