

ASPPB/National Register Designated Postdoctoral Program in Psychopharmacology

<i>Trainee Name/Degree</i>
<i>Trainee Email Address</i>

<i>Program Name</i>
<i>Program Location</i>
<i>Program Director</i>

PSYCHOPHARMACOLOGY SUPERVISOR CONFIRMATION FORM (PSCF)

The above named person has identified you as a direct supervisor for all or a portion of the required supervised experience in psychopharmacology. Please read the attached criteria listed on page 3 of this document and determine whether or not the experience described below met those criteria. Complete this form and send it to the trainee's program director named above.

Supervisor Credentials			
<i>Name</i>	<i>Profession</i>	<i>Enter Code for setting here (see page 3)_</i>	
<i>Address Line 1</i>		<i>Address Line 2</i>	
<i>City</i>		<i>State</i>	<i>Zip</i>
<i>Highest degree earned</i>	<i>Field</i>	<i>Licensed/Certified/Registered at the time of trainee's supervision?</i>	
		<input type="checkbox"/> YES <input type="checkbox"/> NO <i>State/Province: _____ In what profession? _____</i> <i>License/Certificate/Registration #: _____ Date Licensed to Prescribe: _____</i>	
<i>If a physician, are you board certified? If so, in what specialty? _____</i>			
<input type="checkbox"/> YES <input type="checkbox"/> NO <i>Last certification date: _____</i>			
<i>Dates of supervision of the above named trainee:</i>			
<i>From _____ / _____ / _____ to _____ / _____ / _____ Total hours for the experience: _____</i>			
<i>This was a full-time _____ (hrs/wk; e.g., 40) or part-time _____ (hrs/wk; e.g., 15) experience in psychopharmacology.</i>			
<i># of Child Patients _____ # of Adolescent Patients _____ # of Adult Patients _____</i>			
<i>Did you provide at least one hour of direct, individual, face-to-face supervision per week or one hour of individual supervision for every ten (10) patients? <input type="checkbox"/> YES <input type="checkbox"/> NO</i>			
<i>Total Hours of face to face supervision you provided during practica: _____</i>			
<i>Name of facility</i>			<i>City/State/Province of facility</i>
<i>Supervisor's title at time</i>		<i>Trainee's title at time</i>	

I hereby attest that 1) all the information provided is true and correct to the best of my knowledge and 2) the performance of the above named trainee has been consistent with ethical and professional standards.

Signature _____ Date _____

Name (printed or typed) _____

Title _____

**After reading page 3,
please complete both
pages 1 and 2**

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EVALUATION OF TRAINEE'S COMPETENCE

Trainee Name/Degree

Please rate the trainee using the following scale: (1) superior; (2) above average; (3) satisfactory; (4) needs improvement; (5) unsatisfactory.

1. Relationship to patients _____
2. Diagnostic skills _____
3. Prescriptive skills _____
4. Awareness of limitation(s) _____
5. Seeks consultation when appropriate _____

Area(s) of particular strength:

Area(s) for improvement:

Further Comments:

For Final Report, please check one of the following:

I attest without reservation that this trainee be certified as completing this practicum.

I attest that this trainee be certified as completing this practicum with the following reservations:
(A separate letter can be written if desired)

I attest that this trainee obtain additional supervision as a condition of completing this practicum.

Signature of Supervisor

Date

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Please attach this completed form to Page 1 and submit to the training program.

Criteria for Evaluation of Clinical Practica

Clinical practicum trainees receive, at a minimum, the greater of 1 hour per week or 1 hour for every 10 patients of individual supervision by a licensed healthcare provider with prescriptive authority experienced in the area of practice being supervised.

Supervisors assume responsibility for pharmacologic care provided to patients by the trainee.

Clinical practica include contact with a minimum of 100 patients seen for pharmacotherapy evaluation with a range of ages/gender/ethnicity and diagnoses which may be subject to the individual trainee's existing competency areas, such as adults only or children/adolescents only.

Clinical practica include appropriate and up-to-date didactic instruction, as needed. Some of which practica may be completed concurrently with coursework or at completion of coursework.

Clinical practica supervisors document supervision and assure accordance with state and provincial laws and regulations.

Supervisors provide written evaluations at least quarterly and more often as needed for training goals to be met.

Supervisors are responsible for attesting to the readiness to prescribe based upon demonstrated competence and adherence to appropriate ethical standards, as well as applicable legal and professional conduct statutes/rules/regulations.

CLINICAL PSYCHOPHARMACOLOGY SUPERVISED EXPERIENCE

CODE LIST FOR TYPE OF TRAINING SITES

Refer to this code list when classifying training site.

Hospital and Other Medical Settings

- 01 University hospital/medical center
- 02 Public (state, city, or county) psychiatric hospital
- 03 Private psychiatric hospital
- 04 Public (state, city, or county) general hospital
- 05 Private general hospital
- 06 VA hospital/medical center/clinic
- 07 Military hospital
- 08 Rehabilitation hospital/center
- 09 Children's/adolescent general hospital
- 10 Children's/adolescent psychiatric hospital
- 11 Mental retardation/development disabilities hospital
- 12 Health maintenance organization (HMO)
- 13 Nursing home, assisted living, extended care facilities
- 14 Residential treatment centers
- 19 Other type of **medical** setting

Clinics and Other Outpatient Settings

- 30 University/college counseling center
- 31 Community mental health center (CMHC)
- 32 Outpatient mental health clinic, freestanding
- 33 Children's outpatient mental health clinic
- 39 Other type of **outpatient** setting not mentioned above

Other Settings

- 42 Criminal justice/correctional system/prison
- 43 Federal, state, or local government agency (other than above settings)
- 44 Consortium
- 45 **Other setting** not mentioned above

Independent Practice Settings

- 20 Individual private practice
- 21 Multi-disciplinary practice
- 22 Medical clinics