**PLEASE READ BEFORE COMPLETING YOUR APPLICATION**

To request access to Pearson’s data, please complete this application form to request a license and return it to Pearson at [clinicallicenses-eu@pearson.com](mailto:clinicallicenses-eu@pearson.com) in MICROSOFT WORD FORMAT, i.e. not in PDF.

* Submitting this form helps Pearson to evaluate your request. It does NOT guarantee that Pearson will grant you a license. All licenses are granted or denied at the sole discretion of Pearson.
* Due to the large volume of requests that Pearson receives for standardization data, and the work involved in preparing the data in the appropriate format, Pearson grants only a limited number of Standardization Data Licenses.
* Research requests are evaluated approximately every two weeks. Please be mindful the process can be lengthy (ca. 6 weeks-2 months) and always send us your request well in advance of the start of your research.
* A non-refundable license fee of €995,- will be will be charged for use of the paper version, this amount is more for electronic implementation of our test. Additionally you’re required to pay for the amount of record forms/test forms you’ve administered. We will send you a calculation of the fees for your approval before the contract gets drawn up. You won’t be charged for any fees until the very end of the licensing process (once the contact is signed by both parties).
* **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.   
  \*Necessary means if components are required for the adaptation/translation/electronic implementation process and/or for the administration process itself (for instance manuals). If you already have all the components you require, you don’t need to purchase them (again). You will be invoiced by us (separately, so not through the webshop) for the total amount of record forms you’ve administered.**
* **Be sure to clearly specify ALL the data you wish to access, i.e. all record forms you wish to use and the number of times these forms will be administered in their adapted form.**
* The information that you provide on this form will become part of any license that may be granted, so please make sure all the information is complete and accurate.
* **If Pearson provides any data, it may be used only by the Licensee and only for the purpose of this project or research study permitted in any resulting license. The data may NOT be shared with any non-party to the agreement or for any other purpose, project, or study. Additionally, the adapted test and/or data may NOT be used for clinical purposes outside of this specific study.**
* Because of test security concerns, permission will not be granted for including or appending any Pearson standardization data (for instance test items) to theses, dissertations, articles, or research reports of any kind. You may only publish your own collected data.
* Pearson’s Permission and Licensing group may contact you if they have further questions.
* The information you provide in this application will assist Pearson in evaluating your request and, if your application is approved, drafting a contract for you.

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

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| **Information submitted on this application is governed by Pearson’s** [**Privacy Statement**](https://www.pearson.com/us/privacy-statement.html) |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **DATE OF APPLICATION** | | | | |  | | | | |
|  | |  | | | | | | | |
| **1.** | | **APPLICANT information**  **this will be the “Licensee” 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** | | |  | | | | |
|  | |  | | |  | | | | |
| **2.** | | **Contact Person During the Licensing Process** | | | | | | | |
| **a.** | | **First name** | | |  | | | | |
| **b.** | | **Last name** | | |  | | | | |
| **c.** | | **Position/Title** | | |  | | | | |
| **d.** | | **Email** | | |  | | | | |
| **e.** | | **Phone** | | |  | | | | |
|  | |  | | |  | | | | |
| **3.** | | **RESEARCH PROJECT INFORMATION** | | | | | | | |
| **a.** | | **Research Project Name, Description, Purpose, etc.**  **(you may also attach a separate document or URL of the research website). Please be specific and expansive in your description.** | | |  | | | | |
| **b. 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?** | | |  | |  | | | | |
| **c.** | | **Research Site Location(s)** | | |  | | | | |
| **d.** | | **Research Project Start Date** | | |  | | | | |
| **e.** | | **Research Project End Date (this needs to be a date in the future. The length of your research does not affect the price of this license)** | | |  | | | | |
| **f.** | | **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) | | | | |
| **g.** | | **Study Funding Source** | | | ☐ Pharmaceutical, Biotechnical, or Medical Device Company  ☐ Contract (or, Clinical) Research Organization (CRO)  ☐ Government Agency (name and location):  ☐ Other (explain): | | | | |
| **h.** | | **Are you willing to share the Research Project results with Pearson?** | | |  | | | | |
|  | |  | | |  | | | | |
| **4.** | | **PRINCIPAL INVESTIGATOR** | | | | | | | |
| **a.** | | **First name** | | |  | | | | |
| **b.** | | **Last name** | | |  | | | | |
| **c.** | | **Position/Title** | | |  | | | | |
| **d.** | | **Email** | | |  | | | | |
| **e.** | | **Phone** | | |  | | | | |
|  | |  | | |  | | | | |
| **5.** | | **SUPERVISING PROFESSOR (IN CASE OF PhD/UNIVERSITY BASED RESEARCH)** | | | | | | | |
| **a.** | | **First name** | | |  | | | | |
| **b.** | | **Last name** | | |  | | | | |
| **c.** | | **Position/Title** | | |  | | | | |
| **d.** | | **Organization** | | |  | | | | |
| **e.** | | **Email** | | |  | | | | |
| **f.** | | **Phone** | | |  | | | | |
|  | |  | | |  | | | | |
| **6.** | | **ADDRESS FOR PROVIDING LEGAL NOTICES** | | | | | | | |
| **a.** | | **Attn:**  **street**  **city, state**  **ZIP/postal code**  **country** | | |  | | | | |
| **b.** | | **Email address** | | |  | | | | |
|  | |  | | |  | | | | |
| **7.** | | **ADDRESS FOR INVOICING** | | | | | | | |
| **a.** | | **Attn:**  **street**  **city, state**  **ZIP/postal code**  **country** | | |  | | | | |
| **b.** | | **Email address** | | |  | | | | |
|  | |  | | | Invoice will be sent by email unless Licensee explicitly requests Postal service | | | | |
| **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 state ‘no’).** | | | Yes  No | | PO Number  (if necessary for licensee’s financial dep.) | | # |
| **d.** | | **VAT number – this is obligatory. We need this for the invoice. The VAT/TAX number it’s a number your company has registered at your country’s Chamber of Commerce** | | |  | | | | |
|  | |  | | |  | | | | |
| **8.** | | **INDIVIDUAL WHO WILL SIGN THE CONTRACTUAL DOCUMENTS** | | | | | | | |
| **a.** | | **Name** | | |  | | | | |
| **b.** | | **Position/Title** | | |  | | | | |
| **c.** | | **Institution / Organization** | | |  | | | | |
| **d.** | | **Email** | | |  | | | | |
| **e.** | | **Phone** | | |  | | | | |
| **f.** | | **Documents for signature will be sent to you via email, do you consent to this?** | | | Yes/No | | | | |
|  | |  | | |  | | | | |
| **9.** | **Licensed Use Requested** | | | | | | | | |
| **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.** | **Administration method** | | | Paper/Pencil | | Electronic \*  **Complete Appendix A to this form.** | | | |
| **f.** | **Scoring method** | | | Hand Scoring | | Electronic \*  **Complete Appendix A to this form.** | | | |
| **\* If you are requesting permission to use Pearson materials in an electronic format other than Pearson’s Q-global or Q-interactive, please complete Appendix A to this form.**  Note - Due to the secure nature of Pearson’s instruments, any test materials accessible electronically and/or via a web site **must not be downloadable, printable or reproducible (you cannot be able to cut/copy/paste or screen print, and mouse right-click functions must be disabled).**  There must be 128-bit encryption and the site must be password protected with controlled and limited access to only select few qualified individuals.  **YOU ARE SOLELY RESPONSIBLE FOR DETERMINING WHETHER YOUR PLATFORM AND DATA PROCESSING ACTIVITIES ARE IN ACCORDANCE WITH ALL APPLICABLE LAWS AND REGULATIONS, INCLUDING BUT NOT LIMITED TO THE PROTECTION OF PII AND IP.** | | | | | | | | | |
|  |  | | |  | | | | | |
| **10.** | **ADAPTATION PROPOSED**  **(*Modification, electronic use, translation/language, case report formatting, etc*.):** | | | | | | | | |
| **a.** | **Brief description of your request, e.g. Adaptation / translation / format changes needed. Provide details why you cannot use the materials in their commercially-available format(s).** | | |  | | | | | |
| **b.** | **Are you requesting permission to translate materials** | | | YES | | | | NO | |
| **c.** | **If Translation:**  **which language(s)** | | |  | | | | | |
| **d.** | **If Translation:**  **Name(s) and qualifications of the individual(s) who will be creating the translation.**  **Name(s) and qualifications of separate individual(s) who will back-translate the materials\*** | | |  | | | | | |
|  | | | | | |
| **e.** | **Any additional comments and proof of ample experience in translating (similar) psychological tests** | | |  | | | | | |

**\* Please note: Pearson requires professional translators with ample experience in translating (similar) psychological tests**

|  |  |
| --- | --- |
| **11.** | **Test Usage Details; REPRODUCTIONS; Fees**  **Fees and (Sub)totals will be completed by Pearson** |

**A. List all of the Test Components for which you are requesting a license to translate and/or (electronically) adapt.** Specify the number of administrations/copies/uses you will require of each translated and/or adapted 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.**

**B. Pricing and License Fees Summary. Minimum initial license fee is €995.00.**

| Type of Fee | **Amount (€EU)** |
| --- | --- |
| Project License Fee | €995.00 |
| Total Administration/Use Fees | €0 |
| Total Reproduction Fees | €0 |
| Total License Fee (minimum €995.00) | **€xxx.00\*** |

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

**APPENDIX A**

**Only fill this out if the test is going to be electronically implemented otherwise, feel free to skip.**

**If you are requesting permission to adapt Pearson materials for use in an electronic format, please provide the following information:**

|  |  |
| --- | --- |
| 1. | How would examinees access the on-line content? |
|  |  |
|  |  |
| 2. | Is access to the site password protected? Y / N  2a. If yes to 2, provide details |
|  |  |
|  |  |
| 3. | What device(s) will the content be displayed on and what is the screen size of each device? **NOTE: Pearson does not license its assessments for use on screens smaller than**  **9.4 x 6.6 inches.** |
|  |  |
|  |  |
| 4. | Will an app be used? Y / N |
|  | 4a. If yes to 4, what is the name of the app? |
|  |  |
|  |  |
| 5. | What platform will be used to deliver the content? |
|  |  |
|  |  |
| 6. | What protections would the site/platform/app provide to prevent copying of the items? |
|  |  |
|  |  |
| 7. | Will content of the site be taken down/removed when the research is complete? |
|  |  |
|  |  |
| 8. | What's the strength of the encryption used by the side/platform/app? |
|  |  |
|  |  |
| 9. | Can the content of the test be downloaded, printed or reproduced in any manner? Y/N |
|  |  |
|  |  |
| 10. | Can the content of the test be cut/copied/pasted or screen printed? Y/N |
|  |  |
|  |  |
| 11. | Will the mouse right-click functions be disabled? Y/N |
|  |  |
|  |  |
| 12. | How will access to the content be controlled? |
|  |  |
|  |  |
| 13 | Where and how do the data flow? |
|  |  |
|  |  |
| 14. | What PII protections are in place? |
|  |  |
|  |  |
| 15. | Are there any restrictions on the geolocation of the data? |
|  |  |
|  |  |
| 16. | Please List the web site URL (Web address) and detailed information about the website security measures, etc.: |
|  |  |
|  |  |
|  |  |