

# People Skills 360 Qualification Form

Please complete the following form and submit to: [peopleskills@leadership-systems.com](mailto:peopleskills@leadership-systems.com). You will be notified of approval and to set up your account.

First Name	
Last Name	
Organization	
Position	
Street Address	
City	
State or Region	
Country	
Zip Code	
Education (highest degree and institution)	
Licensure or certifications (list designation and granting agency)	
Previous assessment certifications (list assessment and date of certification)	
Specialized Courses (e.g. Tests and Measurements, Psychometrics)	

Signature Required (electronic signature accepted)

I agree to use the People Skills 360 assessment in accordance to sound ethical principles regarding the care for my clients and protection of the copyrights of this assessment. I acknowledge that the interpretation of this assessment is my responsibility.

Signature \_\_\_\_\_ Date \_\_\_\_\_