

**American Psychological Association
Designation Criteria for Education and Training Programs
in Preparation for Prescriptive Authority
Approved by APA Council of Representatives, 2009**

Criterion P: Program (P) Characteristics

The training program stands as a recognizable, organized, sequence of study and experience. There is an identifiable, integrated program organization and specified faculty responsible for it. The intent of this criterion is that the education and training of psychologists for prescriptive authority occur within a program with an identifiable organization, curriculum and faculty. Program resources provide for stability of funding and continuity of faculty allowing for sufficient opportunity to teach, supervise, and evaluate each student.

P1. Admissions

To participate in postdoctoral education and training in psychopharmacology, programs must require that students meet the following prerequisites:

1. be a graduate of a doctoral program in psychology;
2. hold a current state license as a psychologist; and
3. practice as a “health services provider” psychologist as defined by state law, where applicable, or as defined by APA.

In 1995, the APA Council of Representatives approved the following definition of “health service provider” psychologists: Psychologists are recognized as Health Service Providers if they are duly trained and experienced in the delivery of preventive, assessment, diagnostic and therapeutic intervention services relative to the psychological and physical health of consumers based on: 1) having completed scientific and professional training resulting in a doctoral degree in psychology; 2) having completed an internship and supervised experience in health care settings; and 3) having been licensed as psychologists at the independent practice level.

These admission standards must be disseminated to potential applicants of the program.

Documentation

1. Submit a copy of any documents and other materials (e.g., program website content, program brochures, catalogs) that demonstrate how you inform potential applicants of these requirements for participation in and completion of the program.
2. Submit a copy of the student application form and any other forms that you use to gather information about current licensure, completion of a doctoral program in psychology, and practice as a health service provider.
 - Does your program accept applicants who do not meet the above requirements?
 - If yes, please explain

- Over the last three years, what percent of your admissions were exceptions?

P2. Transfer of Credit

The program can develop policies for allowing credit from a previous graduate or postdoctoral education and training program(s), not to exceed twenty percent (20%) of the postdoctoral curriculum and limited to the basic science and neuroscience domains (Domains I & II). This does not preclude the development of program policies that would permit, on an individual case basis, the meeting of program requirements through a current demonstration of competence obtained through prior postdoctoral education and training. In such unusual cases, program policies should explicitly state the criteria for such decisions, and there should be an accompanying record of the specific competencies demonstrated by the psychologist and those yet to be acquired through the program.

Documentation

1. Does your program accept transfer credit? Any coursework completed at the graduate level is automatically considered transfer credit for purposes of this question.
 - If yes, describe your policies for accepting transfer credit. This should include courses in your curriculum for which you accept transfer credit and the maximum percent of your curriculum for which you allow transfer credit.
2. If you allow advanced placement based on prior postdoctoral education and training, provide us with your program policy for establishing competency and currency of knowledge base.

P3. Ethical Standards

Program administrators and faculty who are psychologists abide by the current Ethical Principles of Psychologists and Code of Conduct of the American Psychological Association.

Documentation

1. Describe how the current *Ethical Principles of Psychologists and Code of Conduct of the American Psychological Association* is made available to faculty members and administrators who are psychologists.
2. Provide a copy of program policies indicating that students will be treated in a fair and ethical manner consistent with the current *Ethical Principles of Psychologists and Code of Conduct of the American Psychological Association*.

P4. Public Representation of the Program

The program must have a clear and comprehensive mission statement that guides it, is approved by the governing body, and is publicly communicated. The program is clearly identified and labeled as a postdoctoral education and training program for psychologists in psychopharmacology for prescriptive authority.

Documentation

1. Attach a copy of your current mission statement.
2. Indicate how this mission statement is communicated to the public.
3. Provide copies of materials for public dissemination indicating the program is a postdoctoral program for psychologists in psychopharmacology for prescriptive authority.

P5. Program Resources

The program must have sufficient financial resources and access to appropriate physical resources to support its mission. The program provides access to facilities, services, and learning/information resources that are appropriate to support its didactic and experiential teaching, research, and service mission.

Documentation

1. For those components of the program that are conducted in a classroom setting, describe the physical resources available to the program. For those components of the program that are provided via computer or other electronic media, describe the systems used to support those program components.
2. Describe all additional resources available to students. These can include laboratory space, clinical settings, library materials (electronic and/or physical), pedagogical resources, access to relevant websites, or any other resources that may enhance the student's learning experience.
3. Provide evidence to suggest that sufficient financial resources exist to ensure the program will be sustainable at least for the duration of the current student body. This can, for example, include description of the current financial status of the sponsoring organization if such an organization exists, or demonstration that the materials and resources needed for the completion of the current cohort are already in place. This description should address maintenance of those resources described in response to #1.

P6. Governance

The program must have qualified and competent administrators, including a director, with appropriate administrative authority.

The legal authority and operating control of the program must be clearly described.

The program must have due process and grievance procedures for faculty.

Documentation

1. Describe the governance structure for the program and qualifications of the administrators. Please attach an organizational chart for the program, and job description and curriculum vitae for the program director and other program administrators.
2. Provide materials or otherwise describe the mechanism(s) by which faculty is informed of their rights and program policies.
3. Describe grievance and due process procedures available for faculty in the program.

P7. Faculty

Faculty and clinical supervisors must be qualified and sufficient in number to accomplish the program's education and training goals. In addition to psychology, the program faculty and clinical supervisors may come from a variety of appropriate disciplines.

There is an identifiable key or essential faculty and clinical supervisors with appropriate credentials to teach curriculum courses and/or provide supervision for the supervised clinical experience.

Documentation

1. For each course or course module or supervised clinical experience, as appropriate to your curriculum, provide the name and current curriculum vitae of the primary instructor currently teaching that content area.
2. Provide evidence of licensure in good standing (if applicable) for each faculty member and clinical supervisor.

P8. Quality Assurance

The program must ensure the quality of education and training, including any consortial relationships or contractual agreements.

Documentation

1. Describe any consortial arrangements or contractual agreements used in the didactic or supervised clinical experience of students. This includes supervisors involved in the experiential component of the training.
2. Describe mechanisms used to ensure the quality of education training offered through those agreements, including methods for the evaluation of supervisor competence in the experiential component of the training.
3. Provide evidence of licensure in good standing (if applicable) for each faculty member and clinical supervisor.

P9. Program Self-Evaluation

The program must regularly engage in a process of self-evaluation. Faculty members will participate in the program's planning, implementation and evaluation.

Documentation

1. Describe procedures for program self-evaluation, including how often formal self-evaluation takes place and how this information is used.
2. Describe how the program maintains currency of course materials given the rapid evolution of knowledge.
3. Provide evidence of licensure in good standing (if applicable) for each faculty member and clinical supervisor.

Criterion S: Students (S)

S1. Student Body

There is an identifiable body of postdoctoral, licensed psychologists who are matriculating in the training program for prescriptive authority. The training program must also demonstrate that its admissions policy does not systematically exclude candidates from consideration on the basis of elements of human diversity.

Documentation

1. How do you define an active student in your program?
2. Please fill in the following information:

	Program Training Model		
	Didactic combined with supervised clinical experience	Didactic followed by summative clinical experience	
		Didactic	Supervised Clinical Experience
Number of Students Currently Enrolled			
Number of Students who Completed in the past 3 years			

3. Please describe the diversity of your student body.

S2. Maintenance of Licensure

The program must ensure that students maintain licensure throughout the program.

Documentation

1. Provide materials or otherwise indicate how students are informed that they are expected to remain licensed for the course of the program and indicate that they are expected to inform the program director at any time the status of their license changes.
2. Are students required to provide evidence of continued licensure?
 - If yes, how is this evidence collected?

S3. Student Records

The program must protect the security, confidentiality, integrity, and availability of student records.

The training program awards a degree or certificate upon satisfactory completion of all program requirements. Satisfactory completion of the program is reflected upon a transcript or other official documentation reflecting the sequence of education and training, grades or scores earned in didactic instruction and satisfactory completion of supervised clinical experiences.

Programs will keep records regarding the number of psychologists matriculating in the program and graduating from the program. Transcripts or other official documentation will be made available at all times to psychologists matriculating in and psychologists graduated from the training programs. The program will comply with federal and state regulations regarding confidentiality as appropriate (e.g., FERPA, HIPAA, etc.). Such transcripts or other official documentation will be maintained in a secure environment to ensure confidentiality.

Documentation

1. Describe methods used to ensure the security and maintenance of student records stored in either paper or electronic form.
2. Describe the mechanisms used to assure the long-term maintenance of student records.
3. Provide a sample of a transcript or official documentation that confirms successful completion of program requirements.
4. Provide a sample of the certificate of completion of all program components (didactic, supervised clinical experience, and capstone competency evaluation).

S4. Due Process

The program must have due process and grievance procedures.

Documentation

1. Provide materials or otherwise describe the mechanism(s) by which students are informed of their rights and program policies.
2. Describe grievance and due process procedures available for students in the program.

Criterion C: Curriculum (C)

The training program stands as a recognizable, organized, sequence of study and experience. There is an identifiable, integrated program organization and specified faculty responsible for it. The intent of this criterion is that the education and training of psychologists for prescriptive authority occur within a program with an identifiable organization, curriculum and faculty. Program resources provide for stability of funding and continuity of faculty allowing for sufficient opportunity to teach, supervise, and evaluate each student.

The program must offer an integrated, organized, and sequential program of instruction as evidenced through the following:

1. An organized sequence of courses with relevant syllabi;
2. Frequent evaluation of students' knowledge and application of that knowledge and feedback to students of outcomes;
3. Periodic program evaluation;
4. Certification of program completion upon demonstration of appropriate level of competence

C1. Didactic Curriculum

The didactic curriculum must consist of at least 400 contact hours covering the following content domains:

I. Basic Science

- A. Anatomy & Physiology
- B. Biochemistry

II. Neurosciences

- A. Neuroanatomy
- B. Neurophysiology
- C. Neurochemistry

III. Physical Assessment and Laboratory Exams

- A. Physical Assessment
- B. Laboratory and Radiological Assessment
- C. Medical Terminology and Documentation

IV. Clinical Medicine and Pathophysiology

- A. Pathophysiology with particular emphasis on cardiac, renal, hepatic, neurologic, gastrointestinal, hematologic, dermatologic and endocrine systems.
- B. Clinical Medicine, with particular emphasis on signs, symptoms and treatment of disease states with behavioral, cognitive and emotional manifestations or comorbidities
- C. Differential Diagnosis
- D. Clinical correlations-the illustration of the content of this domain through case study
- E. Substance-Related and Co-Occuring Disorders
- F. Chronic Pain Management

V. Clinical and Research Pharmacology and Psychopharmacology

- A. Pharmacology
- B. Clinical Pharmacology
- C. Pharmacogenetics

- D. Psychopharmacology
- E. Developmental Psychopharmacology
- F. Issues of diversity in pharmacological practice
- VI. Clinical Pharmacotherapeutics
 - A. Combined therapies - Psychotherapy/pharmacotherapy interactions
 - B. Computer-based aids to practice
 - C. Pharmacoepidemiology
- VII. Research
 - A. Methodology and Design of psychopharmacological research
 - B. Interpretation and Evaluation of research
 - C. FDA drug development and other regulatory processes
- VIII. Professional, Ethical, and Legal Issues
 - A. Application of existing law, standards and guidelines to pharmacological practice
 - B. Relationships with pharmaceutical industry
 - 1. Conflict of interest
 - 2. Evaluation of pharmaceutical marketing practices
 - 3. Critical consumer

Documentation

1. Provide a current syllabus for each course or course module. This syllabus should, at a minimum, include a description of expected student learning outcomes for each course or course module and how student performance is assessed.
2. Provide the curriculum vitae of each instructor for each course or course module.
3. Create a grid that indicates the number of hours in each course dedicated to each of the content domains required for the program. A template for the grid is attached.

Different programs share content but organize the curriculum in different ways and use different course titles. For each course in your program, indicate the number of contact hours associated with each content domain reflected in the model curriculum.

Content Mapping Chart	Course or Course Module: Identify courses below the grid (e.g., “1 = Clinical Medicine”). Add more columns if you have more than 10 courses or modules.									
	1	2	3	4	5	6	7	8	9	10
I. Basic Science										
A. Anatomy & Physiology										
B. Biochemistry										
II. Neurosciences										
A. Neuroanatomy										
B. Neurophysiology										
C. Neurochemistry										
III. Physical Assessment/Labs										
A. Physical Assessment										
B. Lab and Radiological Assessment										
C. Medical Terminology										
IV. Clinical Medicine/Pathophysiology										
A. Pathophysiology										
B. Clinical Medicine										
C. Differential Diagnosis										
D. Clinical Correlations										
E. Substance-Related Disorders										
F. Chronic Pain Management										
V. Pharmacology and Psychopharmacology										
A. Pharmacology										
B. Clinical Pharmacology										
C. Pharmacogenetics										
D. Psychopharmacology										
E. Developmental Psychopharmacology										

Content Mapping Chart	Course or Course Module: Identify courses below the grid (e.g., “1 = Clinical Medicine”). Add more columns if you have more than 10 courses or modules.									
	1	2	3	4	5	6	7	8	9	10
F. Diversity										
VI. Clinical Pharmacotherapeutics										
A. Combined Therapies										
B. Computer Aids										
C. Pharmacoepidemiology										
VII. Research										
A. Methodology and Design										
B. Interpretation of Research										
C. Regulatory Processes										
VIII. Professional, Ethical, and Legal Issues										
A. Existing Laws and Standards										
B. Pharmaceutical Industry										
1. Conflict of Interest										
2. Marketing Practices										
3. Critical Consumer										

Courses:

1 = Clinical Medicine

Etc.

C2. Supervised Clinical Experience

The supervised clinical experience encompasses mastery of the following clinical competencies:

1. PHYSICAL EXAM AND MENTAL STATUS

Knowledge and execution of elements and sequence of both comprehensive and focused physical examination and mental status evaluation, proper use of instruments used in physical examination (e.g., stethoscope, blood pressure measurement devices, etc.), and scope of knowledge gained from physical examination and mental status examination recognizing variation associated with developmental stage and diversity

2. REVIEW OF SYSTEMS

Knowledge and ability to systematically describe the process of integrating information learned from patient reports, signs, symptoms, and a review of each of the major body systems recognizing normal developmental variations

3. MEDICAL HISTORY INTERVIEW AND DOCUMENTATION

Ability to systematically conduct a patient or parent/caregiver clinical interview producing a patient's medical, surgical, and psychiatric (if any) history and medication history in cultural context as well as a family medical and psychiatric history, and to communicate the findings in written and verbal form

4. ASSESSMENT: INDICATIONS AND INTERPRETATION

Ability to order and interpret appropriate tests (e.g., psychometric, laboratory and radiological) for the purpose of making a differential diagnosis and for monitoring therapeutic and adverse effects of treatment

5. DIFFERENTIAL DIAGNOSIS

Use of appropriate processes, including established diagnostic criteria (e.g., ICD-9, DSM-IV), to determine primary and alternate diagnoses

6. INTEGRATED TREATMENT PLANNING

Ability to identify and select, using all available data, the most appropriate treatment alternatives, including medication, psychosocial and combined treatments and to sequence treatment within the larger biopsychosocial context

7. CONSULTATION AND COLLABORATION

Understanding of the parameters of the role of the prescribing psychologist or medical psychologist and working with other professionals in an advisory or collaborative manner to effect treatment of a patient

8. TREATMENT MANAGEMENT

Application, monitoring and modification, as needed, of treatments and the writing of valid and complete prescriptions

Documentation

1. Please complete the following grid if your program integrates supervised clinical experiences with didactic experiences:

Please note with an (X) which of the 8 clinical competencies are integrated within each of the didactic courses listed below. Your list of courses should match your content mapping	1	2	3	4	5	6	7	8
Course 1								
Course 2								
Course 3								
Course 4								
Course 5								
Course 6								
Course 7								
Course 8								
Course 9								
Course 10								

2. Describe how your program implements the supervised clinical component of the training. Describe in detail:
 - i) how supervisors and settings are identified, approved, and overseen by the program;
 - ii) mechanisms for ensuring that the range of supervised clinical experience balances diversity, developmental considerations, and appropriateness to the student’s practice;
 - iii) the skill sets considered critical for each of the eight competency domains and how developmental and diversity issues are addressed; and
 - iv) how progress toward attainment and mastery of competence is evaluated for each of the eight competency domains listed.
3. Provide copies of all materials used by the program to evaluate student performance in the completion of the supervised clinical experience.
4. Provide copies of forms used by the student and the supervisor to document students’ face-to-face patient contact hours and other clinical experiences.

C3. Capstone Competency Evaluation

Training programs developed under these standards provide a capstone competency evaluation that requires integration of the knowledge, skills, and attitudes the psychologist is expected to master during their matriculation in the program.

Competencies are conceived as holistic and represent:

- **knowledge** of subject matter concepts and procedures
- **performance** of behaviors that demonstrate specific skills and abilities
- **problem solving** strategies and capabilities that involve elements of critical thinking and ethical responsibility
- **self reflection** that focuses on knowing the limits of one's knowledge; clarification of attitudes, beliefs, and values; and identification of self perceptions and motivations in the context of prescriptive authority.

Documentation

1. Describe in detail your program's capstone evaluation process, including how outcome is determined.
2. In each of the last three years, how many students have participated in the capstone competency evaluation? How many in each year have passed?

C4. Certification of Completion

In order to be certified as having fulfilled the APA Recommended Postdoctoral Education and Training Program in Psychopharmacology for Prescriptive Authority, the student must complete the didactic, experiential, and capstone components of the program within five years of the initiation of postdoctoral training.

Documentation

1. Some programs elect to provide some form of recognition upon completion of didactic coursework even if the supervised clinical experience is not yet completed. Does your program offer this option?
 - If yes, indicate what form this recognition takes (certificate, master's degree, etc.)
2. What form of recognition do you give for completion of all program components? Please submit a sample copy.
3. Your program may not represent students as having completed the *APA Recommended Postdoctoral Education and Training Program in Psychopharmacology for Prescriptive Authority* until such time as they have completed the didactic, supervised clinical experience, and capstone components of the program.

We are compliant with this:

C5. Lifelong Learning

Programs developed under these standards place a special emphasis on preparing psychologists to evaluate future advances in psychopharmacological knowledge and on the critical importance of lifelong learning in psychopharmacological practice.

Documentation:

1. Please describe how your program prepares students for lifelong learning. This could include exposure to software systems, electronic journals, medication alerts (e.g., Epocrates, *Carlat Psychiatry Report*, Cochrane Reviews, guidelines.gov).