FACULTY
TEST LIBRARY REGISTRATION FORM - FACULTY
PSYCHOEDUCATIONAL RESEARCH AND TRAINING CENTRE (PRTC)

Faculty of Education
University of British Columbia
Room 1100, 2125 Main Mall
Vancouver, BC, V6T 1Z4

NAME: _____ Library Card #: _____
LAST, FIRST

ADDRESS: _____ CITY: _____ P/C _____
_____

PHONE NUMBER(S): HOME: _____ WORK/CAMPUS: _____
E-MAIL ADDRESS: _____

UBC DEPARTMENT: _____ PROGRAM AFFILIATION: _____

POSITION/TITLE: _____

HIGHEST DEGREE	DATE RECEIVED	INSTITUTION	MAJOR/MINOR

Primary Area of Specialty (based on advanced (graduate) training, or supervised experience in professional field)

☐ School Psychology ☐ Counselling Psychology ☐ Special Education ☐ Clinical Psychology
☐ Developmental Psychology ☐ Speech and Language Pathology ☐ Organizational Psychology
☐ Other (specify) _____

Current Professional Registration or Certification: _____

RELEVANT TRAINING (related to ethical use and training in the use, administration and/or interpretation of tests). According to the Standards for Educational and Psychological Testing (1985), "*Responsibility for test use should be assumed by or delegated only to those individuals who have the training and experience necessary to handle this responsibility in a professional and technically adequate manner. Any special qualifications for test administration or interpretation for specific measures should be met*."

Please indicate below those areas in which you have relevant training and in which you are able to provide training and supervision to students.

Psychometric Principles / Measurement _____

Specific Areas of Assessment in which you are qualified to supervise students:

Achievement _____
Intelligence _____
Other Aptitude (specify) _____
Personality _____
Psychopathology _____
Vocational interest/Career _____
Other (specify) _____

I certify that I and/or students or research assistants who use test materials under my supervision have appropriate knowledge of measurement principles, and training and supervision appropriate to the level of test being administered or interpreted. I have read and understand the (PRTC) *Qualifications for Ethical Use of Tests* and agree to abide by the guidelines for ethical use of tests and maintenance of test security: test users must strictly adhere to the copyright law, and access to test materials must be limited to qualified persons who agree to safeguard their use.

I will be financially responsible for all tests, books and materials that I take out of the Psychoeducational Research and Training Centre Test Library and will inform the PRTC of any change of address, phone number or faculty status within 7 days of any change.

_____ _____
Signature Date

PSYCHOEDUCATIONAL RESEARCH AND TRAINING CENTRE (PRTC)

Faculty of Education
University of British Columbia
Room 1100, 2125 Main Mall
Vancouver, BC, V6T 1Z4

AUTHORIZATION FOR SUPERVISION OF LEVEL B AND C (RESTRICTED) TESTS

Students registered in appropriate courses may have access to Level B and C (restricted) tests for the purposes of receiving training in assessment and when used under supervision of qualified faculty. It is the responsibility of the course instructor or faculty member to insure that students given such access have completed appropriate coursework in measurement, have received relevant training in the administration and interpretation of the particular test, and are provided appropriate supervision in test use.

The PRTC reserves the right to limit access to tests if it deems the student ineligible for the use of restricted tests. The PRTC policy on circulation of tests is consistent with the Ethical Standards for Test Users (APA, CPA, BCPA) and agreements with test publishers.

I would like students registered in the following course(s) to have access to restricted tests. I have included a complete class list, and a complete list of the tests to which registered students should have access.

			Office Use		
COURSE	**SECTION**	**TERM**	**CL Rc'd**	**TL Rc'd**	**Approval**

Instructors, please note: If you wish to supervise student administration and interpretation of additional restricted tests, please complete a **Request for Administration of Restricted Tests**, designating the specific test and student. The student would be allowed to purchase a single protocol for practice administration. If a student is required to borrow a manual (no protocols) for a restricted test or wishes to review a test at the PRTC, please complete a **Request for Borrowing Restricted Test Materials**.