

Texas Board of Nursing

1801 Congress Avenue, Suite 10-200, Austin, Texas 78701
(512) 305-6838

Chemical Dependency 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 must be completed and submitted along with your curriculum vitae (CV) as well as copies of all professional licenses and certifications.**

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Website: _____

Phone: _____

Fax: _____

1. Is this request related to an evaluation that is pending for a specific individual?
 No.
 Yes. 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?
 No.
 Yes. If yes, please indicate the types of evaluations: _____
3. Do you hold a current, non-encumbered license in good standing from the appropriate licensing authority in Texas?
 No.
 Yes, I am a licensed psychologist certified in a relevant field of practice by the American Board of Professional Psychology.
 Yes, I am a licensed psychiatrist certified in a relevant field of practice by the American Society of Addiction Medicine or the American Board of Psychiatry and Neurology.
 Yes, I am a doctorally prepared and specialize in diagnosing and treating chemical dependency.
4. Are you able to demonstrate training or experience in the evaluation of an individual's fitness to practice?
 No.
 Yes.
5. Do you have at least 10 years of clinical experience in a field of practice relevant to chemical dependency evaluations?
 No.
 Yes.

Continued on next page.

6. Are you able to administer and interpret the results of the testing required by the Board for chemical dependency evaluations?
- No. If no, please provide the full name and credentials of the person who will be administering and/or interpreting the results: _____
- Yes.
7. In addition to any other assessment instruments, administration of the Substance Abuse Subtle Screening Inventory (SASSI) and the Minnesota Multiphasic Personality Inventory (MMPI2) or administration of the Personality Assessment Inventory (PAI) is required for all chemical dependency evaluations. Will the SASSI and MMPI2 or the PAI be administered as part of your evaluations?
- No.
- Yes.
8. 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?
- No.
- Yes.

By completing, 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