**The Devereux Early Childhood Assessment Clinical Form (DECA-C) Customer Qualifications**

Complete all areas of this form and mail or fax to:
Kaplan Early Learning Company - PO Box 609 - 1310 Lewisville-Clemons Rd - Lewisville, NC 27023-0609 -
Fax: 800-452-7526

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):

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

- or-

- O 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:
    - Course __________________ Date __________________ Institution __________________ Undergraduate/Graduate  
    - Course __________________ Date __________________ Institution __________________ Undergraduate/Graduate  
    - Course __________________ Date __________________ Institution __________________ Undergraduate/Graduate

- or-

- O 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-

- O 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 ______________________