

ASPPB/NATIONAL REGISTER DESIGNATED POSTDOCTORAL PROGRAM IN PSYCHOPHARMACOLOGY

PRACTICA SUPERVISORS' CREDENTIALS FORM (SCF)

Level Three Only

PROGRAM NAME: _____

FACULTY MEMBERS/SUPERVISORS IN 20 _____

Name of Supervisor	Highest Degree Earned/ Degree Year	Institution Granting Degree	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: _____
