



Q-global Account Ownership Change Request Form

Please complete this form to request changes to your Q-global account ownership

Q-global Account Information:

Account Name: _____

Account Number: _____

Order number from account (if applicable): _____

Current User/Owner Information:

Current user/owner name: _____

Current user/owner email address: _____

Telephone Number: _____

New User/Owner Information:

New user/owner name (First and Last): _____

**if applicable*

New user/owner email address: _____

Telephone Number: _____

This new user/owner has submitted a [Customer Registration \(Qualification\) Form](#): () Yes () No

**this new user/owner must meet the qualifications to be an account user/owner.*

Please Ensure this individual completes a registration (qualification) form at www.PearsonClinical.ca if they have not yet done so.

Account Supervisor Confirmation:

Supervisor Name (Printed)

Supervisor Signature

Supervisor Title (Printed)

Date

Please send completed form to cs.canada@pearson.com.

