Language Learning and Testing Foundation, Inc.

Dr. Charles W. Stansfield, President.

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| **Qualification Form** |

Language Learning and Testing Foundation, Inc. (LLTF) maintains a high commitment to professional practices in testing and assessment and subscribes to the principles of *The International Language Testing Association’s Code of Ethics* and *The* *Standards for Educational and Psychological Testing*. Eligibility to purchase certain testing materials is determined on the basis of training, experience, and position.

|  |  |
| --- | --- |
| **Your Name:**       | **Organization:**       |
| **E-mail Address:**       | **Title:**        |
| **Phone Number:**       | **Fax Number:**       |
| **Mailing Address:**       |
| **City, State/Province, Zip:**      **,**      **,**       |
| **Country:**       |  |

**Type of Organization** *(choose one)*

|  |  |  |
| --- | --- | --- |
| [ ]  Public School | [ ]  Private School | [ ]  Post-Secondary Institution |
| [ ]  Tutoring Agency | [ ]  For-Profit Organization | [ ]  Not-for-Profit Organization |
| [ ]  Government: Federal, State, County | [ ]  Missionary Organization | [ ]  Private Counseling Practice |
| [ ]  Clinic/Medical Facility | [ ]  Other *(specify)*:       |

**Primary Area of Specialty** *(based on training, or supervised experience)*

|  |  |  |
| --- | --- | --- |
| [ ]  Education | [ ]  Human Resources | [ ]  School Psychology |
| [ ]  General Psychology/Counseling | [ ]  Speech Language Therapist | [ ]  Learning Disabilities |

[ ]  Other *(specify)*:

**Educational Background**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Year** | **Institution** | **Major** |
| [ ]  Bachelor’s Degree |      |       |       |
| [ ]  Master’s Degree |      |       |       |
| [ ]  Doctorate |      |       |       |
| [ ]  Other *(specify)*:       |      |       |       |

**Professional Credentials**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **State** | **License Number** | **Expiration** |
| [ ]  Licensed in Area: |      |       | yyyy/MM/dd |
| [ ]  Licensed in Area: |      |       | yyyy/MM/dd |

**Membership in Professional Organization(s)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| [ ]  ACA | [ ]  AERA | [ ]  AMA | [ ]  APA | [ ]  ASTD |
| [ ]  CEC | [ ]  ILTA | [ ]  IPMA-HR | [ ]  HRCI | [ ]  SHRM |
| Others *(specify)*:       |

**Briefly describe your need for this test, who you will be testing, and how you will use the scores.**

I certify that I and/or persons who may use the test materials being ordered by me have a general knowledge of measurement principles and of the limitations of test interpretations as called for in the *Standards for Educational and Psychological Testing* and that I/we are qualified to use and interpret the results of these tests being purchased as recommended in these *Standards*. I agree to comply with the following basic principles of test security: Test takers must not receive test answers before beginning the test; test users must adhere strictly to the copyright law and under no circumstances photocopy or otherwise reproduce answer forms, test books, or manuals; access to test materials must be limited to qualified persons who agree to maintain their security. I additionally certify that I have read the Security Agreement and that I understand and accept said Security Agreement. Your signature indicates acceptance of and compliance with the statements above.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_