

**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?" ([www.socio.com/web2/cedeta/qualifications.html](http://www.socio.com/web2/cedeta/qualifications.html))

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 in the “Who Can Order CEDETA Materials” page ([www.socio.com/web2/cedeta/qualifications.html](http://www.socio.com/web2/cedeta/qualifications.html)).

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: \_\_\_\_\_

## CEDETA Order Form

BUILDING CONFIDENCE					
Item Name	Item Code	Qty.	Item Description	Price	Total
CEDETA PROGRAM PACKAGE	CED09PP		CEDETA Program Package <i>BUILDING CONFIDENCE</i> (includes one complete set of materials needed to implement this program, non-reproducible copies of evaluation instruments and the CEDETA User's Guide)	*	
CEDETA USER'S GUIDE	CED09UG		CEDETA User's Guide only	*	

Total, all items \$ .....  
 CA residents add sales tax \$ .....  
**GRAND TOTAL** \$ .....  
 (Includes shipping & handling)\*\*

Method of Payment:

Check/Money Order (enclosed)  
 Purchase Order (enclosed)  
 Credit Card (please fill out information below)

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
 3-Digit Security Code (back of card): \_\_\_\_\_  
 Cardholder's Name (please print): \_\_\_\_\_  
 Cardholder's Signature: \_\_\_\_\_

Ship To: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Please Mail or Fax Order To: Sociometrics Corporation  
 201 Main Street, Suite 100  
 Los Altos, CA 94022-2933  
 Tel. (650) 949-3282 Fax (650) 949-3299

**Did you include your CEDETA Purchase Qualification Form?**  
*Orders placed without the form will not be filled.*

\*Please see current pricing at [www.socio.com/cedeta.php](http://www.socio.com/cedeta.php)

\*\*Includes standard UPS shipping to all 50 states. For express shipments, or shipments out of the 50 states, additional charges apply.