

Sociometrics
CEDETA Purchase Qualification Form

You must complete this form if you are a first-time purchaser of CEDETA materials or if your existing Qualification Form is more than 5 years old.
Orders placed without this form will not be filled.

CEDETA materials are restricted to qualified purchasers in accordance with the ethical and professional standards of the American Psychological Association, and in relation to the purchaser's intended use of the materials. See "Who can purchase CEDETA resources?" (previous page).

1. Billing Address

Name _____
Degree/Title _____
Organization _____
Address _____
City/State/Zip _____
Fax/Email _____

2. Your purpose(s) for using this CEDETA material

- Teaching or training
- Clinical Treatment
- Research
- Library Reference

3. Area(s) of professional expertise (check all that apply)

- Child/adolescent psychology
- Marriage & family counseling
- Adult psychology
- Developmental psychology
- Psychiatry
- Other _____

4. Which of the following describes your level of training?

- Doctorate Year completed _____ Institution _____ Field of Study _____
- Masters Year completed _____ Institution _____ Field of Study _____
- Bachelors Year completed _____ Institution _____ Field of Study _____
- Other Year completed _____ Institution _____ Field of Study _____

5. Check each course you have completed at the graduate level

- Tests and Measurements _____
- Other course on testing and measurement _____
- Child Clinical or Counseling Psychology practice
- Other course on clinical treatment _____

6. Professional organizations of which you are a member _____

7. List up to two current licenses, credentials, or certificates that are relevant to the materials you wish to purchase and their intended use, if applicable.

License/Certificate Name: _____

Certifying or Licensing Agency _____

License/Certificate Number _____

Expiration Date _____

License/Certificate Name: _____

Certifying or Licensing Agency _____

License/Certificate Number _____

Expiration Date _____

8. Review of program-specific staffing requirements

- By checking this box, I attest that the intended implementer(s) of these CEDETA materials have reviewed the “staffing requirements” listed in the treatment program summary on the CEDETA website and are qualified to implement this program as described there and on the “Who Can Order CEDETA Materials” page.

9. Supervisor endorsement [for graduate students only; all others proceed to #10 below]

- I agree to supervise this student’s use of items ordered.
- I have included a separate Purchaser Qualification Form with my credentials.

Supervisor name (printed): _____

Supervisor signature: _____

Date: _____

10. I certify that the above information is complete and accurate to the best of my knowledge.

The purchaser and/or the purchasing organization agrees to hold CEDETA harmless from all untoward consequences of the implementation or other uses of the CEDETA materials ordered and indemnifies Sociometrics and CEDETA from any and all liabilities arising from purchaser's use of the program.

Printed Name: _____

Signature: _____

Date: _____