



TPP Roster Submittal Form Clinical Assessment Class Packs

If you are an approved TPP member teaching Clinical Assessment in your program and would like your students to have access to a suite of assessment tools, please complete this form. Please note, this form is only to be used by TPP members. To apply to become a TPP member please visit pearsonassessments.com/TPP and fill out the membership application.

Please complete this form in its entirety and fax to: 1-800-232-1223 Attn: TPP Team. For faster processing, complete the webform at <u>pearsonassessments.com/submitpo</u> and attach this form. Please make sure to complete all required webform fields. Select 'Q-Global' as your product name and 'order/status' as your submission category.

Once this form is submitted and approved, class pack materials will be available in your Q-global account in 3-5 days.

Professor/Class Information							
Profe	essor's Name:						
	ersity:						
Department/Program:							
Course(s) Material will be used in:							
Year/Semester:							
	e Number:						
Email Address:							
Q-global Account #:							
SHIPPING ADDRESS:				BILLING ADDRESS:			
Address:				Address:			
Address: 2				Address: 2		_	
City :	St	ate:	Zip	City :		State:	Zip
Products Requested Please list the quantity of class packs needed for your class along with your student roster.							
		ass packs needec		g with your	r student ro		
Qty	ISBN/Product Number:			Description:			List Price:
	A10300066586		. 0	bal TPP Adult Class			No Charge
	A103000066587			l TPP Adolescent Cl	ass Pack		No Charge
Student Roster							
Torms & Conditions							

Terms & Conditions

I certify that the students listed abovebe using these materials under my supervision and for educational purposes only.

Signature: _

Date: _____