

Qualification Form

Please print this qualification form and complete it if this is your first order with Reitan Labs. Fax or mail the completed form to:

Reitan Neuropsychology Lab
POB 66080
Tucson, AZ 85728-6080
USA

FAX: 520-577-2940

Name: _____

Address: _____

City/State (Prov.)/Postal Code: _____

Telephone: (_____) _____ Fax: (_____) _____

Educational Background:

College or University: _____

Degree/Year: _____

Major Field: _____

Licenses and Credentials:

License #: _____

Agency/Expiration Date: _____

Membership in Professional Organizations: _____

I certify the above information is complete and accurate, and that all materials purchased from Reitan Neuropsychology Laboratories, Inc. will be used in accordance with generally accepted standards for the ethical and professional use of tests as recommended in the APA Standards.

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

Signature: _____ Date: _____

Name (printed): _____

University: _____