Submit your completed form to: [clinicallicenses-eu@pearson.com](mailto:clinicallicenses-eu@pearson.com)

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* Requesters are notified of Pearson’s decision and any related fees approximately 10 business days after review has been completed.
* No digital versions of the test(s) will be provided, licensee is required to purchase any necessary component(s) of the test via a Pearson web shop of their choice. Whether or not a discount will be provided, all materials will be purchased through a Pearson web shop.
* In case of electronic implementation, (cultural) adaptation or translation of the test, you will need to apply for a research license. This form is not suitable for research license requests. Please contact us via the above email address to receive the correct form.
* Be sure to clearly specify ALL the data you wish to access.
* The information that you provide on this form will become part of the agreement you’re requesting with Pearson, so please make sure all the information is complete and accurate.
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* If a discount on test materials is granted, this test may only be used for the research described in this form. These test materials may NOT be used for commercial/ paid purposes. If this is the case, the test needs to be purchased through a Pearson webshop of your choice for full retail price.
* Because of test security concerns, permission will not be granted for including or appending any Pearson standardization data to theses, dissertations, articles, or research reports of any kind.
* Pearson’s Permission and Licensing group may contact you if they have further questions.
* The research request submitted should be a non-billable, potentially publishable, well-designed research study that will be of interest to others in the field. In general, program evaluation studies do not qualify because program evaluation is one of the standard applications of tests and because such research is not focused on providing new information about the tests.
* Products that Pearson distributes but does not publish do not qualify for the discount.
* The researcher (or a member of the research project team) must meet the Pearson user qualification requirements for the tests used in the research project.
* The researcher agrees to provide a report of the study results to Pearson.
* The maximum amount (full retail value) for which the discount may apply is € 3.500.
* Retroactive applications are not honored, and no returns, credits, or exchanges are allowed.

The information you provide in this application will assist Pearson in evaluating your request.

Please return the completed form to [**CLINICALLICENSES-EU@PEARSON.COM**](mailto:CLINICALLICENSES-EU@PEARSON.COM)

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **DATE OF APPLICATION** | | | | |  | | |
|  | |  | | | | | |
| **1.** | | **APPLICANT information**  **this will be the “requester” for the purpose of ANY contractual documents** | | | | | |
| **a.** | | **Institution / Organization / Individual** | | |  | | |
| **b.** | | **Address**  **street**  **city, state**  **ZIP/postal code**  **country** | | |  | | |
| **c.** | | **State or country of entity formation (If entity)** | | |  | | |
| **d.** | | **Business entity type** | | |  | | |
| **e.** | | **Customer number Pearson** | | | Customer number Pearson:    **If you don’t have one yet, you need to apply for one via:** <https://www.pearsonclinical.nl/customer/account/create/> | | |
|  | |  | | |  | | |
| **2.** | | **Contact Person During the application Process** | | | | | |
| **a.** | | **First name** | | |  | | |
| **b.** | | **Last name** | | |  | | |
| **c.** | | **Position/Title** | | |  | | |
| **d.** | | **Email** | | |  | | |
| **e.** | | **Phone** | | |  | | |
|  | |  | | |  | | |
| **3.** | | **RESEARCH PROJECT INFORMATION** | | | | | |
| **a.** | | **Research Project Name.** | | |  | | |
| **b. Research   description.   Please be   specific and   expansive in   your   description.** | | |  | |  | | |
| **c. Research   purpose** | | |  | |  | | |
| **d. Research  methodology** | | |  | |  | | |
| **e. Does your   research   provide new   insights on the   usage of the   Test or will   result in a new   method or way   of using the   Test than the   current?** | | |  | |  | | |
| **f.** | | **Research Site Location(s)** | | |  | | |
| **g.** | | **Research Project Start Date** | | |  | | |
| **h.** | | **Research Project End Date (this needs to be a date in the future,** | | |  | | |
| **i.** | | **The Research Project is**  **(check all that apply)** | | | University-based research  Performed in a medical center attached to a university  Related to a Pharmaceutical, biotechnical, or medical device company  Performed for a contract/clinical research organization  Sponsored by any governmental agency  Provide details  Other (Provide details) | | |
| **j.** | | **Study Funding Source** | | | ☐ Pharmaceutical, Biotechnical, or Medical Device Company  ☐ Contract (or, Clinical) Research Organization (CRO)  ☐ Government Agency (name and location):  ☐ Other (explain): | | |
|  | |  | | |  | | |
| **4.** | | **PRINCIPAL INVESTIGATOR /APPLICANT** | | | | | |
| **a.** | | **First name** | | |  | | |
| **b.** | | **Last name** | | |  | | |
| **c.** | | **Position/Title** | | |  | | |
| **d.** | | **Email** | | |  | | |
| **e.** | | **Phone** | | |  | | |
|  | |  | | |  | | |
| **5.** | | **OTHER LEAD INVESTIGATOR / SUPERVISING PROFESSOR, GRADUATE ADVISOR OR COMMITTEE MEMBER IN CASE APPLICANT IS A STUDENT** | | | | | |
| **a.** | | **First name** | | |  | | |
| **b.** | | **Last name** | | |  | | |
| **c.** | | **Position/Title** | | |  | | |
| **d.** | | **Organization** | | |  | | |
| **e.** | | **Email** | | |  | | |
| **f.** | | **Phone** | | |  | | |
|  | |  | | |  | | |
| **6.** | | **ADDRESS FOR INVOICING** | | | | | |
| **a.** | | **Organization Attn.,**  **Street,**  **City, State,**  **ZIP/Postal code,**  **Country** | | |  | | |
| **b.** | | **Email address** | | |  | | |
|  | |  | | | Invoice will be sent by email to the above email address | | |
| **c.** | | **Purchase Order is Required (for your internal use only, if you don’t require your own purchase number to be stated on the eventual invoice, please tick ‘no’).** | | | Yes  No | PO Number  (if applicable) | # |
| **d.** | | **VAT number – this is obligatory. We need this for the invoice. The VAT/TAX number it’s a number your company/ institution has registered at your country’s Chamber of Commerce** | | |  | | |
|  | |  | | |  | | |
| **7.** | | **INDIVIDUAL WHO WILL SIGN POSSIBLE CONTRACTUAL DOCUMENTS** | | | | | |
| **a.** | | **Name** | | |  | | |
| **b.** | | **Position/Title** | | |  | | |
| **c.** | | **Institution / Organization** | | |  | | |
| **d.** | | **Email** | | |  | | |
| **e.** | | **Phone** | | |  | | |
|  | |  | | |  | | |
| **8.** | **test Requested to use** | | | | | | |
| **a.** | **Test – Full Title** | | |  | | | |
| **b.** | **Test Acronym & Edition Nr** | | |  | | | |
| **c.** | **Specific test component(s) for which you are requesting a license (check the Pearsonclinical.com website to see which components the test consists of and exactly which forms/kits/manuals you will need for your research, also specify in table under 11.A)** | | |  | | | |
| **d.** | **Number of to be administered tests/number of test subjects/’n’** | | |  | | | |
| **e.** | **Test Format** | | | The test may only be used in its commercially available format. If translation, (cultural) adaptation or any other changes to the test are requested, a license is required. If this is the case, please send us an email to the address at the top of this form and request a **research license form**.  Requester will only use the test in its commercially available format:  Yes  No | | | |
| **f.** | **Administration method** | | | The test may only be used in its paper format. If electronic implementation is requested, a license is required. If this is the case, please send us an email to the address at the top of this form and request a **research license form**.  Requester will only use the test in its commercially available format, i.e. paper, and will only administer and score manually:  Yes  No | | | |

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| --- | --- |
| **9.** | **Test Usage Details; Fees**  **Fees and (Sub)totals will be completed by Pearson** |

**List all of the Pearson owned Test Components which you intend to use during this research in the table below.** Specify the number of administrations/copies/uses you will require of each component. (Add more rows if needed.)

| ADMINISTRATIONS / USES | | | | |
| --- | --- | --- | --- | --- |
| Test Acronym & Component (Scoring/record forms, etc.) | Language | Number of Uses | Fee Per Use | Subtotal of  Use Fees |
|  |  |  | T.b.d. | €0 |
|  |  |  | T.b.d. | €0 |
|  |  |  | T.b.d. | €0 |
|  |  |  | T.b.d. | €0 |
| Total Use Fees | | | | **€X.XX\*** |

**\*The grey areas are to be filled out by Pearson.**