



FAIRLEIGH DICKINSON UNIVERSITY

School of Psychology Metropolitan Campus

1000 River Road, T-WH1-01
Teaneck, NJ 07666
201-692-2301 Voice
201-692-2304 Fax

Dear Colleague:

Thank you for your interest in the Fairleigh Dickinson University M.S. Program in Clinical Psychopharmacology. The program is designed to be comprehensive, yet convenient for psychologists interested in advancing their potential as collaborative mental health practitioners.

We are proud of the quality of the program we have developed, for several reasons:

- Our curriculum was designed in consultation with Anita Brown, Ph.D., our Curriculum Consultant and a graduate of the Department of Defense Psychopharmacology Demonstration Project. In fact, four of the 10 graduates of the DoD program have been involved in the development of our curriculum. In terms of course hours, the curriculum meets or exceeds the requirements for postdoctoral training in psychopharmacology outlined in the *APA Recommended Postdoctoral Education and Training Program for Prescriptive Authority*.
- Because of the flexible nature of the program we have been able to attract nationally recognized experts as instructors and presenters.
- Distributed learning methods such as lectures on CD provide a strong basis for didactic training, while frequent interaction online and case reports allow for the integration of information through clinical material and practical exercises.
- The program has been endorsed by the Alabama, Georgia, Maryland, and Tennessee Psychological Associations for the training of their members.

Completion of the course curriculum leads to the postdoctoral degree Master of Science in Clinical Psychopharmacology. We believe awarding a degree for completion of the program is appropriate given its academic rigor, and will be more effective in psychologists' efforts to receive independent or collaborative prescriptive authority.

Enclosed you will find an information and program application packet. This information is also available at our web site, www.rxpsychology.com. To begin courses in September, please send your application by July 15. To begin courses in January, please send your application by November 15. We strongly recommend beginning courses in September.

If you have any questions regarding the program, please contact the program's Administrative Assistant, Maria Kaljaj, toll-free at 866-247-2411.

You may also want to visit our website: <https://view2.fdu.edu/academics/university-college/school-of-psychology/masters-level-programs/ms-in-clinical-psychopharmacology/>.

We look forward to speaking with you about this exciting program, and participating in your professional development.

Sincerely,

Anne Farrar-Anton, Ph.D.
Training Director
M.S. Program in Clinical Psychopharmacology
farraran@fdu.edu



PLEASE READ THIS PAGE BEFORE COMPLETING YOUR APPLICATION PACKAGE

- **Please print or type your information.**
- **Eligibility:** The M.S. Program in Clinical Psychopharmacology is open to health service provider psychologists as defined by state law or by the American Psychological Association. The latter includes any psychologist who has completed a doctoral degree or postdoctoral respecialization program and internship focusing on “the delivery of preventive, assessment, diagnostic and therapeutic intervention services relative to the psychological and physical health of consumers,” and received state licensure as a doctoral-level psychologist. Applicants must submit an official (sealed) transcript from every institution that granted them a degree from bachelor’s level through doctorate, and a copy of your license as a psychologist. If you are not yet licensed, or are a member of another profession, please contact us to review your options.
- **Name:** Keep in mind that the name you provide here will serve both as your name for university records (e.g., your diplomas and CE certificates) as well as your online identity (e.g., the name that appears for you in chats).
- **Program Schedule:** The complete didactic program consists of 10 7.5-week courses divided across 5 15-week semesters. Courses run sequentially, so participants complete one course at a time. Semesters run January-April, May-August, and September-December. Upon completion of the didactic program, participants may opt to enroll in a practicum as part of the supervised clinical experience required to complete the APA Level 3 training curriculum. Fall start is recommended; if you are interested in Spring start, please discuss this with the Program Director first.
- **Course/Program Outcomes:** Completion of each course results in the 3 graduate credits. After completing the program’s qualifying examination, you will receive the degree Master of Science in Clinical Psychopharmacology.
- **Tuition:** Tuition for each course is \$1,620 in 2018-2019, with a \$100 reduction fellowship available for members of state or provincial psychological associations, or APA Divisions 18 and 55. Tuition for the practicum is \$522 per semester for 2018-2019, regardless of the number of cases documented. These amounts are subject to change by the University, and the University will charge additional fees. If you are requesting the discount, please state the justification for your request on the application.
- **Minimum Computer Requirements:** These are listed on the website. You must have computer equipment meeting or exceeding the requirements listed to participate effectively in the program.

YOUR APPLICATION SHOULD INCLUDE:

- The completed application form.
- An official sealed transcript from all degree-granting institutions (undergraduate and graduate). If you respecialized to become a clinician, also submit proof of respecialization program completion. These may be provided under separate cover.
- A copy of your current license to practice psychology.
- An application fee of \$30 US payable to Fairleigh Dickinson University. This fee is non-refundable. Applicants from Canada are exempt from this fee.

Please mail your application with your non-refundable application fee (\$30 US) to:

Psychopharmacology Program Admissions
School of Psychology T-WH1-01
Fairleigh Dickinson University
Teaneck NJ 07666



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Metropolitan Campus

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Student Information – Please **print** or **type** all information.

Last Name: _____ First Name: _____ Middle: _____

Social Security Number: _____ Date of Birth: _____ Male Female

Home Postal Address: _____

Home Phone: _____ Work Phone: _____

Employer Name & Address (Street/City/St/Zip): _____

Fax: _____ E-mail Address (REQUIRED): _____

Nation of Citizenship: _____ Resident Alien (US) or Permanent Resident (CA) Number: _____

Ethnic Origin (Optional): Native American/Alaskan Native/Native Canadian Black (not of Hispanic origin)
 White (not of Hispanic origin) Asian or Pacific Islander Hispanic

Anticipated Term of Enrollment

Fall (Sep-Dec) ____ (year) Spring (Jan-Apr) ____ (year)

Eligibility Information

Highest Degree Earned: Ph.D. Psy.D. Ed.D. Other (please specify): _____

Institution and dates of attendance: _____

State/Prov. Licensure ID#: _____ State/Prov.: _____ State/Prov. Licensure Agency Phone #: _____

I am a health service provider as defined by state law or by APA policy (see Eligibility section of Instructions): Yes No
 If No explain what conditions you do not meet:

Legal & Financial

If you are requesting the tuition discount, please provide justification on the line below. Please identify the organization of which you are a member, and include a contact telephone number for that organization:

PLEASE READ: If enrolled, I hereby agree to abide by the policies, rules and regulations of the Program. I acknowledge that I will be automatically registered for courses each semester unless I request otherwise. I certify that the information given in this application is complete and accurate, and I understand that false and fraudulent statements within this application may result in denial of admission, disciplinary action, and invalidation of continuing professional education credits earned. I have reviewed program guidelines for computer equipment, and will have at least the minimum required equipment.

Signature of Applicant _____ Date _____