

Devereux Early Childhood Assessment Clinical (DECA-C) Customer Qualifications Y *Complete this form and submit to deca@devereux.org*

Name/Degree: _____
 Organization: _____ Job Title: _____
 Telephone: (____) ____ - ____ Email Address: _____
 Address: _____
 City: _____ State: ____ ZIP: _____ Country: _____

DECA-C users need to have *at least one* of the following (please check the first one that applies to you and then fill out the licensure/degree information):

I have a professional license *
 License/Certificate: _____ State: _____
 Licensing/Certifying Agency: _____
 Number: _____ Expiration Date: _____

I have a degree from a four-year college or university and graduate-level training in assessment *
 Highest Degree Earned: _____ Major Field: _____
 Year: _____ Institution: _____
 Training/Courses Completed in Assessment:

Course	Date	Institution	Undergraduate/Graduate
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I have a degree from a four-year college or university and have a credentialed supervisor (see bottom of page) *
 Highest Degree Earned: _____ Major Field: _____
 Year: _____ Institution: _____

I have a degree from a four-year college or university, have attended a DECA-C training given by a certified trainer, and have passed a competency-based evaluation at the end of the training *
 Highest Degree Earned: _____ Major Field: _____
 Year: _____ Institution: _____
 Date/Location of DECA-C training and evaluation: _____

* The license or degree must be in a relevant area, such as psychology, social work, early childhood education, or special education.

I certify that all information contained in this form is accurate. I certify that I and/or other persons who may use any test materials I order have a general knowledge of measurement principles and of appropriate and ethical test use and interpretation as called for in the Standards of Educational Psychological Testing. I also certify that I/we are qualified to use and interpret results of these tests as recommended in the Standards, and I assume full responsibility for the proper use of all materials I order from Kaplan Early Learning Company.

Signature: _____ Date: _____

For Graduate Students:

As professor/supervisor, I agree to supervise this student's use of items ordered and endorse the statement above.

Professor's Name: _____
 Department: _____ Institution: _____
 Signature: _____ Date: _____