

**USER REGISTRATION FORM FOR THE WECHSLER INTELLIGENCE SCALE (HONG KONG)  
WAIS-IV (HK) / WISC-IV (HK) / WPPSI-IV (HK)**

*(Please follow the Registration Guide to prepare your application.)*

**Section A: TYPE OF APPLICATION** *(Please insert a '√' in the appropriate box(es).)*

WPPSI-IV(HK)     WISC-IV(HK)     WAIS-IV(HK)

For registrants of other Wechsler Intelligence Scales (Hong Kong), please fill in the relevant registration number

*(No need to fill in Section C)*

Registration No. [註冊號碼]: WPPSI-IV (HK): \_\_\_\_\_

WISC-IV (HK): \_\_\_\_\_

WAIS-IV (HK): \_\_\_\_\_

**Section B: PERSONAL PARTICULARS OF THE APPLICANT** *(Please insert a '√' in the appropriate box.)*

Mr     Mrs     Ms     Dr.

Name in English	Surname		
	Given names		
Name in Chinese		HKID / Passport No. (first 4 digits)	
Discipline	<input type="checkbox"/> Educational Psychologist <input type="checkbox"/> Clinical Psychologist		
Contact Phone Number		Email	
Correspondence Address			

**Section C: STATEMENT OF PROFESSIONAL ELIGIBILITY**

*(This section is to be completed by DCP or DEP of HKPS. Applicant is responsible for submitting all the supporting documents as specified in the Registration Guide to DCP or DEP of HKPS.)*

**This is to certify that (Mr/Mrs/Ms/Dr.) \_\_\_\_\_ is**

*(Name of applicant given in Section B)*

<b>Evaluation Criteria</b> <i>(Please insert a '√' in the box(es) as appropriate to indicate fulfillment of criterion. Delete the part(s) with * as appropriate.)</i>		<b>Membership No.</b> <i>(if applicable)</i>
<input type="checkbox"/> 1.	a full member of Division of Clinical / Educational* Psychology of the Hong Kong Psychological Society	
<input type="checkbox"/> 2.	eligible for full membership of Division of Clinical / Educational* Psychology of the Hong Kong Psychological Society	

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Official Chop of Authorized Organization

\_\_\_\_\_  
Date (DD/MM/YYYY)

**Section D: PREFERENCE REGARDING PUBLIC ACCESS TO REGISTRATION INFORMATION** (Please insert a '√' in the appropriate box.)

If your application for Test(s) which you have chosen in Section A is (or are) approved, it is intended to display your title, name and discipline at the pertinent website of King May Psychological Assessment Technology Development Ltd.. Please indicate your preference below (Your preference will not affect the outcome of this application.):

I  agree /  disagree to the aforesaid display.

**Section E: DECLARATION OF THE APPLICANT** (Please insert a '√' in the appropriate boxes to confirm.)

I hereby declare that:

- the particulars given on page 1 are true and correct;
- my proficiency in both spoken Cantonese and written Chinese is adequate for the administration of the Test<sup>1</sup> and thorough understanding of related test materials;
- the Test is to be used by myself or by individual(s) under my direct supervision ONLY for the purposes of research and professional training of psychologists;
- the use of Test will be bound by the Code of Professional Conduct of The Hong Kong Psychological Society<sup>2</sup>. This includes keeping the Test confidential;
- in the event that the Test is purchased<sup>3</sup> under my name by my employer (hereafter refer to as 'Employer'), I understand that I am obliged to inform the Employer that the Test can ONLY be used by registered users;
- in the event of my departure from the Employer, I shall inform the Employer that the Test must be secured in a locked place until the joint responsibility of managing the Test [with the Employer] is taken over by a registered user employed by the Employer;
- I understand that I will be registered personally as a WAIS-IV (HK) / WISC-IV (HK) / WPPSI-IV (HK) user (according to the test(s) selected in Section A) and that my name should appear on all orders for materials to be used by me or individual (under my direct supervision ONLY for the purposes of research and professional training of psychologists);
- I understand that applicant or registered user may be required to show appropriate documentation for verification by the Publisher<sup>4</sup> or its authorized agent;
- I understand that the Publisher has authorized the Panel<sup>5</sup> to review the registration status, which could be subject to suspension or revocation, of registered user on a need basis<sup>6</sup>. The Panel will not accept any liability for misuse whatsoever arising from professional/technical misinterpretation of the Test;

**I understand that if I do not agree to any of the above declarations, this application will not be accepted.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name (in block letters): \_\_\_\_\_

1 'Test' refers to the test(s) specified in Section A of this application.

2 'Code of professional Conduct of The Hong Kong Psychological Society' refer to 'Code of professional Conduct, The Hong Kong Psychological Society, 2012' and all the subsequent amended versions in the future.

3 Purchaser of the Test(s) must be a registered user.

4 'Publisher' refers to King May Psychological Assessment Technology Development Ltd.

5 'Panel' refers to The Joint Panel for Wechsler Scales on the control of use, sales and distribution of the WAIS-IV(HK), WISC-IV(HK) and WPPSI-IV(HK).

6 The Publisher reserves the right to grant, suspend, revoke or reject registration at its sole and absolute discretion.

**Section F: OFFICIAL USE ONLY** *(To be completed by the Publisher or its authorized agent)*

WAIS-IV(HK) Registration No.:  _____ / _____	Authorized Signature:
WISC-IV(HK) Registration No.:  _____ / _____	Official Chop:
WPPSI-IV(HK) Registration No.:  _____ / _____	
Date:	

## 註冊表及資格證書快遞寄回業務申請

為提升 WISC-IV(HK), WAIS-IV(HK), WPPSI-IV(HK)註冊表及資格證書寄回速度及投遞準確性，本人申請採用順豐速遞“貨到付款”<sup>i</sup>業務寄回獲得京美註冊認證的註冊表及資格證書。為此，本人將承擔順豐速遞“貨到付款”業務產生的費用。

以下為本人接收快遞時的聯絡方式：

流動電話號碼：\_\_\_\_\_

快遞寄送地址(中文)：\_\_\_\_\_

\_\_\_\_\_

確認簽名：\_\_\_\_\_ 簽名日期：\_\_\_\_\_

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<sup>i</sup> “貨到付款”是收件方承擔快遞寄送服務費用的一種快遞收費形式。如有查詢，可致電順豐速遞-香港客戶服務熱線 2730 0273 或登入 <https://htm.sf-express.com/> 了解詳情。