



## Customer Qualification Form

The Neuropsychology Center provides Halstead-Reitan Neuropsychological Battery equipment and materials for use in neuropsychological practice, training, and research. These materials are to be used in accordance with APA Ethical Principles and the Standards for Educational and Psychological Testing.

Please print and complete this qualification form, if this is your **first order** with The Neuropsychology Center. Fax, mail or email the completed form to:

**The Neuropsychology Center**  
**500 N Central Expressway, Ste 272**  
**Plano, TX 75074**

**Phone: 469-429-8890**

**Fax: 469-429-8888**

**Email: [HRB@neuropsych.com](mailto:HRB@neuropsych.com)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

### License to practice psychology:

License #: \_\_\_\_\_ State: \_\_\_\_\_ Expiration date: \_\_\_\_\_

***Attach a copy of your license and proceed to the signature section, below.***

### If not a licensed psychologist, please complete the questions below:

Are you a member of APA?  yes  no If yes, please provide your membership #: \_\_\_\_\_

Educational Background:

College or University (highest degree): \_\_\_\_\_

Degree/Year: \_\_\_\_\_ Major Field: \_\_\_\_\_

To what purpose will the testing materials be used? \_\_\_\_\_

### Signature:

**I certify that the above information is complete and accurate, and that all materials purchased from The Neuropsychology Center will be used in accordance with APA Ethical Principles and the Standards for Educational and Psychological Testing.**

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

Name (printed): \_\_\_\_\_

Graduate students must include the information/signature of a faculty advisor who assumes responsibility for the use of the test materials.