

Texas Board of Nursing

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

Sex Offender 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 sex offender evaluations?	Yes	No
6. Sex offender evaluations must include a review of the individual's history, including the review of relevant court documents, police reports, child welfare investigations and reports, prior criminal history records, prior mental health evaluations, collateral interviews, a comprehensive interview of the individual, psychometric testing, risk assessment, and actuarial assessment. <u>Will your sex offender 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 sex offender 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: Polygraph MMPI2 Wechsler Multiphasic Sex Inventory Please indicate any other assessment instruments you will be using routinely:	Abel & Becker Cognitions Scale Bumby Sexual Attitudes Scales Wilson Sexual Fantasy Questionnaire Sex Offender Incomplete Sentence Blank	Plethysmograph RRASOR Static-99 VRAG & SORAG LSI-Revised
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