



ASPPB/ National Register Designation Project

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



Dear Psychopharmacology Program Director:

Thank you for your interest in the ASPPB/National Register Designated Postdoctoral Program in Psychopharmacology. Listed below are brief introductions to the application and two sets of forms (Program Review Forms for all Program Levels and Individual Trainee Forms for Level Three Programs). All of the forms except the Psychopharmacology Supervisor Confirmation Form (PSCF) and the Didactic Instruction Form (DIF) have an accompanying sample form for use as a guide when completing the forms.

At the time of application, the program completes the application and program review forms, as applicable, and submits them to the ASPPB/National Register Designation Committee with the application review fee. The program should also include copies of publicly available information, such as university/program catalogs, brochures, and handbooks. Please note that the three individual trainee forms should be completed by each Level Three trainee as he/she completes the practicum experience(s) and should be retained by the program for its records. If you have any questions about the application/forms, please contact Stephanie Jackson Young, M.S. at stephanie@nationalregister.org.

INSTRUCTIONS

APPLICATION

➤ Documentation of Compliance With Criteria and Standards

This application gathers information regarding the program characteristics, didactic instruction, clinical practica (as applicable), and program self-assessment and quality enhancement. The psychopharmacology program documents its compliance with the criteria and standards by completing the application questions and providing copies of the applicable documentation references (e.g., university/program catalog, brochure, web site). If an application question has a corresponding criterion and form, then this information is noted adjacent to the question.

PROGRAM REVIEW FORMS

➤ Didactic Instruction Form (DIF)

This form gathers course information regarding the foundational areas in psychopharmacology that are required by the program. This form also has

sections to denote the location of publicly available information, such as university/program catalog, brochure, or on the program web site.

➤ **Didactic Faculty Credentials Form (DFCF)**

This form gathers education and licensure information regarding the program's didactic faculty.

➤ **Faculty Commitment to Program In Review Form (FCF)**

This form gathers didactic and supervision information regarding the program's faculty members and supervisors.

➤ **Practica Supervisors' Credentials Form (SCF) - Level Three**

This form gathers education and licensure information regarding the onsite practica supervisors.

➤ **Trainee Credentials Form (TCF)**

This form summarizes the education, licensure, and Health Service Provider (HSP) information on each trainee matriculating in the program. HSP Qualification includes (1) trainee is credentialed as HSP at the state level, (2) trainee is credentialed as HSP by the National Register of Health Service Providers in Psychology, (3) trainee received doctoral degree and obtained licensure before 1980, and (4) psychopharmacology program determined degree, internship, and postdoctoral experience appears to meet National Register criteria for HSP. Please complete a separate Trainee Credentials Form for each Program Level.

INDIVIDUAL TRAINEE FORMS (LEVEL THREE TRAINEES)

➤ **Clinical Practica Form (CPF) - Level Three**

This form gathers information about each trainee's clinical practica. Each trainee completes a form and submits it to the program. The program retains the forms in its files.

➤ **Patients' Characteristics Form (Patients Form) - Level Three**

This form gathers information about the 100 patients whom the trainee evaluated during the various practica. Each trainee completes a form and submits it to the program for its records.

➤ **Psychopharmacology Supervisor Confirmation Form (PSCF)- Level Three**

Supervisors complete this confirmation form after the trainee completes each practicum experience. Criteria for the evaluation of the clinical practicum are provided.