

Texas Board of Nursing

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

Pain 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 pain management evaluations?	Yes	No
6. While the exact tests chosen for administration are within the discretion of the evaluator, a pain management evaluation must include a comprehensive assessment of an individual's underlying disease process and of any substance use or abuse by the individual. <u>Will your pain management evaluation(s) include a review of these items?</u>	Yes	No
7. Pain management evaluations must address the individual's prognosis, medication regime, the individual's ability to safely practice nursing while taking prescription pain medications, and the regular re-assessment of the individual to ensure compliance with the prescribed medication regime. <u>Will your pain management evaluation(s) include a review of these items?</u>	Yes	No
8. 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