Psychopharmacology Examination for Psychologists (PEP)

CANDIDATE HANDBOOK
The PEP was developed for use by state and provincial psychology licensing authorities in settings that require the examination and have laws permitting the prescribing of psychotropic medications by qualified psychologists. It is only by the actions of state and provincial legislatures that authority to prescribe psychotropic medications may be conferred.

PEP scores are maintained in a secure and confidential databank and are reported to state and provincial psychology licensing authorities or other entities upon examinee written authorization.

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CANDIDATE GUIDE
For the Psychopharmacology Examination for Psychologists (PEP)

INTRODUCTION
This Candidate Guide contains a description of the PEP, including what it measures, how it is developed, how it is administered, and how it is scored. General exam-taking strategies are provided along with sample questions. A complete description of the knowledge base covered by the PEP is included.

THE EXAMINATION

1. General Information
The PEP is developed and owned by the Association of State and Provincial Psychology Boards (ASPPB). The PEP is provided to state and provincial boards of psychology to assist them in their evaluation of the qualifications of applicants for licensure and certification for psychologists seeking prescriptive privileges. The PEP measures foundational knowledge associated with the safe and effective practice of psychology involving prescribing of psychotropic medications and collaborating with those who prescribe such medications.

The PEP contains 200 multiple-choice items that require recall of information, analysis, and judgment. 150 items are scored items and 50 items are experimental (pretest) items that may be used on future exams. These pretest items do not count towards the candidate’s final score. Typical practice situations may be presented requiring judgment such as next steps, best choices, most appropriate first step, most important considerations, etc.

You will have 4 hours in which to complete the PEP. This should be adequate time to comfortably read, consider, and mark each item.

All PEP exams will be offered on site, in person, at a Kryterion Testing Center. The exam is not offered online. A photo ID will be required when checking into the testing center to sit for your exam. To locate a testing facility near you, visit: www.kryteriononline.com

Once a candidate has registered, any changes to demographic information, such as name or address, must be made through ASPPB. Please call or email pep@asppb.org. Additional documentation may be required to verify the requested change.

2. How the PEP Was Developed
The PEP was originally developed by the APA Practice Organization, College of Professional Psychology.

In 2017 ownership and management of the exam was transferred to ASPPB. A large scale review of the content of the exam was conducted and a new Job Task Analysis (JTA) was conducted to update the Blueprint of the examination to reflect the current practice of psychology of those with prescriptive privileges. Similar to previous JTAs, the process was a multi-step process that involved analyzing data from a large scale survey of Subject Matter Experts (SMEs) with knowledge and training in the area of prescribing psychology to determine the knowledge areas that should be assessed on the PEP. The blueprint establishes and supports the content validity of the PEP and therefore its defensibility for use in a regulatory setting.

Using the validated, practice-based content outline, psychologist item writers are encouraged to draw upon actual treatment experience to ensure item relevance. All items are carefully reviewed to ensure validity, fairness, relevance and clarity.

3. Establishing the Passing Score
The Passing Score is determined using a criterion-referenced methodology referred to as a modified Angoff approach to setting a standard (i.e., passing score). This methodology permits candidates to compete against the standard, rather than each other.
Using the modified Angoff approach, items are evaluated based on difficulty for the practitioner that has the minimum knowledge to safely and effectively practice. The Passing Score represents the minimum level of knowledge that must be demonstrated by the psychologist. An examinee’s score on the PEP is simply the number of items answered correctly represented as a percentage. All items receive identical weight. “Passing” the PEP requires a score at or above this set score. The passing score is a standard that ASPPB recommends for use by state and provincial psychology licensing authorities in awarding prescriptive authority. In order to ensure exam security, there is no provision for failing or passing candidates to review their examination. However, comments about the PEP may be addressed directly to ASPPB.

PEP ADMINISTRATION

The PEP is administered on computer at centers within the Kryterion Testing Network (KTN). Before the PEP begins, a simple tutorial will guide you through the process of selecting answers.

If you have any questions about how to work with the computer, the Test Center Administrator will be available.

YOUR SCORE REPORT

After you complete the PEP, you will receive information about your performance. Your score will be delivered to ASPPB and the jurisdiction for which you are applying for licensure. You will receive email confirmation of your exam results with information about re-take, if required, within a week from the date of your exam.

CANDIDATES WITH DISABILITIES

ASPPB is committed to providing appropriate accommodations to all candidates with disabilities that have a need for them. Most special needs can be accommodated by Kryterion Test Centers. However, authorization from ASPPB is required. The following guideline applies to candidates seeking special accommodations:

Candidates requesting special testing accommodations due to impaired sensory, manual, or speaking skills, or other disability must submit, through the ASPPB application process, a written request that includes a description of the requested accommodation. The request must be accompanied by supporting documentation from an appropriately qualified, licensed professional reflecting a diagnosis of the condition and an explanation of the need for the requested accommodation. Alternatively, documentation may be submitted from appropriate educational or regulatory officials indicating that special accommodation has been provided historically for the candidate’s condition that is prompting his or her present request.

The request for special accommodation must be submitted in the PEP application to ASPPB at least 45 days in advance of the desired testing date. ASPPB will evaluate each request on its own merit in accordance with the Americans with Disabilities Act.

SUGGESTIONS FOR TAKING THE PEP

• Read the instructions carefully and complete the tutorial. Make sure that you understand how to mark your responses before beginning.

• Read each question and all the answers carefully and completely before selecting the most appropriate answer.

• When you choose an answer, resist changing it unless you are absolutely certain that it is not the best answer.

• Answer all questions on the PEP, even those about which you are uncertain.
The 4-hour time limit should be more than sufficient to answer all questions. However, check your time periodically and budget your time carefully.

If you have time remaining when you reach the end of the PEP, return to any items that you have skipped, or about which you were unsure.

If you have time, go through all of the items to make sure that your responses are recorded correctly.

SAMPLE QUESTIONS

Following are several sample test items that are illustrative of the types of items that comprise the PEP. These sample items are not meant to illustrate the diversity of subject areas. The correct answer for each is indicated by an asterisk (*).

All preganglionic fibers of the autonomous nervous system use the neurotransmitter:

A. acetylcholine *
B. dopamine
C. GABA
D. norepinephrine

Monoamine oxidase inhibitors produce their effects by:

A. inhibiting the degradation of norepinephrine*
B. inhibiting the reuptake of norepinephrine
C. inhibiting the reuptake of acetylcholine
D. decreasing the amount of norepinephrine available at the synapse

A 45-year-old female on an inpatient unit who has been recently treated with haloperidol develops hyperthermia, rapid heart rate, pallor, and muscular rigidity. These symptoms MOST likely indicate the onset of:

A. spinal meningitis
B. neuroleptic malignant syndrome *
C. agranulocytosis
D. a condition unrelated to the medication

The double-blind, placebo-controlled design in psychopharmacology research has been criticized because:

A. reports of side effects may clue clinicians to the experimental status of the patient*  
B. placebos are too variable in the effects they produce  
C. clinicians may subtly convey to their patients their expectations for improvement depending on whether the patient is receiving the experimental drug or the placebo  
D. patients become aware of their experimental status because placebos have no side effects

KNOWLEDGE-BASED CONTENT OUTLINE

The knowledge sampled by the PEP is organized into 10 Knowledge-Based Content Areas with associated knowledge statements. The 10 content areas are represented on the PEP according to the percentages indicated after the title for the area. For example, 7.3% of the items (11 items out of the 150) are drawn from Content Area 1, etc. Percentages reflect the relative importance of each category for safe and effective practice as well as the amount of knowledge each category contains.

Please bear in mind that the PEP samples from the content areas. Thus, not every knowledge statement, nor each and every possible aspect of any specific content area, may be represented on the PEP.
CONTENT AREA DEFINITIONS AND KNOWLEDGE STATEMENTS
Validated for Inclusion in the Psychopharmacology Examination for Psychologists (PEP)

Content Area 1: Integrating Clinical Psychopharmacology with the Practice of Psychology (7.3%)
Refers to integrating clinical psychopharmacology with the practice of psychology

1. Knowledge of biopsychosocial variables as determinants of medication utilization and effects (e.g., age, gender, family history, patient belief systems/culture, economics/poverty, social support, current environmental circumstances)

2. Knowledge of limitations and benefits, patient perceptions (including help-seeking attitudes), and treatment expectations regarding psychopharmacological and psychological interventions as sole, additive, or interactive treatments for given disorders and functional impairments.

3. Knowledge of practitioner-patient partnership for case and medication management, including the impact on patient education, medication adherence, effectiveness of treatment, adverse effects and response to side effects, and implications for the relationship when psychosocial and pharmacological interventions are utilized (e.g., ethnicity/culture, sexual orientation, gender identity, socio-economic factors, religion, refugee status)

4. Knowledge of the development and implementation of a coherent and organized integrated treatment plan of psychosocial, cultural (including participation of traditional healers when appropriate) and pharmacological interventions with attention to comorbidities, as well as evidence-based developments in psychotherapy and pharmacotherapy.

Content Area 2: Neuroscience (6.7%)
Refers to the anatomy, physiology, and biochemistry of the nervous system and its interfaces with other major body systems.

1. Knowledge of cellular and molecular nervous system biology and regulatory processes (e.g., neuro-transmitter and neuromodulator systems, up and down regulation, tolerance/cross-tolerance) needed to understand the pharmacological effect of medications

2. Knowledge of the structure and function of the central and peripheral nervous systems

3. Knowledge of neurodevelopment and neuroplasticity

4. Knowledge of the major neuronal pathways and their functions, and associated messenger systems

Content Area 3: Nervous System Pathology (11.3%)
Refers to disorders of the nervous system resulting in abnormal function or behavioral/mood disruption. Includes biochemical, structural (congenital or acquired), or neurophysiological abnormalities and their impact on other body systems.

1. Knowledge of etiological factors and diagnosis of dementia, delirium, and other cognitive and neurological disorders

2. Knowledge of etiological factors and diagnosis of chronic pain, including headache (e.g., migrainous vs. non-migrainous headache), neuropathic pain, fibromyalgia; and the role of the CNS in pain experience and management
3. Knowledge of etiological factors and
diagnosis of sleep disorders

4. Knowledge of common idiopathic
movement disorders, their etiological
factors, signs, symptoms, and diagnosis
(e.g., Parkinson’s, Huntington’s,
Tourette’s syndrome)

5. Knowledge of common iatrogenic or
drug induced movement disorders, their
etiological factors, signs, symptoms, and
diagnosis (e.g., extrapyramidal
symptoms, dystonias, dyskin-esias,
akathesia, Dystonic Tremors (DTs))

6. Knowledge of etiological factors and
categories of seizure disorders

7. Knowledge of traumatic brain injury and
post-concussive syndrome and its impact
on prescriptive decisions

8. Knowledge of nervous system pathology
(e.g., multiple sclerosis, infectious
diseases, exposure to environmental
neurotoxins, neo-plasms,
intellectual/developmental disabilities)

9. Knowledge of basic indications for
neurodiagnostic imaging and testing
(e.g., EEG, CT, MRI, neuropsychological
relationships to psychopharmacology
and psychopathology (e.g., blood
pressure changes secondary to
psychotropic medication; mitral valve
prolapse related to panic disorder)

3. Knowledge at a functional level of
pulmonary system physiology and
pathophysiology across the life span, and
their relationships to psycho-
pharmacology and psychopathology
(e.g., beta blockers and asthma,
respiratory suppression with CNS
depressants)

4. Knowledge of etiological factors and
diagnosis of central nervous system
vascular disorders (e.g., cerebral vascular
accidents, transient ischemic attacks)

5. Knowledge at a functional level of
renal/genitourinary system physiology
and pathophysiology across the life span,
and their relationships to
psychopharmacology and psycho-
pathology (e.g., effect of psychotropic
substances on urinary/sexual
functioning; role in excretion of wastes
and medications; valproic acid and
polycystic ovary syndrome (PCOS);
lithium and renal functioning)

Content Area 4: Physiology and
Pathophysiology (16.0%)
Refers to normal physiology and
pathophysiology across the life span, and to
their impact on psychological functioning and
psychopharmacology.

1. Knowledge of indications for referral to
other health care providers for
assessment or treatment when organ
system pathology is indicated

2. Knowledge at a functional level of
cardiovascular system physiology and
pathophysiology across the life span
(e.g., rhythm and rate disorders such as
prolonged QT interval), and their
relationships to psychopharmacology
and psychopathology (e.g., blood
pressure changes secondary to
psychotropic medication; mitral valve
prolapse related to panic disorder)

Content Area 5: Biopsychosocial and
Pharmacologic Assessment and
Monitoring (6.0%)
Refers to a range of biopsychosocial
(psychological, neurological, behavioral,
physical, biomedical) and pharmacologic
assessment techniques and procedures for
baseline and ongoing evaluation of the
individual’s physical and psychological health
status as well as the assessment of therapeutic
efficacy, adverse effects, contraindications for
usage, drug interactions, and appropriateness
for medication continuation, modification, or
discontinuation.

1. Knowledge of individual and family
history taking procedures and
psychological assessments that provide
information relevant to prescribing (e.g., review of systems, dietary habits, mental status, behavioral observations, developmental history, social history, academic history, family medical and psychiatric history (including knowledge of diversity-related variations in the incidence/prevalence of disorders), history of sexually transmitted disease and history of general level of functioning)

2. Knowledge of basic physical and neurological examination procedures (e.g., history and physical examination (HPE); review of systems (ROS)) and variations in these procedures for special populations (e.g., ethnicity for estimated glomerular filtration rate (EGFR))

3. Knowledge of appropriate laboratory tests and assessment procedures before prescribing particular medications (e.g., the implication of disease states, gender, ethnicity, sample timing, and potential effects of medications on those values) and ongoing during treatment (e.g., TDM for lithium blood levels, white blood cell monitoring with clozapine use)

4. Knowledge of behavioral assessment methods (e.g., rating scales, direct observation of behaviors, parent/teacher/self-report) at baseline and ongoing monitoring for therapeutic effectiveness, quality of life, and adverse effects of psychopharmacological agents (e.g., akathesia with antipsychotics and SSRIs; rating scales for ADHD; MMSE for cognitive function; CGI scale for global response to treatment)

Content Area 6: Differential Diagnosis (10.0%)

Refers to the use of comprehensive diagnostic information about a patient to establish an accurate diagnosis from among possible medical and psychological diagnoses in order to select appropriate treatment modalities and determine appropriateness of referral to other health care providers.

1. Knowledge of medical disorders and their most prominent symptoms that may also present with psychological symptoms (e.g., ADHD versus PKU versus autism, anxiety versus Graves’ disorder, dementia versus depression in the elderly; depression as a primary disorder vs. a prodromal sign of underlying cancer; personality changes in the elderly vs. dementia)

2. Knowledge of psychological signs and symptoms (e.g., mental status changes, memory dysfunction, depression, psychosis) secondary to substances of abuse, prescribed and over-the-counter medications, most commonly used herbal remedies that have psychological effects, and dietary supplements

3. Knowledge of the psychopharmacological treatment implications related to mental health disorders with multiple symptoms (e.g., one disorder with multiple symptoms vs. comorbid disorders with related symptoms: major depressive disorder with psychotic features vs. major depressive disorder and schizophrenia; anxious depression vs. anxiety disorder and dysthymia; bipolar vs. psychotic depression; behavioral health disorders and substance use disorders)

4. Knowledge of iatrogenic effects of medication versus primary symptoms of disease course (e.g., akathisia versus anxiety; anticholinergic effects versus dementia; medication induced tremor versus idiopathic movement disorders)
Content Area 7: Pharmacology (12.7%)

Refers to the interactions of drugs with biophysical systems; encompasses pharmacokinetics, pharmacodynamics, pharmacogenetics, and the epidemiology of various medications such as psychotropics, adjunctive agents, and other medications used in the practice of medicine, as well as substances of abuse, OTC products, and food and dietary supplements. The influence of cultural/ethnic factors, environmental factors, and responses of special populations are considered.

1. Knowledge of drug classifications for psychotropic and adjunctive medications (e.g., stimulants, sedatives, antidepressants, anticholinergics), major drug categories used to treat common medical disorders (e.g., antibiotics), OTC medications, herbal, and substances of abuse

2. Knowledge of pharmacokinetic parameters (e.g., absorption, distribution, metabolism, and elimination) and how each phase affects drug action (e.g., delayed-release preparations, routes of administration, area under the curve, lipophilicity and drug transit across membrane barriers, CYP enzymes, drug/drug and drug/food interactions, routes of clearance)

3. Knowledge of pharmacodynamic changes caused by medications (receptor up/down regulation; transcription)

4. Knowledge of the importance of biological half-life in determining steady state drug concentrations, dosing schedules, accumulation, and toxicity

5. Knowledge of drug properties and characteristics (e.g., therapeutic index, therapeutic blood levels/ prescription doses, potency, bioavailability, efficacy, cognitive and behavioral manifestations of toxicity, dose response relationships)

6. Knowledge of types of drugs/receptor interactions (e.g., direct and indirect agonists, antagonists, partial agonists, and inverse agonists, competitive vs. non-competitive antagonism and agonism)

7. Knowledge of the relationship between neurotransmitters and their receptor targets and the behavioral effects of stimulation vs. inhibition (e.g., 5HT1A and anxiety, beta blockers and performance anxiety, D2 and psychosis; histamine and sedation; ACh and memory)

8. Knowledge of the mechanism of action of common therapeutic agents (e.g., receptor stimulation/inhibition; receptor up and down regulation; tolerance, dependence, and withdrawal)

9. Knowledge of the theoretical relationship between neurotransmitter systems and psycho-pathological conditions (e.g., serotonin and norepinephrine in depression, dopamine in psychosis and substance abuse; dopamine in Parkinson’s disease; acetylcholine in Alzheimer’s disease)

10. Knowledge of the factors (e.g., biological, ethnic, pharmacodynamic, genetic, pharmacokinetic) related to intra- and inter-individual responses to medications (e.g., variation of blood levels to the same dose across individuals, change in responsiveness within same individual across administrations of same drug [e.g., pregnancy, obesity, age])

11. Knowledge of drug-induced disease, dysfunction, and adverse reactions (e.g., hepatotoxicity, agranulocytosis, dystonias)
CONTENT AREA 8: Clinical Psychopharmacology (16.0%)

Refers to the application of pharmacology to the management of psychological/behavioral disorders. This includes indications, contradictions, dosing, adverse effects and toxicities of psychotropic and adjunctive medications, interactions with other medications (including other drugs used in medicine for recreational purposes, and available for OTC purchase) as well as the management of adverse reactions, overdoses, and toxicities.

1. Knowledge of indications and contraindications for various psychotropic medications, including use of multiple medications both on and off label.

2. Knowledge of decision making strategies for psychotropic medication selection (e.g., risk-benefit analysis, practice guidelines, genetics, ethnicity, cost, pregnancy, disease status, limitations of current diagnostic systems [e.g., DSM, ICD]).

3. Knowledge of dosing, time course of therapeutic action and adverse effects of medication based on patient factors (e.g., weight, gender, ethnicity, culture, age, trauma, pregnancy, concurrent disease).

4. Knowledge of dosing strategies (e.g., augmentation, titration, cross taper, discontinuation).

5. Knowledge of common signs and symptoms of drug toxicity and the management of adverse reactions to drugs (e.g., referral for appropriate medical care, use of appropriate medications).

6. Knowledge of the management of at risk patients (e.g., relapse prevention, adherence, suicide prevention, patients seeking medication inappropriate or inconsistent with treatment plan).

7. Knowledge of potential adverse psychological and physiological signs of drugs used for common medical conditions (e.g., steroids, beta blockers, antibiotics, antivirals), OTCs, and herbals/dietary supplements.

8. Knowledge of psychological and physiological signs of common recreational substances and the management of intoxication or addiction, including strategies for assisted withdrawal, maintenance, and relapse prevention.

9. Knowledge of how to recognize and manage tolerance, cross-tolerance, dependence and abstinence syndromes, sensitization/cross-sensitization with respect to specific medications.

10. Knowledge of the patient factors (e.g., culture, literacy, stage of change) that need to be considered when informing patients about drug utilization, risks, benefits, potential complications, and alternatives to pharmacotherapy.

CONTENT AREA 9: Research (7.3%)

Refers to the methodology, standards, and conduct of research on psychoactive substances. The knowledge base facilitates research design and implementation, accurate data interpretation and communication, effective utilization of findings, the accumulation of scientific knowledge, and the improvement of the practice of clinical psychology.

1. Knowledge of research designs and analytic techniques used in psychopharmacological research (e.g., open label, single vs double blind, random assignment, placebo control, drug washout, dose response relationships, intent-to-treat analyses, within-subject and group designs, concurrent administration of other drugs, FDA drug development process).

2. Knowledge of how to critically review clinical research data including non-
evidence based therapies and emerging research methodologies, and use the information for making treatment decisions (e.g., NNT, NNH, OR, RR, effect size)

3. Knowledge of influential, non-industry sponsored multi-site research studies relating to psychopharmacology (e.g., CATIE, STAR-D, CUTLASS, MTA)

4. Knowledge of evidence-based research regarding complementary and alternative medicines (e.g., Omega-3, folate, DHEA, St. John’s Wort, melatonin)

CONTENT AREA 10: Professional, Legal, Ethical, and Interprofessional Issues (6.7%)
Refers to knowledge of ethics, standards of care, laws and regulations relevant to the practice of psychology involving psychopharmacology.

1. Knowledge of relevant legal and ethical codes and standards that pertain to pharmacological practice; and laws and statutes for prescribing psychotropic medications (e.g., DEA regulations, telehealth)

2. Knowledge of practice guidelines and standards of care for prescribing psychotropic medications (including relationship with referring psychologist)

3. Knowledge of patients’ rights related to medication treatments and therapy (e.g., informed consent, right to refuse treatment, right to treatment within the least restrictive environment, inappropriate psychotropic restraints, duty to warn, privileged communication, alternative decision maker, living will, durable power of attorney, advance directives)

4. Knowledge of ethical issues regarding relationships with pharmaceutical companies (e.g., acceptance of gifts and samples, revealing sources of funding and affiliations, interactions with pharmaceutical reps)
THE PSYCHOPHARMACOLOGY EXAMINATION FOR PSYCHOLOGISTS

The PEP was developed for use by state and provincial psychology licensing authorities that have laws permitting the prescribing of psychotropic medications by qualified psychologists. It is only by the actions of state and provincial legislatures that authority to prescribe psychotropic medications may be conferred.

PEP scores are maintained in a secure and confidential databank and are reported to state and provincial psychology licensing authorities or other entities upon examinee written authorization.

REQUIREMENTS FOR ADMISSION TO THE PEP
The requirements for admission to the PEP are that the applicant:

1. Holds an active license for independent practice as a psychologist at the doctoral level with demonstrated training and experience as a health services provider as defined in the ASPPB Model Act.

2. Submits a self-attestation that the psychologist's licensure is in good standing with no current or pending disciplinary actions.

3. Presents a transcript demonstrating successful completion of a post-doctoral psychopharmacology training program from a regionally accredited institution in the U. S. or a provincially or territorially chartered institution in Canada. The psychopharmacology program must be APA designated or demonstrate coursework that meets the criteria outline for designation.

4. Submits an attestation verifying that the applicant has been a health service provider for a period of at least two years.

HOW TO APPLY

- Register online at ASPPB.net
- Complete a PEP application form
- Once your application is approved, ASPPB will authorize you to schedule your exam and create a profile for you on the Kryterion site.
- After receiving your confirmation email, logon to Kryterion to schedule your exam.

FEES

The fees for the PEP are listed below. Use the Application Fee Payment Form (page 19) to pay your application fee.

APPLICATION FEES:

Exam Fee $700
Test Center Fee $125 (payable to ASPPB at the time of registration)

SPECIAL ACCOMMODATIONS FOR TESTING

Most special needs for testing can be accommodated. If you require special accommodations, indicate YES on the online application. Be aware that some documentation is required to substantiate a disability and the need for an accommodated administration.