# Test Library Registration Form

**For Students Involved in Research or Project Work**

<table>
<thead>
<tr>
<th>Student’s Name:</th>
<th>Student #:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Phone:</th>
<th>Email:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Session(s) for which registration is requested (circle):</th>
<th>Jan-Apr</th>
<th>May-June</th>
<th>July-Aug</th>
<th>Sept-Dec</th>
</tr>
</thead>
</table>

**Title of Research Project:**

**What is your role in this research project?**
- [ ] Research Assistant
- [ ] Completion of my MA/PhD
- [ ] Class assignment

**Name of Research Supervisor(s) or Class Instructor:**

**Human Subjects Approval Number:**

## Section I:

Please indicate your current level of training:

<table>
<thead>
<tr>
<th>Year completed</th>
<th>Institution</th>
<th>Field of Study</th>
</tr>
</thead>
</table>
- [ ] Doctorate:  

- [ ] Graduate:  

- [ ] Undergrad:  

## Section II:

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

<table>
<thead>
<tr>
<th>G UG Psychometrics/Measurement</th>
<th>G UG School Psychology</th>
<th>G UG Counselling Psychology</th>
</tr>
</thead>
<tbody>
<tr>
<td>G UG Clinical Psychology</td>
<td>G UG Developmental Psychology</td>
<td>G UG Organizational Psychology</td>
</tr>
<tr>
<td>G UG Special Education</td>
<td>G UG Speech &amp; Language Pathology</td>
<td></td>
</tr>
<tr>
<td>G UG Other (specify):</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

## Section III:

Please state your intended use of the requested test(s) on the reverse side of this form. Your application will not be considered without a clear statement of your intended use and a signed supervision agreement by a qualified UBC faculty member (see reverse).

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September 27, 2018
Section III: Statement of intended use

Please state your intended use of the requested test(s):

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Titles of test(s):

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Qualification Level (A, B, or C)

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Research Supervisor: Please read the following and sign below.

I certify that I and/or students or research assistants who use test materials under my supervision have appropriate knowledge of measurement principles as well as training and supervision appropriate to the level of test being administered or interpreted. I have read and understand the Psychoeducational Research and Training Centre’s (PRTC) Qualification for the Ethical Use of Tests and agree to abide by the guidelines for ethical use of tests and maintenance of test security. Test users must adhere to copyright laws and access to test materials must be limited to qualified persons who agree to safeguard their use. I agree to provide supervision and ensure appropriate use of the above requested test materials from the PRTC Test Library.

________________________________________________________________________

Signature of Research Supervisor/ Class Insturcot

________________________________________________________________________

Date

Student: Please read the following and sign below.

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.

________________________________________________________________________

Student Signature

________________________________________________________________________

Date

For Office Use Only

Registration received by (GAA Initials): __________________________

Approved by: __________________________

Date Registration Expires: __________________________

September 27, 2018