

# Texas Board of Nursing

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

## Mental Health/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 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 Board of Psychiatry and Neurology.
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 mental health/psychological evaluations?  
 No.  
 Yes.

Continued on next page.

6. While the exact tests chosen for administration are within the discretion of the evaluator, a mental health/psychological evaluation must include a comprehensive interview of the individual and the use of rating scales, neuropsychological testing, and personality tests. Will your mental health/psychological evaluation(s) include a review of these items?

- No.
- Yes.

7. Are you able to administer and interpret the results of the testing required by the Board for mental health/psychological evaluations?

- No. If no, please provide the full name and credentials of the person who will be administering and/or interpreting the results: \_\_\_\_\_
- Yes.

8. Please indicate which of the following commonly used tests you will be using routinely:

- |   |   |
|---|---|
| <input type="radio"/> Beck Anxiety Inventory  | <input type="radio"/> Beck Depression Inventory-II          |
| <input type="radio"/> Bums Depression Inventory   | <input type="radio"/> Bums Anxiety Inventory                |
| <input type="radio"/> Category Test   | <input type="radio"/> Brief Psychiatric Rating Scale (BPRS) |
| <input type="radio"/> Symptom Checklist-90-Revised                                      | <input type="radio"/> Continuous Performance Test           |
| <input type="radio"/> NEO Personality Inventory   | <input type="radio"/> Rorschach                             |
| <input type="radio"/> Thematic Apperception Test  | <input type="radio"/> Hamilton Depression Rating Scale      |
| <input type="radio"/> Inventory to Diagnose Depression                                  | <input type="radio"/> Hamilton Anxiety Rating Scale         |
| <input type="radio"/> Wechsler Memory Scale IV (WMS-IV)                                 | <input type="radio"/> State-Trait Anxiety Inventory (STAI)  |
| <input type="radio"/> Yale-Brown Obsessive-Compulsive Scale                             | <input type="radio"/> Profile of Mood States (POMS)         |
| <input type="radio"/> Halstead-Reitan Neuropsychological Test Battery                   | <input type="radio"/> Taylor Manifest Anxiety Scale         |
| <input type="radio"/> Wechsler Adult Intelligence Scale-III or IV (WAIS-III or WAIS-IV) | <input type="radio"/> PAI                                   |
| <input type="radio"/> Kaufman Adolescent and Adult Intelligence Test                    | <input type="radio"/> MMPI2                                 |

Please indicate any other assessment instruments you will be using routinely:

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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