

PURCHASER QUALIFICATION FORM - GEDYE DEMENTIA SCALE FOR DOWN SYNDROME

These materials are available only to users (psychologists and psychometricians) who have appropriate training and credentials, adhere to the principles of proper test use, including knowledge of tests and their limitations, and accept responsibility for proper test use.

Name: _____

Organization: _____

Job Title: _____

Address: _____

City: _____ Province/State: _____

Postal Code: _____ Phone:(____) _____ Fax:(____) _____

Professional Degree(s): _____

If Licensed, indicate where: _____

Relevant Experience: _____

The use and interpretation of these materials requires graduate training in standardized assessment procedures of at least the Master's degree level, as well as thorough knowledge of the manual. The administration of the GEDYE DEMENTIA SCALE FOR DOWN SYNDROME also requires supervised experience administering intelligence tests. Psychometricians with a minimum of two years supervised experience assessing intelligence and adaptive functioning in the developmentally disabled population may also qualify. Eligibility to purchase these materials is determined on the basis of professional degree, relevant experience, and acceptance of the conditions listed below. The user or supervisor named below agrees to the following conditions:

1. I will maintain **confidentiality** of the completed test protocols.
2. I will employ scoring and assessment procedures **according to the test's instructions**.
3. I will honor and **abide by copyright laws** and will not reproduce copyrighted materials.
4. I will **not release** the manual or test booklets **to unauthorized persons** in conformity with professional standards for psychological assessment.

My signature indicates compliance with above conditions. I certify that I understand the elements of testing essential to appropriate use of standardized tests, and I have personal knowledge of professional testing standards. I have the appropriate training and competencies to use the testing materials I seek to purchase. I agree that my use of such materials will adhere to applicable local and national laws and regulations and the ethical principles of my profession.

Signature: _____ Date: _____