



Letter of Service Agreement between 3D Assessments, LLC (3D)

and _____ (Client)

Unlimited access, processing & storage. Includes tech support (phone/email)	Access Point(s) (\$58/month/per tablet)	The first month rental/access fees are at no charge.
Equipment (includes Survey Tablet and Docking Station base)	Rent (\$74/month) OR Buy (\$1320)*	

In recognition of the fact that client has licensed eSmartBase™ software through 3D Assessments, LLC. (3D) and upon receipt of described access fees, 3D agrees to provide client with website hosting and electronic processing of the assessment/survey data delivered by the POV2000 and eSmartBase system. This hosting service includes a secure access system and an account management system through which the client can view, reprint and manage their data.

The hosting and service access is included in the monthly rental fee for each survey unit in use by client. Agreement continues in force until cancelled, with or without cause, by either party in writing and upon 30 days advance notice at which point all equipment must be returned within 7 business days.

Use and Limitations. The assessments provided by 3D are intended for use only by properly trained healthcare professionals. The practice shall not substitute assessment results for their own professional judgment. A lack of information or indications from the assessments should not be construed as an indication or proof that any condition is not present. Further or additional tests, information and investigation may be necessary or advisable to confirm or disaffirm any preliminary information produced by the assessments.

Use of Data. All data maintained by 3D is de-identified and remains the exclusive property of the client in support of their business. Use for any other purposes (research, etc) must be pre-approved in writing in a separate agreement.

Payment. Is a Purchase Order Required for Billing? No___ Yes__ Purchase Order Number: _____

We prefer to be billed: ___ Monthly ___ Quarterly ___ Annually

Submit Invoices To:	Company/Practice: _____	Attn: _____
	Address: _____	
	City _____	State _____ Zip _____
	Phone _____	E-mail _____

Ship To If Different:	Company/Practice: _____	Attn: _____
	Address: _____	
	City _____	State _____ Zip _____
	Phone _____	

Accepted. The person signing this Agreement, if not an Officer for the Client acknowledges they have the approval to sign on the Client's behalf and the Client agrees this Letter of Agreement is binding.

Client signature

3D Assessments, LLC. signature

(print name)

(print name)

Title

Title

Date

Date

You will receive a separate invoice from Pearson Assessments for your test reports processed each month.

Submit this COMPLETED checklist to sales@3dassessments.com or by fax to 877-433-5901



PAD (Patient Assessment Device) Checklist



Today's Date: _____ Account Number: _____ # of PADs to be installed: _____

Assessments: P-3[®] BBHI[™] 2 BSI[®] 18 Referral source: **3D Assessments**

Installation Checklist

- Is the PC's operating system Windows[®] 98, ME, 2000, or XP? Yes No
- Is the PC's operating system Windows[®] Vista/7? Yes No
- Does the PC have access with **Internet Explorer 5.0 or greater?** Yes No
- Is the PC attached to a printer (direct or networked)? Yes No
- Is a serial port available ? (If no, a USB will be installed) Yes No
- Is the computer a desktop or laptop? Desktop Laptop

If the answer to any of the above Target PC questions is No, upgrades will be required in order for the PC to work as a PAD station.

IT Support Person's Name _____ Phone _____

*****You are required to purchase a test manual prior to use of the test. Upon account set up, a test manual and invoice will automatically be shipped to you by Pearson Assessments (approximate cost is \$40)*****

Qualification Information. Level M purchasers must provide credentials indicating:

- A specialized degree in the health care field and accompanying licensure or certification **OR**
- Proof that they have been granted the right to administer tests at this level in their jurisdiction

Name _____ Title _____

Phone _____ Email _____

Fax _____ Org Name _____

Address _____

City _____ State _____ Zip _____

Highest professional degree attained:

Degree _____ Specialty _____ Institution _____

Year Graduated _____ License Number _____

State _____ Expiration _____

I agree that:

- I am qualified to properly use any Pearson Assessments products I order, and I have provided Pearson Assessments only accurate and true qualification information
- Any Pearson Assessments test products purchased under my account will be used by me and/or under my supervision and will be used in accordance with all applicable ethical and legal guidelines
- I have read and hereby apply Pearson Assessments terms and conditions to all orders for my account and will abide by the terms and conditions set forth at <http://www.pearsonassessments.com/forms/terms.htm>

Signature _____ Date _____

You will receive a separate invoice from Pearson Assessments for your test reports processed each month.

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