

**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/<br>Degree Year | Institution Granting Degree | Program/<br>Major Field of Degree | Other Degree Earned Related to RXP/<br>Degree Year | Institution Granting Degree | Program/<br>Major Field of Degree | Jurisdiction where Licensed, Certified or Registered/<br>Lic/Cert/Reg Number | Licensure/<br>Certification/<br>Registration Title |
|--------------------|---------------------------------------|-----------------------------|-----------------------------------|--|-----------------------------|-----------------------------------|--|--|
| Ralph Fox          | M.D.<br>1975                          | LSU<br>(LA)                 | Medicine                          | N/A  | N/A                         | N/A                               | LA<br>MD #03245  | Physician  |
| Glenda Canal       | M.S.N.<br>1988                        | Tulane Univ.<br>(LA)        | Nursing                           | M.S.   | Alliant International Univ. | Clin Psychopharmacology           | LA<br>NP #20635  | Nurse Practitioner                                 |
|                    |                                       |                             |                                   |  |                             |                                   |  |  |
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SAMPLE

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| Prepared by: _____<br>Date: _____ |
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