

Psychological Publications, Inc.

APPLICATION TO PROVIDE AUTHORIZED T-JTA® INSTRUCTION

Thank you for your request to provide authorized T-JTA instruction. Please provide the following information:

Current mailing address:

Name: Last First Middle Initial PPI ACCT#

Address

City State Zip Phone

Email Address

My T-JTA training will be offered in conjunction with a:

College or University
 Seminary
 Church
 Particular Denomination or group, please specify _____
 Private Organization, please specify _____
 Military or Government Agency
 Other, (please describe in detail) _____

If training is to be given at a school, please indicate the name of the school and its address:

Name of School _____

Address of School _____

If training is to be offered under the name or auspices of an organization other than a school give the name and address of the organization, and its general purpose.

Name _____ Type/Purpose _____

Address _____

My T-JTA trainees will fall into the following categories:

Ministers Psychologists
 Ministerial students Marriage & Family Counselors
 Pre-professional students in Psychology, Social Work, Education
 Other, please specify _____

I am planning to conduct my first T-JTA training seminar or course on the following date: _____ Approximate Number of Participants _____

How many times a year will T-JTA training be offered _____

Describe your intended T-JTA training course or seminar:

PSYCHOLOGICAL PUBLICATIONS, INC.

Please describe your experience with the T-JTA _____

Number of years used _____ Approximate number of administrations _____

Please **circle** the edition of the Test Manual you are using:

1984 Test Manual 1992 Test Manual 1996 Test Manual
2002 Test Manual 2006 Test Manual 2007 Test Manual

Do you have a T-JTA Handbook? Yes _____ No _____

Circle the Handbook Edition Year: 1984 1992 1996 2002 2006 2007

Do you have the 2002 T-JTA Norms? Yes _____ No _____

If No, Indicate Year of Norms _____

Have you used T-JTA Computer Scoring Software? Yes _____ No _____

If Yes, Indicate the Software Scoring Version: _____

The sale and use of the T-JTA is restricted in accordance with standards established by the professional counseling associations. In particular, a test user should have a general knowledge of measurement principles and of the limitations of test interpretation. Therefore, the T-JTA is made available only to those individuals who have obtained a relevant degree from or who are currently enrolled (Provisional Approval) in a college or seminary.

Are your training classes or seminars likely to include individuals who are not graduates of or enrolled in a college or seminary? Yes _____ No _____

If yes, please explain below what type of individual(s) you plan to train:

Orders for T-JTA materials will be:

Prepaid

On Consignment If you will be ordering materials on consignment, complete and return a Credit Application.

It is understood that any unsold materials ordered on consignment will be returned unopened, and in resalable condition within 45 days; and that the balance due on the account will be paid within 45 days.

I agree to accept for T-JTA training only those persons who meet the requirements for eligibility to purchase and use the T-JTA as explained above and in the Instructor's Guidelines. I agree to have each trainee complete an Application/Qualification Summary, and immediately upon the completion of training, I will collect, co-sign, and return these forms to Psychological Publications, Inc. for approval.

Signature of Applicant _____ Date _____