

ASPPB/NATIONAL REGISTER DESIGNATED POSTDOCTORAL PROGRAM IN PSYCHOPHARMACOLOGY

DIDACTIC FACULTY'S CREDENTIALS FORM (DFCF)

PROGRAM NAME: _____

FACULTY MEMBERS/SUPERVISORS IN 20 _____

Name of Faculty Member	Highest Degree Earned/ Degree Year	Institution Granting Degree/Location	Program/ Major Field of Degree	Other Degree Earned Related to RXP/ Degree Year	Institution Granting Degree	Program/ Major Field of Degree	Jurisdiction where Licensed, Certified or Registered/ Lic/Cert/Reg Number	Licensure/ Certification/ Registration Title

Prepared by: _____ Date: _____
