



Psychological Services and Counselling Training Centre

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

Test Library: (604) 822-1364 Fax: (604) 822-9097 Email: psctc.testlibrary@ubc.ca

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 (select):

Section I: Please indicate your current level of training:

Year completed

Institution

Field of Study

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 Psychological Services and Counselling Training Centre (PSCTC) Test Library. I understand and agree that my access to tests is restricted to those measures in which I am receiving training and will be valid for the duration of this supervised training period. I also agree to abide by PSCTC guidelines and conditions of use, and to be financially responsible for all PSCTC tests, books, resources, equipment and materials that I use.

Signature

Date

For Office Use Only

Registration received by
(GAA Initials):

PSCTC Library #

Date Registration Expires:

Approved by:

Level :