

## Permissions and Licensing: Request Form

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### Contact / Requestor Information

Today's Date:  PAR Customer Number:

First Name:  Last Name:

Position/Title:

Company/Institution:

Street Address:

City:  State/Province:  Postal Code:

Country:

Email Address:  Telephone:

### Test / Publication Information

Name of PAR test you wish to use, adapt, or modify:

Do you already have a copy of the published PAR test in English? Yes  No

Name of qualified individual overseeing use of PAR materials:

Please provide a detailed description of your request, including a specific list of materials you wish to reproduce:

Please indicate the purpose of your request by selecting one of the options to the right.	Student Research (Dissertation/Thesis) <input type="checkbox"/>
	Research <input type="checkbox"/>
	Clinical <input type="checkbox"/>

For research, please provide the title of the research study.

For clinical purposes, please describe the population the test will be used with.

Please list translations/foreign languages needed: *Note: Independent technical and validation data may not be available.*

**Test Administration Mode**

**Paper/Pencil (in-person)**

Beginning date:

End date:

# people being assessed:

# times each assessed:

Total test copies needed:

Individual reproducing/tracking/distributing forms:

**Electronic (via a secure email link)**

Beginning date:

End date:

# people being assessed:

# times each assessed:

Total administrations needed:

Platform name (e.g., SurveyMonkey, REDCap):

Online (Internet)

Offline (Intranet or local install)

**Electronic Use Platform Requirements**

1. Must be password protected for access by only those participating/completing the survey.
2. Must be designed so the assessment or any items cannot be printed from the site.
3. Must have an automated (not manual) counting mechanism to produce a usage report showing the exact number of times the assessment was accessed/administered (complete and incomplete).
4. A screenshot of a sample usage report must be emailed to PAR.

**I confirm all Electronic Use Platform Requirements are or will be in place prior to use of the test.**

Yes  No