Please complete this form, then scan & email to Rudee Abello at Rudee.Abello@devereux.org

Name/Degree: __________________________________________________________________________________________

Organization Name: ______________________ Job Title: _______________________________________________________

Telephone: (___) _____-_______ E-mail (optional): ___________________________________________________________

Address: ______________________________________________________________________________________________

City: __________________________________ State: __ Zip: ________ Country: ___________________________________

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

☐ Have a professional license*
  License/Certificate: _____________________________________________________________ State: _____________
  Licensing/Certifying Agency: __________________________________________________________________
  Number: _____________ Expiration Date: _____________

-OR-

☐ Have a degree* from a 4-year college or university and graduate level training in assessment
  Highest degree earned: ____________________________________ Major Field: ___________________________
  Year: ___________ Institution: __________________________________________________________________
  Training/Courses completed in assessment:

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<th>Institution</th>
<th>Undergraduate/Graduate</th>
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-OR-

☐ Have a degree* from a 4-year college or university and have a credentialed supervisor (see bottom of page)
  Highest degree earned: ____________________________________ Major Field: ___________________________
  Year: ___________ Institution: __________________________________________________________________

-OR-

☐ Have a degree* from a 4-year college or university, attend a DECA-C training given by a certified trainer, and
  pass 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 the 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 X__________________________________________________________________ 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 X__________________________________________________________________ Date ______________________