APPLICATION FOR RESEARCH LICENSE

Submit your completed form to: clinicallicenses-eu@pearson.com

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 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.
- Requests for access to standardization data are reviewed by Pearson's Data Request Committee around the 10th of each month.
- Requests with the greatest potential for contributing to the research base or professional practice will be given priority.
- Depending on the amount of work involved on Pearson's part, a non-refundable fee of €995,- or more will be assessed.
- Requesters are notified of the Committee's decision and any related fees approximately one week after review has been completed.
- Once an agreement has been signed it may take 4-6 weeks for the requested data to be prepared.
- Be sure to clearly specify ALL the data you wish to access.
- 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, 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.**
- 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.

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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**

Information submitted on this application is governed by Pearson's Privacy Statement

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,**	

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	Description, Purpose, etc. (you may also attach a separate document or URL of the research website)	
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**	
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):

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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

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c.	**Purchase Order is Required**	☐ Yes ☐ No	PO Number # (if known)
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.	**Can organization use Adobe Sign?**		
g.	**Send documents to this person for signature by**	☐Postal Mail	☐ Email

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**	

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	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).**

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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.)

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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

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

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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

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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.: