

ASPPB/NATIONAL REGISTER DESIGNATED POSTDOCTORAL PROGRAM IN PSYCHOPHARMACOLOGY

FACULTY COMMITMENT TO PROGRAM IN REVIEW FORM (FCF)

PROGRAM NAME: _____

FACULTY MEMBERS/SUPERVISORS IN 2005 (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 |
|---|-----------------------|---|---|--|------------------------|--------------------------------------|-----------------------|
| John Paul | Ph.D. | Psychopharmacology Clin Psychopharmacology | N/A | N/A | N/A | N/A | N/A |
| Ralph Fox | M.D. | N/A | 10 hrs. | 10 | LA State Hospital | State Psychiatric Hospital | Pineville, LA |
| <div style="font-size: 100px; opacity: 0.3; pointer-events: none;">SAMPLE</div> | | | | | | | |

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| Prepared by: _____ Date: _____ |
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