



REQUEST FOR BOARD APPROVAL OF EVALUATOR

This form must be completed and signed by both the licensee and potential evaluator then returned to the licensee's Compliance Case Manager via email or mail. Note: If you have to complete this requirement for more than one Board, submit a separate request for each Board.

To be completed by the licensee/certificate holder/registrant under terms of a Board Order:

Licensee Name: _____ License No(s): _____

My board order requires that I undergo the following type of evaluation: _____

By my signature below, I certify that:

- I contacted and discussed with my potential evaluator all requirements for the ordered evaluation, including any deadlines, required releases, costs, and reporting requirements. In addition, I have provided the potential evaluator with
 - a copy of my entire Board Order entered, along with any other documents specified in my Order; and
 - any other Orders entered against any health or mental health license, certificate, or registration that I hold with any Board in Virginia or another jurisdiction;
- I signed and returned to the Compliance Case Manager ("CCM") the authorization form that allows free communication between this potential evaluator and the Board;
- I provided this potential evaluator with the CCM's name and contact information;
- I read the Board Order and understand the requirements for the evaluation;
- I understand that, in accordance with the Board Order, I must receive board approval of the evaluator prior to completing the evaluation;
- I will notify the evaluator immediately if I become aware of any board investigations and/or action taken against any health or mental health license, certificate, or registration that I hold in Virginia or another jurisdiction.

Signature of Licensee

Date

To be completed by the potential evaluator:

Evaluator's Name: _____

Address (including city, state, and zip): _____

Email Address: _____ Phone No: _____ Fax No.: _____

Health or Mental Health Licenses/Certificates/Registrations in Virginia or any other jurisdiction:

State: _____ License Type: _____ License No.: _____

State: _____ License Type: _____ License No.: _____

State: _____ License Type: _____ License No.: _____

Evaluator's relationship to the licensee prior to this agreement has been:

none social personal professional doctor/patient

If any checked (other than "none"), detail relationship: _____

By my signature below, I certify that:

- I have received a complete copy of the Board Order, and the contact information of the Compliance Case Manager ("CCM") and I agree to abide by the Order's requirements and provide a timely report of my evaluation;
- I have attached a copy of my *curriculum vitae* with this request, for Board review prior to approval;
- I have discussed with the licensee what will be required for the ordered evaluation, to include: 1) the type of evaluation; 2) any deadlines; 3) any releases required; 4) all costs associated with the evaluation process; 5) the process for providing an evaluation report to the Board, and a copy to the licensee. In addition, I agree to advise the licensee of my recommendations for additional treatment.
- I understand that the purpose of this evaluation is to provide the Board with a thorough and timely report, to include any and all diagnoses, prognoses, and treatment recommendations, to assist the Board in determining whether, and under what conditions, the licensee might be safe and competent to practice his or her profession. I will not rely solely on self-reported data for this evaluation.

Signature of Potential Evaluator

Date