



Customer # \_\_\_\_\_ K# \_\_\_\_\_

# 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):

- 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:

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

-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 \_\_\_\_\_