



# Psychoeducational Research and Training Centre

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

Test Library: (604) 822-1364 Admin. Office: (604) 822-5384 Fax: (604) 822-9097

www.prtc.educ.ubc.ca

## Test Library Registration Form - Student

Course for which access is requested: \_\_\_\_\_

Course Instructor / Supervisor: \_\_\_\_\_

Session for which registration is requested: \_\_\_\_\_

Name: \_\_\_\_\_ Student #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ P/C: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/Campus Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

UBC Department: \_\_\_\_\_ Program Affiliation: \_\_\_\_\_

Advisor: \_\_\_\_\_ Office: \_\_\_\_\_ Phone: \_\_\_\_\_

<u>Degrees</u>	<u>Date Received</u>	<u>Institution</u>	<u>Major / Minor</u>

RELEVANT COURSEWORK COMPLETED (testing and measurement courses, practicum courses or other courses related to training in the use, administration and/or interpretation of tests).

<u>Course</u>	<u>University</u>	<u>Level</u> (grad/undergrad)	<u>Year</u>
1. Psychometric Principles / Measurement Courses	_____	_____	_____
2. Courses in Specific Areas of Testing completed (e.g. achievement, intelligence, psychopathology, vocational, interest, personality)	_____	_____	_____

3. Primary Area of Specialty (based on advanced (graduate) training, or supervised experience in professional field)

- School Psychology     
 Counselling Psychology     
 Special Education     
 Clinical Psychology  
 Developmental Psychology     
 Speech and Language Pathology     
 Organizational Psychology  
 Other (specify): \_\_\_\_\_

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). 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 Psychoeducational Research & Training Centre Test Library and will inform the PRTC of any change of address, phone number or student status within 7 days of change.

Signature \_\_\_\_\_

Date \_\_\_\_\_

*For Office Use Only*

Current registration confirmed in (course #): \_\_\_\_\_

Approved

by: \_\_\_\_\_ Approved from: \_\_\_\_\_ to \_\_\_\_\_ (please indicate session dates)

Received by: \_\_\_\_\_