

Life Coach Application Form

Please print, complete, and sign this form. Then mail both pages to:

Life Discovery Interactive
IMAGE Administration
1406 Marlin Drive
Marion, IN 46952

Administration of the **Intrinsic Motivation Assessment Guide & Evaluation** is restricted to individuals who have appropriate training and credentials, and who adhere to the principals of proper test use, including knowledge of tests and their use.

To qualify, you must have:

- A degree from an accredited college or university and have satisfactorily completed a course in the interpretation of psychological tests and measurement at an accredited college or university or approved workshop.
- Successfully completed the **IMAGE Administration Online Workshop**.

Name: _____
 Organization: _____
 Title: _____
 Street Address: _____
 City/State/Zip: _____
 Home Phone: _____
 Work Phone: _____
 E-Mail: _____

WHICH OF THE FOLLOWING DESCRIBES YOUR HIGHEST LEVEL OF EDUCATION OBTAINED?

Doctorate Master's Bachelor's

Field: _____ Institution: _____

Year Graduated: _____

PLEASE CHECK EACH COURSE OR WORKSHOP YOU HAVE COMPLETED.

	<u>Graduate</u>	<u>Undergraduate</u>	<u>Workshop</u>
Test Interpretation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Psychometrics & Measurement Theory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Educational Statistics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MBTI® Qualification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IMAGE Psychometrics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

LIST IMAGE QUALIFYING WORKSHOPS YOU HAVE COMPLETED. IMAGE Administrators Online Workshop Discover Your Uniqueness and Value! Seminar

Location: _____ Date Attended: _____

CATEGORIZE TYPE OF WORK Business K-12 Government University Other: _____**INDICATE YOUR PRIMARY PURPOSE FOR USING THE TEST(S).** Career Counseling Organizational Development Personnel Development Personal Counseling Therapy/Private Consulting Other: _____**Licensee's Signature/Date**

I agree that Life Discovery's test instruments are licensed and not sold to me, and I agree not to resell, sublicense, export, redistribute or otherwise transfer for use by any third person or entity any copy of any such instruments.

LICENSEE'S SIGNATURE_____
DATE

I understand the elements of testing essential to the appropriate use of standardized tests, and I have personal knowledge of professional testing standards (such as APA-AERA-NCME Standards for Educational and Psychological Testing, 1985). I further warrant to Life Discovery Inc. that I possess the appropriate training and competencies to use the testing materials and services I seek to license. I agree that my use of such materials will adhere to applicable local and national laws and regulations and the ethical principals of my profession. I assume full responsibility for the proper use of the testing material I order from Life Discovery Interactive.

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