

# Texas Board of Nursing

333 Guadalupe Street, Suite 3-460  
Austin, Texas 78701-3944  
(512) 305-6838

## Evaluator Approval Request Form

All evaluators must be approved by the Board prior to performing an evaluation. Evaluators must meet the criteria specified in the Board's adopted [Guidelines for Physical and Psychological Evaluations](#), which are available on the Board's website.

### Instructions:

Complete and submit this form to the Board at the above address along with a current curriculum vitae (CV) and copies of all professional licenses and certifications held.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Please indicate the categories of evaluations for which you are requesting approval and provide answers to any associated questions.

- Medical evaluation
- Pain Management evaluation
- Mental health/psychological evaluations
- Neuropsychological evaluations
- Anger management evaluations
- Sex offender evaluations
- Forensic psychological evaluations
- Polygraph examinations
- Chemical dependency (CD) evaluations (include specific psychological testing requirements)

For CD evaluations, will you be administering and interpreting:

Substance Abuse Subtle Screening Inventory (SASSI).....  Yes  No

Minnesota Multiphasic Personality Inventory (MMPI2).....  Yes  No

Personality Assessment Inventory (PAI).....  Yes  No

Other, if applicable: \_\_\_\_\_  Yes  No

If you will not be administering and interpreting the required testing, please provide the name and credentials of the individual who will be administering the required testing and attach their current CV:

\_\_\_\_\_

Is this request related to an evaluation that is pending for a specific individual?

No

Yes. If so, please provide individual's full name: \_\_\_\_\_

I hereby request approval as an evaluator to perform the above evaluation(s) in a manner that is consistent with the Texas Board of Nursing's adopted Guidelines for Physical and Psychological Evaluations.

\_\_\_\_\_  
Evaluator's signature

\_\_\_\_\_  
Date

*If signed electronically, this form may be submitted via e-mail by clicking the submit button to the right. All required documentation (CV, etc.) must also be attached.*