



ASPPB/ National Register Designation Project

Criteria for Defining an ASPPB/National Register
Designated Postdoctoral Program in Psychopharmacology



**DOCUMENTATION OF COMPLIANCE
WITH CRITERIA**

Program Name _____ **Location** _____

University/Professional School Affiliation _____

Credential Awarded (√):

____ master's degree ____ certificate

Please complete the following information to document your psychopharmacology program's compliance with the criteria and standards. In addition, please document the reference sources for this information (e.g., university/program catalog, brochure, web site).

PROGRAM CHARACTERISTICS

1. The program is (√ **One**):

____ Based in or affiliated with a regionally accredited university/professional school in the United States

____ Based in or affiliated with a provincially or territorially chartered university in Canada

____ Offered by another appropriately accredited provider of instruction (e.g., hospitals which are JCAHO accredited, schools which hold specialized accreditation status by a DOE recognized accreditor such as schools of nursing, pharmacy, etc.)

Documentation Reference:

Criterion: A1

____ University/Program Catalog Page #: _____

____ Brochure Page #: _____

____ Other Dated/Printed Materials Page #: _____

____ Web Site Web Address: _____

2. The program offers coursework for academic credit.
_____ Yes _____ No

Documentation Reference: (If your response is "Yes")

____ University/Program Catalog Page #: ____
____ Brochure Page #: ____
____ Other Dated/Printed Materials Page #: ____
____ Web Site Web Address: _____

3. The program is a postdoctoral program that educates and trains at the level(s) checked below and documents this designation on official transcript.

____ Program in basic education for collaborative care in
Psychopharmacology (Level Two)
____ Education and training program for the APA recognized
proficiency in Psychopharmacology (Level Three)
____ Both Levels Two & Three

4. The program awards a postdoctoral master's degree or a certificate in Psychopharmacology upon completion of the didactic and/or experiential components of the program (as applicable) with both components documented on the institution's official transcript.

Documentation Reference:

Criterion: A2

____ University/Program Catalog Page #: ____
____ Brochure Page #: ____
____ Other Dated/Printed Materials Page #: ____
____ Web Site Web Address: _____

5. The program has an identifiable program faculty sufficient in size and breadth to carry out its education and training responsibilities.

Documentation Reference:

**Criterion: A4
Form: DFCF**

____ University/Program Catalog Page #: ____
____ Brochure Page #: ____

___ Other Dated/Printed Materials Page #: ___
___ Web Site Web Address: _____

6. The program director is a doctoral psychologist who is primarily responsible for the training program.

Documentation Reference: **Criterion: A4b**

___ University/Program Catalog Page #: ___
___ Brochure Page #: ___
___ Other Dated/Printed Materials Page #: ___
___ Web Site Web Address: _____

7. The program publishes its admission and program requirements, its policy for transferring credit for previous education or waiving program requirements, and the expected level of performance to satisfy program requirements.

Documentation Reference: **Criterion: A5**

a. Admission and Program Requirements

___ University/Program Catalog Page #: ___
___ Brochure Page #: ___
___ Other Dated/Printed Materials Page #: ___
___ Web Site Web Address: _____

b. Transfer of Credit/Waiver of Program Requirements

___ University/Program Catalog Page #: ___
___ Brochure Page #: ___
___ Other Dated/Printed Materials Page #: ___
___ Web Site Web Address: _____

c. Expected Level of Performance

___ University/Program Catalog Page #: ___
___ Brochure Page #: ___
___ Other Dated/Printed Materials Page #: ___

- c. Possess sufficient knowledge of foundational areas to ensure an adequate foundation for successful completion of the postdoctoral program.

Documentation Reference:

Criterion: A8c

___ University/Program Catalog Page #: ___
___ Brochure Page #: ___
___ Other Dated/Printed Materials Page #: ___
___ Web Site Web Address: _____

DIDACTIC INSTRUCTION

1. The program of study is an organized sequence of educational didactic instruction.

Documentation Reference:

Criterion: B1

___ University/Program Catalog Page #: ___
___ Brochure Page #: ___
___ Other Dated/Printed Materials Page #: ___
___ Web Site Web Address: _____

2. The program incorporates periodic evaluation of trainee mastery.

Documentation Reference:

Criterion: B1

___ University/Program Catalog Page #: ___
___ Brochure Page #: ___
___ Other Dated/Printed Materials Page #: ___
___ Web Site Web Address: _____

3. The program integrates clinical practical training with coursework as applicable.

Documentation Reference:

Criterion: B1

___ University/Program Catalog Page #: ___

___ Brochure Page #: ___
___ Other Dated/Printed Materials Page #: ___
___ Web Site Web Address: _____

4. Please indicate the minimum number of hours of didactic instruction.
_____ contact hours or semester hours **Criterion: B2**
5. Please indicate the number of required hours of didactic instruction in each of the following foundational areas:

- a. **Neurosciences**
_____ total contact hours or total semester hours

Documentation Reference: **Criterion: B3a**
Form: DIF

___ University/Program Catalog Page #: ___
___ Brochure Page #: ___
___ Other Dated/Printed Materials Page #: ___
___ Web Site Web Address: _____

- b. **Pharmacology and Psychopharmacology**
_____ total contact hours or total semester hours

Documentation Reference: **Criterion: B3b**
Form: DIF

___ University/Program Catalog Page #: ___
___ Brochure Page #: ___
___ Other Dated/Printed Materials Page #: ___
___ Web Site Web Address: _____

- c. **Pathophysiology**
_____ total contact hours or total semester hours

Documentation Reference: **Criterion: B3c**
Form: DIF

___ University/Program Catalog Page #: ___

____ Brochure Page #: ____
____ Other Dated/Printed Materials Page #: ____
____ Web Site Web Address: _____

d. Physical and Laboratory Assessment
_____ total contact hours or total semester hours

Documentation Reference:

Criterion: B3d
Form: DIF

____ University/Program Catalog Page #: ____
____ Brochure Page #: ____
____ Other Dated/Printed Materials Page #: ____
____ Web Site Web Address: _____

e. Pharmacotherapeutics
_____ total contact hours or total semester hours

Documentation Reference:

Criterion: B3e
Form: DIF

____ University/Program Catalog Page #: ____
____ Brochure Page #: ____
____ Other Dated/Printed Materials Page #: ____
____ Web Site Web Address: _____

f. Professional, Legal, Ethical, and Interprofessional Issues
_____ total contact hours or total semester hours

Documentation Reference:

Criterion: B3f
Form: DIF

____ University/Program Catalog Page #: ____
____ Brochure Page #: ____
____ Other Dated/Printed Materials Page #: ____
____ Web Site Web Address: _____

CLINICAL PRACTICA

1. The program defines foundation coursework needed prior to placement in practica.

Documentation Reference:

Criterion: C2a

____ University/Program Catalog Page #: ____
____ Brochure Page #: ____
____ Other Dated/Printed Materials Page #: ____
____ Web Site Web Address: _____

2. Trainees participate in seminars and colloquia and other activities.

Documentation Reference:

Criterion: C2b

____ University/Program Catalog Page #: ____
____ Brochure Page #: ____
____ Other Dated/Printed Materials Page #: ____
____ Web Site Web Address: _____

3. Please indicate the minimum number of individual supervision hours that trainees are required to complete per week at each training site.

_____ hours per week

Documentation Reference:

Criterion: C3

____ University/Program Catalog Page #: ____
____ Brochure Page #: ____
____ Other Dated/Printed Materials Page #: ____
____ Web Site Web Address: _____

4. Please indicate the minimum number of patients whom trainees are required to see for pharmacotherapy evaluations.

Number of Patients: _____

Documentation Reference:

Criterion: C4

____ University/Program Catalog	Page #: _____
____ Brochure	Page #: _____
____ Other Dated/Printed Materials	Page #: _____
____ Web Site	Web Address: _____

5. Please indicate the maximum amount of time allotted for the trainee's completion of the clinical practica subsequent to the completion of Level Two didactic instruction.

Number of Months: _____

Documentation Reference:

Criterion: C5

____ University/Program Catalog	Page #: _____
____ Brochure	Page #: _____
____ Other Dated/Printed Materials	Page #: _____
____ Web Site	Web Address: _____

6. The program maintains official records regarding each trainee's practica experiences (i.e, number of supervision hours, type of settings, patient population).

Documentation Reference:

**Criterion: A7
Form: CPF**

____ University/Program Catalog	Page #: _____
____ Brochure	Page #: _____
____ Other Dated/Printed Materials	Page #: _____
____ Web Site	Web Address: _____

7. Supervisors are licensed healthcare providers with prescriptive authority who assume responsibility for pharmacologic care provided to patients by the trainee.

Documentation Reference:

Criterion: C3
Form: SCF

___ University/Program Catalog Page #: ___
___ Brochure Page #: ___
___ Other Dated/Printed Materials Page #: ___
___ Web Site Web Address: _____

8. The supervisor is responsible for developing the practicum training plan with the trainee. The supervisor and trainee sign the plan upon the trainee's satisfactory completion of practicum.

Documentation Reference:

Criterion: A7c

___ University/Program Catalog Page #: ___
___ Brochure Page #: ___
___ Other Date/Printed Materials Page #: ___
___ Web Site Web Address: _____

9. Please indicate the frequency in which clinical practica supervisors evaluate trainees in each site:

Every _____ months

Documentation Reference:

Criterion: C6d

___ University/Program Catalog Page #: ___
___ Brochure Page #: ___
___ Other Dated/Printed Materials Page #: ___
___ Web Site Web Address: _____

10. Supervisors attest to the trainees' readiness to prescribe.

Documentation Reference:

Criterion: C6

___ University/Program Catalog Page #: ___
___ Brochure Page #: ___
___ Other Dated/Printed Materials Page #: ___
___ Web Site Web Address: _____

11. The Level Three program requires the completion of the practica hours prior to the trainees' completion of the master's degree or certificate program.

Documentation Reference:

Criterion: C7

___ University/Program Catalog	Page #: ___
___ Brochure	Page #: ___
___ Other Dated/Printed Materials	Page #: ___
___ Web Site	Web Address: _____

Program Self-Assessment and Quality Enhancement (Outcomes)

1. Trainees take either the Psychopharmacology Examination for Psychologists or an equivalent national examination following completion of the trainee's Level Two didactic instruction in the program or within six months of completion of practica.

Documentation Reference:

Criterion: Da

___ University/Program Catalog	Page #: ___
___ Brochure	Page #: ___
___ Other Dated/Printed Materials	Page #: ___
___ Web Site	Web Address: _____

2. Program utilizes data on graduates' performance on acceptable national examinations to improve didactic instruction and practicum placement and indicate how that information has affected the education and training process at the time of review for and renewal of designation.

Documentation Reference:

Criterion: Dd

___ University/Program Catalog	Page #: ___
___ Brochure	Page #: ___
___ Other Dated/Printed Materials	Page #: ___
___ Web Site	Web Address: _____

Program Review Fee

**Please submit the \$1500 non-refundable
application fee to the
ASPPB/National Register Designation Project**

Name of Person Completing Application

Title

Date

Phone

Fax

Email