

The University of Vermont



ASEBA

Research Center for Children, Youth & Families, INC.

A Non-Profit Corporation

1 South Prospect Street, St Joseph's Wing (Room #3207), Burlington, VT 05401

Telephone: (802)656-5130 / Fax: (802)656-5131

Email: mail@aseba.org / Website: <http://www.aseba.org>

Certification of User Qualifications

The use and interpretation of ASEBA materials require graduate training in standardized assessment of at least the Master's degree level, plus thorough knowledge of the relevant Manuals and documentation. Administration of the SCICA additionally requires supervised experience in interviewing children.

Eligibility to purchase ASEBA materials is determined on the basis of professional degree, licensing, relevant experience, and acceptance of the conditions indicated below. See [Qualifications for Use](#) for more information.

By submitting the information below, users certify compliance with the following conditions:

- I will maintain the confidentiality of all assessment results.
- I will avoid labeling individuals solely on the basis of scale scores.
- I will strictly abide by copyright laws and will not reproduce or alter copyrighted materials.
- I will employ and score assessment procedures precisely according to instructions.
- I will release results only to authorized persons in conformity with professional standards for psychological assessment.

Please complete this form and either e-mail it as an attachment to mail@aseba.org. You may also fax the form to 802-656-5131 or mail it to: ASEBA, One South Prospect Street, Burlington, VT 05401-3456

(Note: * represents a required field)

*Name:	*Title:	
*Department:	*Organization:	
*Street Address:	Street Address:	
*City:	*State:	*Zip/Postal Code:
*Country:	*E-Mail Address:	
*Telephone:	*Fax:	
* Profession:	*Degree:	
*License/Certification # :	*State or Jurisdiction:	
If you are a trainee and lack the equivalent of a Master's degree or appropriate license/certificate, please include your supervisor's name and title:		
Supervisor's Name:	Supervisor's Title:	
* Profession:	*Degree:	
*License/Certification # :	*State or Jurisdiction:	