

**MOXO ADHD Test | Neuro-Technologies, Ltd.**

In accordance with the Standards for Educational and Psychological Testing and The Neuro-Technologies, Ltd. Company qualification guidelines, many test materials are sold only to those professionals who are appropriately trained to administer, score, and interpret tests. Eligibility to purchase these restricted materials is determined on the basis of training, education, and experience. If you have not already established your qualification level with us, please complete this form or use it to prequalify yourself.

A graduate degree in medicine, psychology, education, or closely related field that includes advanced training in the administration and interpretation of tests, OR licensed or certified by a state agency which does the same.

Name \_\_\_\_\_

Tel (Work) \_\_\_\_\_ Tel (Home) \_\_\_\_\_

Fax \_\_\_\_\_

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

Title Organization Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip/Postal \_\_\_\_\_

Country \_\_\_\_\_

License(s): License \_\_\_\_\_

State \_\_\_\_\_

Field \_\_\_\_\_

Licensing Agency \_\_\_\_\_

Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Certificate(s): Certificate \_\_\_\_\_

State \_\_\_\_\_

Field \_\_\_\_\_

Certifying or Licensing Agency \_\_\_\_\_

Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Educational Background: Highest Degree Attained \_\_\_\_\_

Major \_\_\_\_\_

Year \_\_\_\_\_ Institution \_\_\_\_\_

Professional Membership (check all that apply): \_\_ AMA \_\_APA\_\_ AAFP \_\_AAP \_\_NAN

Others: \_\_\_\_\_

I certify that all information in this form is accurate and that I and/or other persons who may use this test I have ordered has a general knowledge of measurement principles and of appropriate and ethical test use and interpretation as called for in the Standards for Educational and 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 The Neuro-Technologies, Ltd. Company.

Signature \_\_\_\_\_

Date \_\_\_\_\_

- I am a graduate student. My professor has endorsed my order below.
- I am an employee of qualifying facility. My supervisor endorsed below.
- I agree to supervise and be responsible for the use of these materials and endorse the statement(s) above.

Name \_\_\_\_\_ Department \_\_\_\_\_

Institute \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Complete and return to: Neuro-Technologies, Ltd, 3 Golda Meir st. (36), Nes Ziona, 74036 , Israel | Fax: 972.8.8680528