

Application for Hogrefe University Partnership Program

The Hogrefe University Partnership Program is available for instructors and professors of accredited, academic programs and institutions, approved post-doctoral certification programs, and training clinics. Instructors must complete an application annually to be eligible. Applications received will be reviewed and approval will be granted on a case-by-case basis.

Name _____ Date _____

Instructor Educational Background

Degree _____ College/University _____ Year _____

Licenses/Credentials/Certifications

Certificate or License/Certifying or Licensing Agency _____ Number _____ Expiration Date _____

University/Institute Affiliation

Name of Institute _____ Department/Program _____

Course Information

Course Acronym & Number _____ Number of Students in Course _____

Institutional Email of Instructor _____ Daytime Phone _____

Institutional Shipping Address

Address _____

City _____ State/Zip _____

I certify that the above information is complete and accurate to the best of my knowledge and that in addition to the qualification and experience listed above, I understand measurement principles, ethical test use, and administration and interpretation guidelines for the product(s) I wish to use. I assume full responsibility for the proper professional use of all materials I purchase from Hogrefe Publishing and certify they will be used in accordance with the current accepted standards for the ethical and professional use of tests.

Signature _____ Date _____

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978 255 3700
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hogrefe.com

APR2024

