

**ASPPB/NATIONAL REGISTER DESIGNATED POSTDOCTORAL PROGRAM IN PSYCHOPHARMACOLOGY**

**TRAINEE CREDENTIALS FORM (TCF)**

**PROGRAM NAME:** \_\_\_\_\_

**PROGRAM LEVEL:** Level Two \_\_\_\_\_

**TRAINEES IN 20** \_\_\_\_\_

Level Three \_\_\_\_\_

Name of Trainee	Highest Degree Earned/ Degree Year	Institution Granting Degree	Program/ Major Field of Degree	Jurisdiction Where Licensed, Certified or Registered/ License Number	Licensure/ Certification/ Registration Title	Original Date of Licensure	Credentialed as Health Service Provider (HSP) at the State Level? If Yes, Please List Jurisdiction.	Credentialed as Health Service Provider (HSP) by the National Register of Health Service Providers in Psychology? If Yes, Please State Approval Date. If No, Please State HSP Qualification.

**HSP QUALIFICATION:**

- Trainee received doctoral degree and obtained licensure before 1980
- Psychopharmacology program determined degree, internship, and postdoctoral experience appears to meet National criteria for HSP

Prepared by: _____
Date: _____