Test Library Registration Form
For Students Registering with a UBC Course

Name of Instructor: Course Name and Number:

Student’s Name: Student #:

Phone: Email:

Session(s) for which registration is requested (circle): Jan-Apr May-June July-Aug Sept-Dec

Section I: Please indicate your current level of training:

- Doctorate:
- Graduate:
- Undergrad:

Section II: Indicate areas in which you have completed Graduate (G) or Undergraduate (UG) training:

- G □ UG Psychometrics/Measurement
- G □ UG School Psychology
- G □ UG Counselling Psychology
- G □ UG Clinical Psychology
- G □ UG Developmental Psychology
- G □ UG Organizational Psychology
- G □ UG Special Education
- G □ UG Speech & Language Pathology
- G □ UG Other (specify):

I have completed a practicum or internship in assessment which involved the use of tests in the following area(s):

I have read and understood the Qualifications for Ethical Use of Tests and agree to abide by the Guidelines for the use of testing materials in the Psychoeducational Research & Training Centre (PRTC) Test Library. I understand that my access to tests is restricted to those measures for which I will receive training and will be valid for the duration of this supervised training period. I will be financially responsible for all tests, books and materials that I take out of the PRTC Test Library and will inform the PRTC Test Library of any changes to the information provided.

Signature Date

For Office Use Only
Registration received by (GAA Initials): Date Registration Expires:
Approved by: Level: A B C SEL □ As in Syllabus