

Designation Criteria for Education and Training Programs in Psychopharmacology for Prescriptive Authority

APPROVED BY THE APA COUNCIL OF REPRESENTATIVES
FEBRUARY 2019



AMERICAN
PSYCHOLOGICAL
ASSOCIATION

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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. Academic Institution

The degree program must be offered at a regionally accredited institution.

Documentation

1. Provide evidence that the program is offered at a regionally accredited institution.

P2. Admissions

To participate in education and training in psychopharmacology, programs must require students be admitted to (for those completing a portion of the education and training at the doctoral level) or have completed (for those pursuing training entirely at the postdoctoral level) a doctoral program in psychology. Students who complete a portion of their training at the doctoral level must be enrolled in a doctoral program accredited by the APA or an accrediting body recognized by the U.S. Secretary of Education for the accreditation of health service psychology in preparation for entry to practice.

1. Students are eligible for additional didactic coursework and training following the successful completion of the supervised clinical experience in physical assessment.
2. Students are eligible for the prescribing psychology fellowship following licensure as a doctoral-level psychologist.
3. Students will have met all eligibility requirements for entry into the prescribing psychology fellowship following the completion of all other didactic and experiential requirements for training as a prescribing psychologist.

All fellowship participants will:

1. be a graduate of a doctoral program in psychology;
2. hold a current license as a psychologist; and
3. practice as a “health service provider” psychologist as defined by state law, where applicable, or as defined by the APA1.

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?

P3. Transfer of Credit

The program can develop policies for allowing credit from a previous graduate or postdoctoral education and training program(s).

Programs offering a master’s in psychopharmacology may allow transfer of previous coursework limited to the basic science and functional neuroscience domains (Domains I & II). This does not preclude the development of program policies that would permit, on an individual basis, the meeting of program requirements through a current demonstration of competencies 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?
 - 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 percentage of your curriculum for which you allow transfer credit.

2. If you allow advanced placement based on prior education and training, provide us with your program policy for establishing competency and currency of knowledge base.

P4. 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*.

P5. 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 doctoral and/or 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 an education and training program for psychologists in psychopharmacology for prescriptive authority.

P6. 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.

1 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.”

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.

P7. Governance

The program must have qualified administrators, including a psychopharmacology program 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 that are publicly available.

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 are informed of their rights and program policies.
3. Describe grievance and due process procedures available for faculty in the program.

P8. Faculty

Faculty and clinical supervisors must be qualified and sufficient in number to accomplish the program's education and training goals. The psychopharmacology program director must be a licensed psychologist trained in psychopharmacology. The program faculty and supervisors may come from a variety of appropriate disciplines to include neuroscience and licensed practitioners of medicine, pharmacy, and nursing. When possible, the inclusion of prescribing psychologists as faculty is encouraged. Faculty participate in the program's planning, implementation, and evaluation.

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.

P9. 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.

P10. Program Self-Evaluation

The program engages in a process of self-evaluation every three years at a minimum and submits a written response as required by the Designation Criteria. Faculty members 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.

P11. Diversity

The program recognizes the importance of cultural and individual differences and diversity in the training of psychologists. The program has made systematic, coherent, and long-term efforts to attract and retain students and faculty from diverse backgrounds into the program.

Documentation

1. Describe how the program engages in systematic, coherent, and long-term efforts to attract and retain students and faculty from diverse backgrounds into the program.

CRITERION S: STUDENTS (S)

S1. Student Body

There is an identifiable body of students 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:

	Students Enrolled in the Training Program		
	Doctoral	Postdoctoral	
	Didactic	Didactic	Prescribing Psychology Fellowship
Number of Students Currently Enrolled			
Number of Students Who Completed in the Past 3 Years			

3. Please describe the diversity of your student body.
4. If any trainee has taken an excess of five years to complete the postdoctoral training program, please provide an explanation.

S2. Maintenance of Licensure

The doctoral program students maintain a status of “in good standing” during participation in the training program. Postdoctoral program students maintain licensure throughout the program.

Documentation

1. Provide materials or otherwise indicate how students are informed that they are expected to (a) maintain a status of “in good standing” for doctoral students and licensure for post-doctoral students throughout the course of the program; and (b) inform the program director at any time of changes to their standing or licensure.

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 by 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 students matriculating in and graduating from the program. Transcripts or other official documentation will be made available at all times to students matriculating in and psychologists graduating 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 the sample of a transcript or official document 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 that are publicly available.

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. 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 a minimum of every three years; and
4. certification of program completion upon demonstration of appropriate level of competence, the prescribing psychology fellowship, and the capstone competency evaluation.

C1. Didactic Curriculum

The didactic curriculum must consist of at least 400 contact hours.

Among the goals of the training is to ensure that graduates:

- are able to identify those patients for whom psychotropics may be indicated or not indicated;
- are able to recognize adverse effects that are associated with medications; and
- can recognize when medical consultation, collaboration, and/or referral is necessary.

With the goal of maintaining patient safety while prescribing psychotropic medication, the trainee is expected to demonstrate knowledge in the following domains (I-XIII), with clinical competence obtained by the completion of the fellowship in those indicated with an asterisk (*).

Programs may develop specific courses using different content integration approaches. The following are not meant to mandate specific courses, rather these are content areas that must be covered in the didactic curriculum to ensure sufficient knowledge for safe prescribing. A psychopharmacology program might fulfil these requirements

in various ways. For example, the content covered in domains I and II below might be taught in a two-course sequence providing competency in physical and medical science sufficient to support safe prescribing.

- I. Basic science (this domain can be taken at the undergraduate level, at the discretion of the program)
 - a. Human anatomy
 - b. Human physiology
 - c. Biochemistry
 - d. Genetics
- II. Functional neuroscience
 - a. Neuroanatomy
 - b. Neurophysiology
 - c. Neurochemistry
- III. Physical examination
 - a. Measurement and interpretation of vital signs*
 - b. Neurological exam*
 - c. Cardiovascular exam
 - d. Respiratory exam
 - e. Abdominal examination
 - f. Eye, ear, nose, and throat (EENT)
 - g. Gastrointestinal (GI)
 - h. Genitourinary (GU)
 - i. Integumentary
 - j. Allergic/immunologic
 - k. Musculoskeletal
- IV. Interpretation of laboratory tests
 - a. Therapeutic drug monitoring*
 - b. Other blood and urine tests
 - c. Radiology
 - d. Electrocardiogram (EKG) and brain electrophysiology
 - e. Neuroimaging techniques [e.g., magnetic resonance imaging {MRI}, functional MRI {fMRI}, computerized tomography {CT}]
 - f. Applied genetics
- V. Pathological basis of disease
 - a. Pathophysiology of common clinical cardiovascular, respiratory, gastrointestinal, hepatic, neurological, and endocrine conditions
- VI. Clinical medicine
 - a. Clinical manifestations, differential diagnosis, and laboratory or radiological evaluation of commonly encountered medical conditions
 - b. Special cases: children, women, and older adults, health related conditions (e.g., pregnancy hormone therapy), and people living with chronic health conditions, (e.g., hypertension, diabetes, HIV/AIDS, Hep C, breast and hematological cancers and conditions)
- VII. Clinical neurotherapeutics
 - a. Electrophysiology (e.g., quantitative electroencephalogram {EEG}, neurofeedback)
 - b. Non-invasive interventions (e.g., transcranial magnetic stimulation, EEG neurofeedback, biofeedback)
 - c. Electroconvulsive therapy (ECT)
- VIII. Systems of care*
 - a. Coordination of care with other medical specialties
 - b. Consultations and referrals
 - c. Coordination and consultation in long-term care
- IX. Pharmacology*
 - a. Pharmacokinetics and drug delivery systems
 - b. Pharmacodynamics
 - c. Neuropharmacology
 - d. Toxicology
 - e. Mechanisms of medication interactions
- X. Clinical pharmacology*
 - a. Major drug classes
 - b. Nutritional supplements
 - c. Special cases: children, women, and older adults, health related conditions (e.g. pregnancy, hormone therapy), and people living with chronic health conditions, (e.g., hypertension, diabetes, HIV/AIDS, Hep C, breast and hematological cancers and conditions)
- XI. Psychopharmacology*
 - a. Sedatives/hypnotics
 - b. Antidepressants
 - c. Antipsychotics
 - d. Mood stabilizers
 - e. Anxiolytics
 - f. Stimulants
 - g. Medications for drug dependence
 - h. Medications for drug adverse effects
 - i. Pediatric psychopharmacology
 - j. Geriatric psychopharmacology (including medications for cognitive impairment, polypharmacy)
 - k. Issues of diversity and cultural competence in pharmacological practice (e.g., sex assigned at birth, gender identity, race, ethnicity, culture, socioeconomic status, disability, nationality of origin, generational status, citizen status, other forms of population diversity, traditional practices, and lifespan factors related to drug metabolism access,

acceptance, and adherence)

- l. Clinical decision-making and standard practice guidelines
- m. Guidelines for prescribing controlled substances

XII. Psychopharmacology research*

- a. Phases of drug development
- b. Clinical trials in psychiatry
- c. Critical evaluation of evidence

XIII. Professional, ethical, and legal issues*

- a. Documentation (e.g., nomenclature, abbreviations, prescription writing)
- b. Conflicts of interest/relationships with the industry
- c. Scope of practice issues
- d. Diversity and equity issues related to treatment access and adherence

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. Human anatomy										
b. Human physiology										
c. Biochemistry										
d. Genetics										
II. Functional neuroscience										
a. Neuroanatomy										
b. Neurophysiology										
c. Neurochemistry										
III. Physical examination										
a. Measurement and interpretation of vital signs										
b. Neurological exam										
c. Cardiovascular exam										
d. Respiratory exam										
e. Abdominal examination										
f. Eye, ear, nose, and throat (EENT)										
g. Gastrointestinal (GI)										
h. Genitourinary (GU)										
i. Integumentary										
j. Allergic/Immunologic										
k. Musculoskeletal										
IV. Interpretation of laboratory tests										
a. Therapeutic drug monitoring										
b. Other blood and urine tests										
c. Radiology										
d. Electrocardiogram (EKG) and brain electrophysiology										
e. Neuroimaging techniques [e.g., magnetic resonance imaging {MRI}, functional MRI {fMRI}, computerized tomography {CT}]										
f. Applied genetics										
V. Pathological basis of disease										
a. Pathophysiology of common clinical cardiovascular, respiratory, gastrointestinal, hepatic, neurological, and endocrine conditions										
VI. Clinical medicine										
a. Clinical manifestations, differential diagnosis, and laboratory or radiological evaluation of commonly encountered medical conditions										
b. Special cases: children, women, and older adults, health related conditions (e.g., pregnancy, hormone therapy), and people living with chronic health conditions, (e.g. hypertension, diabetes, HIV/AIDS, Hep C, breast and hematological cancers and conditions)										
c. Medical emergencies and their management										

XIII. Professional, ethical, and legal issues														
a. Documentation (e.g., nomenclature, abbreviations, prescription writing)														
b. Conflicts of interest/relationships with the industry														
c. Scope of practice issues														
d. Diversity and equity issues related to treatment access and adherence														

Courses:

e.g., 1 = Clinical Medicine, 2 =, etc.

C2. Supervised Clinical Experience

Supervised clinical experience in physical assessment

The supervised clinical experience in physical assessment must include mastery of the basic skills to evaluate those aspects of the patient's health status sufficient to ensure the patient's suitability for treatment with medication, the monitoring of health parameters that may be impacted by the medication, and the knowledge base necessary to refer to and collaborate with physicians in the management of more medically complex patients. The mastery of physical assessment should be achieved through practical experience in supervised patient health assessments done in collaboration with medical providers licensed to conduct independent physical assessment.

Documentation

1. The program will demonstrate the manner in which it verifies that the specific competencies have been achieved.
2. Should the program choose to integrate the physical assessment practical training with didactic coursework, the program shall demonstrate the manner in which it is integrated.

The prescribing psychology fellowship

The prescribing psychology fellowship must be completed with a minimum of 100 patients, which includes patients representative of all stages of psychopharmacological treatment (initiation and maintenance through termination of treatment) and 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), 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 major body system, recognizing normal developmental variations and making appropriate referrals to other licensed health professionals.
3. **Medical history interview and documentation:** Ability to systematically conduct a patient or parent/caregiver clinical interview in order to produce an integrated report of 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-10, DSM-5), 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:** Understand the parameters of the prescribing psychologist's role, including how to effectively work with other professionals in an advisory or collaborative manner in the treatment of a patient.
8. **Treatment management:** Apply, monitor, and modify (as needed) treatments; write valid and complete prescriptions, referrals, and consults; be aware of the impact of health care costs; evaluate and monitor the impact of biological and psychological interventions on the patient's health status.

Documentation

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

C3. Capstone Competency Evaluation

Training programs developed under these standards provide a capstone competency evaluation that requires integration of the knowledge, skills, and attitudes that psychologists are 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; and
- **self-reflection** that focuses on knowing the limits of one's knowledge; clarification of attitudes, beliefs, and values; identification of self-perceptions and motivations in the context of prescriptive authority, cultural competency, and skills working with diverse populations; and recognition and identification of sources of bias.

This evaluation is distinct from any evaluation that focuses exclusively on mastery of information, such as the Psychopharmacology Examination for Psychologists (PEP). The capstone competency evaluation is summative and follows demonstrated mastery of multiple, foundational competencies throughout the training program. Successful completion of the prescribing psychology fellowship requires the presentation of an acceptable capstone competency evaluation that incorporates all relevant coursework and clinical work completed in preparation for and during the prescribing psychology fellowship.

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 Model Education and Training Program in Psychopharmacology for Prescriptive Authority, the student must complete the didactic, experiential, and capstone components of the program, typically within five years of the initiation of postdoctoral training.

Documentation

1. Some programs elect to provide a 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 Model 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, or medication alerts (e.g., Epocrates, *Carlat Psychiatry Report*, Cochrane Reviews, guidelines.gov, UpToDate).



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