

ASPPB/NATIONAL REGISTER DESIGNATED POSTDOCTORAL PROGRAM IN PSYCHOPHARMACOLOGY

FACULTY COMMITMENT TO PROGRAM IN REVIEW FORM (FCF)

PROGRAM NAME: _____

FACULTY MEMBERS/SUPERVISORS IN _____ **(Year)**

Name of Faculty Member/Supervisor	Highest Degree Earned	Name of Courses Taught Within Past 2 Years	# of Hours Per Week Providing Supervision to Trainees	# of Psychology Trainees Supervised Per Year	Name of Practicum Site	Setting Type of Supervised Practicum	Location of Practicum

Prepared by: _____ Date: _____
