



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 Involved in Research ←

Student's Name:

Student #:

Phone:

Email:

Session(s) for which registration is requested (select):

Title of Research Project:

What is your role in this research project? Research Assistant MA/PhD Program Research

Name of Research Supervisor(s):

Human Subjects Certificate Number:

Section I: Please indicate your current level of training:

	Year completed	Institution	Field of Study
<input type="checkbox"/> Doctoral:	_____	_____	_____
<input type="checkbox"/> Masters:	_____	_____	_____
<input type="checkbox"/> Bachelors:	_____	_____	_____

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):

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).

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)

Titles of test(s):	Qualification Level (A, B, or C)
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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

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.

Signature

Date

For Office Use Only

Registration received by (GAA Initials):

Date Registration Expires:

Approved by:

