

Texas Board of Nursing

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

Anger Management 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						
2. Have you in the past received Board of Nursing approval to complete this or any other type of evaluation?	Yes	No						
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 anger management evaluations?	Yes	No						
6. While the exact tests chosen for administration are within the discretion of the evaluator, an anger management evaluation should focus on an individual's ability to appropriately manage the triggers, degrees, and effects of an angered emotional state. <u>Will your anger management evaluation(s) include a review of these items?</u>	Yes	No						
7. Are you able to <u>administer and interpret</u> the results of the testing required by the Board for anger management evaluations?	Yes	No						
8. Please indicate which of the following commonly used tests you will be using routinely: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Novaco Anger and Provocation Inventory</td> <td style="width: 50%;">Defendant Questionnaire</td> </tr> <tr> <td>Anger Evaluation Survey</td> <td>Conditioned Reasoning Test of Aggression</td> </tr> <tr> <td>State-Trait Anger Expression Inventory-2 (STAXI-2)</td> <td>Domestic Violence Inventory</td> </tr> </table> Please indicate any other assessment instruments you will be using routinely:			Novaco Anger and Provocation Inventory	Defendant Questionnaire	Anger Evaluation Survey	Conditioned Reasoning Test of Aggression	State-Trait Anger Expression Inventory-2 (STAXI-2)	Domestic Violence Inventory
Novaco Anger and Provocation Inventory	Defendant Questionnaire							
Anger Evaluation Survey	Conditioned Reasoning Test of Aggression							
State-Trait Anger Expression Inventory-2 (STAXI-2)	Domestic Violence Inventory							
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