

# Language Learning and Testing Foundation, Inc.

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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.

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

### Type of Organization (choose one)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Public School                      | <input type="checkbox"/> Private School          | <input type="checkbox"/> Post-Secondary Institution  |
| <input type="checkbox"/> Tutoring Agency                    | <input type="checkbox"/> For-Profit Organization | <input type="checkbox"/> Not-for-Profit Organization |
| <input type="checkbox"/> Government: Federal, State, County | <input type="checkbox"/> Missionary Organization | <input type="checkbox"/> Private Counseling Practice |
| <input type="checkbox"/> Clinic/Medical Facility            | <input type="checkbox"/> Other (specify):        |  |

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

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Education                     | <input type="checkbox"/> Human Resources           | <input type="checkbox"/> School Psychology     |
| <input type="checkbox"/> General Psychology/Counseling | <input type="checkbox"/> Speech Language Therapist | <input type="checkbox"/> Learning Disabilities |
| <input type="checkbox"/> Other (specify):              |  |  |

### Educational Background

	Year	Institution	Major
<input type="checkbox"/> Bachelor's Degree			
<input type="checkbox"/> Master's Degree			
<input type="checkbox"/> Doctorate			
<input type="checkbox"/> Other (specify):			

### Professional Credentials

	State	License Number	Expiration
<input type="checkbox"/> Licensed in Area:			yyyy/MM/dd
<input type="checkbox"/> Licensed in Area:			yyyy/MM/dd

### Membership in Professional Organization(s)

- |                              |                               |                                  |                               |                               |
|------------------------------|-------------------------------|----------------------------------|-------------------------------|-------------------------------|
| <input type="checkbox"/> ACA | <input type="checkbox"/> AERA | <input type="checkbox"/> AMA     | <input type="checkbox"/> APA  | <input type="checkbox"/> ASTD |
| <input type="checkbox"/> CEC | <input type="checkbox"/> ILTA | <input type="checkbox"/> IPMA-HR | <input type="checkbox"/> HRCI | <input type="checkbox"/> 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\_\_\_\_\_