Texas Board of Nursing

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

Neuropsychological 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. **This form contains interactive questions and must be completed in Adobe Reader or Acrobat. Once completed and signed, this form will then prompt you to attach your curriculum vitae (CV) as well as copies of all professional licenses and certifications and then save and submit this form by email.**

Name:

Address:

City: State: Zip:

Email: Website:

Phone: Fax:

1. Is this request related to an evaluation that is pending for a specific individual?	☐ Yes ☐ No
If Yes, please provide the individual's full name:	
2. Have you in the past received Board of Nursing approval to complete this or any other type of evaluation?	☐ Yes ☐ No
If Yes, please provide the types of evaluations:	
3. Do you hold a current, non-encumbered license in good standing from the appropriate licensing authority in Texas?	☐ Yes ☐ No
4. Are you able to demonstrate training or experience in the evaluation of an individual's fitness to practice?	☐ Yes ☐ No
5. Do you have at least 10 years of clinical experience in a field of practice relevant to neuropsychological evaluations?	☐ Yes ☐ No
6. Neuropsychological evaluations must include the administration of scientifically validated, objective tests designed to evaluate an individual's brain function, including simple motor performance to complex reasoning and problem solving. Further, an evaluator should utilize the combination of objective scores, behavioral process observations, and consistency in emerging patterns of results, along with a comprehensive clinical history, in reaching his or her evaluation findings. Will your neuropsychological evaluation(s) meet these requirements, including reviewing these named items?	☐ Yes ☐ No
7. Are you able to administer and interpret the results of the testing required by the Board for neuropsychological evaluations? **If you are not able to administer and/or interpret the results**, please provide the full name and credentials of the person who will be administering and/or interpreting the results:	☐ Yes ☐ No
8. Please indicate which of the following commonly used tests you will be using routinely: ☐ Halstead-Reitan Neuropsychological Battery ☐ Luria-Nebraska Neuropsychological Battery Please indicate any other assessment instruments you will be using routinely:	
9. If approved, do you agree to disclose any adverse action against your occupational license to the Board within five (5) days of the action?	☐ Yes ☐ No

By completing, electronically signing my name below, and submitting this Evaluator Approval Request Form, I affirm that I am the evaluator identified herein and that the facts set forth in this Evaluator Approval Request Form are accurate and correct to the best of my knowledge.

Evaluator's signature Date

Attach CV | Attach licenses & save | Email form