Texas Board of Nursing

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

Forensic Psychological 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 forensic psychological evaluations?	☐ Yes ☐ No
6. While the exact tests chosen for administration are within the discretion of the evaluator, forensic psychological evaluations must include administration of a full test battery, including objective, job-related, validated psychological instruments, to the individual to evaluate his or her cognitive, emotional, and personality functioning. Will your forensic psychological evaluation(s) include a review of these items?	☐ Yes ☐ No
7. Are you able to administer and interpret the results of the testing required by the Board for forensic psychological evaluations?	☐ Yes ☐ No
8. Please indicate which of the following commonly used tests you will be using routinely: ☐MMPI-II ☐MCMI-III ☐WAIS-III ☐WAIS-IV ☐WAIS-IIIE ☐Rorschach ☐TAT ☐CPI ☐PAI ☐HARE (PLC-R) ☐test of Memory Malingering ☐Dot Counting Test ☐Wechsler Memory Scale III (WMS-III) ☐Wechsler Memory Scale IV (WMS-IV) Please indicate any other assessment instruments you will be using routinely:	
9. If a polygraph examination is requested as a component of a forensic psychological evaluation: • The polygraph examination must be administered by a licensed polygraph examiner; • Consultation is expected between the evaluator and the examiner on the issues to be covered during the examination and the results of the examination; and • The results of the polygraph should be included in the evaluator's final report. If a polygraph examination is requested, will your forensic psychological evaluation(s) include a review of these items?	☐ Yes ☐ No
10. 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

E-mail completed form and attachments to: elise.moore@bon.texas.gov