

Douglas A. Ducey
Governor



Justin Bohall
Executive Director

State of Arizona Board of Chiropractic Examiners

1740 West Adams Street, Suite 2430 • Phoenix, Arizona 85007
Voice: (602) 864-5088 | TTY (800) 367-8939 (AZ Relay Service)
www.chiroboard.az.gov

Application for Approval to Perform Board-Ordered Evaluations and Monitoring

The State of Arizona Board of Chiropractic Examiners welcomes your interest in becoming a Board-approved consultant. Please read the enclosed policy regarding evaluators before completing your application. You must meet the criteria listed in the policy to be approved by the Board. To apply for approval, please complete the enclosed application and submit it to the above address with the following documentation:

- Resume
- Two references who can verify your professional experience performing evaluations to determine "safe to practice" status or providing monitoring/auditing services.
- Sample Report or Evaluation

It should be noted; all evaluators are required to submit with each initial evaluation and subsequent reports, a definitive determination and detailed explanation of the subject's ability to practice safely.

Board staff will notify you of the Board decision in writing. You may not commence any Board-ordered evaluations or monitoring prior to receiving approval from the Board.

Please contact the Board office with any questions.

Kind Regards,

Justin Bohall
Executive Director



State of Arizona
Board of Chiropractic Examiners

**Application for Approval to Perform
Board-Ordered Evaluations and Monitoring**

Instructions:

Type or print in blue or black ink. Answer ALL questions. Answer "None" or "N/A" if it is the correct response.

1. Name: _____
2. Address: _____
City/State/Zip: _____
Telephone: () _____ Fax: () _____
Email: _____
3. Licensee to be evaluated (if applicable): _____
4. Type of Evaluator for which you are applying. (Please mark all that apply)
 Physical Neurological Psychological Psychiatric Neuropsychiatric
 Psychosexual Psychophysiological Addiction Cognitive Monitor
5. Are you willing to be listed on the directory of potential evaluators published by the Board?
 Yes No

Disclosure Information:

6. Please provide all States and Jurisdictions in which you are licensed and the name of your licensing Board.

7. Has any formal sanction ever been taken against your license or have you ever surrendered a license in this or any other jurisdiction?
 Yes No
8. In the last 12 months have you been arrested, charged with, indicted for, or under investigation for a misdemeanor or felony, requiring resolution in the courts?
 Yes No

If yes, please explain: _____



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9. Have you ever been convicted of, or pled guilty to, or plead nolo contendere to a felony or misdemeanor involving moral turpitude, even if later the record of the conviction was sealed, or expunged, or the conviction itself set aside or forgiven, or entered into a stipulation or settlement agreement in lieu of such proceedings? You are not required to disclose adjudications that took place in Juvenile Court.

Yes No

If yes, please explain: _____

10. Do you have a preexisting doctor/patient relationship with the licensee?

Yes No

Statements of Understanding:

11. I understand that the evaluation is strictly for the purpose of determining fitness for duty and safety to practice of the health care professional.

Initial: _____

12. I understand that I cannot be the treating physician for the licensee for the purpose of compliance with a Board Order.

Initial: _____

I, _____, the applicant herein, state and depose that all facts, statements, and answers contained in this application are true and correct. I am not omitting any information that may be of value to the Board of Chiropractic Examiners in determining my qualifications, whether it is called for or not. I agree that any falsification, omission, or withholding of information or facts concerning my qualifications as an applicant shall be sufficient to bar me from approval to perform Board-ordered evaluations.

Signature: _____

Date: _____

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Criteria for Board Approved Evaluators and Monitors

Types of Evaluators:

- Physical
- Neurological
- Psychological
- Psychiatric
- Neuropsychiatric
- Psychosexual
- Psychophysiological
- Addiction
- Cognitive

Basic Criteria required for all Evaluators:

- Must hold a degree from an accredited college in the applicable profession.
- Must hold an active and pertinent professional license in the applicable jurisdiction.
- Must have obtained the appropriate specialty certification/additional professional credentials required for a particular specialty.
- Must use a set of generally recognized evaluation criteria.
- Demonstrated experience/understanding of administrative law, evaluation of fitness for duty of the health care professional and safe to practice evaluations for health care professionals.

- Must have no disciplinary or criminal history of a misdemeanor involving moral turpitude or a felony. Exception: Addictionologist must have no disciplinary action within the last five years.
- Has no preexisting doctor/patient relationship with the licensee.
- Must have five years experience performing the applicable type of evaluation
- Must apply an established evaluation purpose protocol generally accepted by the profession for evaluation of fitness for duty or safety to practice for health care professionals.

Application Requirements for all Evaluators:

- Resume
- Two references regarding professional experience performing evaluations for the purpose of determining safe to practice status.
- Outline of established evaluation purpose protocol
- Outline of evaluation components.
- Signed statement that there is no prior doctor/patient relationship
- Signed statement that the evaluator understands the evaluation is strictly for the purpose of determining fitness for duty and safety to practice of the health care professional.
- Signed statement that the evaluator understands that they cannot be the treating physician for the licensee for the purpose of compliance with a Board Order.
- Signed statement that the evaluator has not had a license in this or any other jurisdiction disciplined for any reason. Exception: Addictionologist must have no disciplinary action within the last five years.
- Signed statement that the evaluator has not been convicted or pled guilty to a misdemeanor involving moral turpitude or a felony.

Specific Credentials and Required Evaluation Components by Type:

Physical:

Credentials:

- M.D., D.O., D.C., or N.T.
- May be restricted to a specific type of license or specialty based on the reason for the evaluation.

Evaluation Components:

- Components depend on reason for evaluation. Board staff will determine criteria.

Evaluation Purpose:

- Evaluation of the respondent's physical ability to practice chiropractic safely and skillfully and/or identify physical restrictions to practice.
- Evaluation of respondent's amenability for treatment and prognosis for intervention, if applicable.
- Evaluation of conditions, situations and issues that may interfere with ability to practice safely and skillfully or may interfere with completion of treatment, if applicable.

Neurological:

Credentials:

- M.D. or D.O. with a Neurological specialty certification

Evaluation Components:

- MRI
- EEG
- Neurological review:
 1. VS/Orientation
 2. Speech/language
 3. Cranial nerves
 4. Motor
 5. Cerebellar
 6. Sensory
 7. Reflex
 8. Ambulation
- Review of Systems:
 1. Vitals
 2. HEENT
 3. Neck
 4. Coronary
 5. Lungs
 6. Abdomen
 7. Extremities

Evaluation Purpose:

- Evaluation of the respondent's physical and mental ability to practice chiropractic safely and skillfully and or physical restrictions to practice.
- Evaluation of respondent's amenability for treatment, and prognosis for intervention, if applicable.
- Evaluation of conditions, situations and issues that may interfere with ability to practice safely and skillfully or may interfere with completion of treatment, if applicable.

Psychological:

Credentials:

- Ph.D. or Psy.D.

Evaluation Components:

- Components depend on reason for evaluation. Board staff will determine criteria.

Evaluation Purpose:

- Evaluation of the respondent's mental/behavioral ability to practice chiropractic safely and skillfully.
- Evaluation of respondent's reliability as a self-reporter.
- Evaluation of respondent's amenability for treatment and prognosis for intervention, if applicable.
- Evaluation of conditions, situations and issues that may interfere with respondent's ability to practice safely and skillfully or interfere with a successful completion of treatment.
- Recommendation with regard to community supervision and clinical management.

Psychiatric:

Credentials:

- M.D. with a specialty in Psychiatry

Evaluation Components:

- Components depend on reason for evaluation. Board staff will determine criteria.

Evaluation Purpose:

- Evaluation of the respondent's mental ability to practice chiropractic safely and skillfully.
- Evaluation of respondent's reliability as a self-reporter.
- Evaluation of respondent's amenability for treatment and prognosis for intervention, if applicable.
- Evaluation of conditions, situations and issues that may interfere with respondent's ability to practice safely and skillfully or interfere with a successful completion of treatment.
- Recommendation with regard to community supervision and clinical management.

Neuropsychiatric:

Credentials:

- M.D. with Neurological specialty, Ph.D. or Psy.D.

Evaluation Components:

- Clinical Interview to include history.
- Basis of evaluation to include:
 1. Adult substance abuse survey
 2. Wechsler Adult Intelligence Scale
 3. Halstead Reitan Neuropsychological test battery for adults.
 4. California Verbal Learning Test
 5. Minnesota Multiphasic Personality
 6. Review of Board/investigative record
- Behavioral observation
- Substance abuse survey
- Cognitive and Intellectual functioning
- Personality and emotional factors.
- Established evaluation purpose protocol.

Evaluation Purpose:

- Evaluation of the respondent's mental ability to practice chiropractic safely and skillfully.
- Evaluation of respondent's reliability as a self-reporter.
- Evaluation of respondent's amenability for treatment and prognosis for intervention, if applicable.
- Evaluation of conditions, situations and issues that may interfere with respondent's ability to practice safely and skillfully or interfere with a successful completion of treatment.
- Recommendation with regard to community supervision and clinical management.

Psychosexual/Psychophysiological:

Credentials:

- Psychosexual:
 - Ph.D. with ABPP, LMFT and CSAT
- Psychophysiological
 - M.D. or D.O.

Evaluation Components:

- Clinical Interview
 1. Mental status
 2. Sexual history
- Minnesota Multiphasic Personality Inventory III
- Polygraph
- Personality Assessment Inventory
- Millon Clinical Multiaxial Inventory
- Multiphasic Sex Inventory II
- Shipley Institute of Living Scale
- Abel Assessment 3.1
- Group session observation
- Review of Board/investigative record
- Established evaluation purpose protocol as per below

Evaluation Purpose:

- Evaluation of respondent's reliability as a self-reporter.
- Evaluation of respondent's continuum of sexual interest based on self-report and Able assessment.
- Evaluation of respondent's social, cognitive and sexual deficits that may allow for the cultivation and/or habituation of sex deviant patterns.
- Evaluation of respondent's amenability for treatment and prognosis of intervention.
- Evaluation of conditions, situations and issues that may interfere with or contribute to a more successful prognosis or successful completion of treatment.
- Recommendation with regard to community supervision and clinical management.

Addiction:

Credentials:

- M.D. or D.O. with certification from the American Society of Addiction Medicine/American Board of Addiction Medicine or a specialty in psychiatry with experience in addiction medicine.

Evaluation Components:

- History
 1. Chemical dependency
 2. Physical
 3. Social
 4. Family
 5. Psychological/psychiatric
- Mental Status Examination
- Medication review
- Review of physical and psychological systems
- Michigan Alcoholism Screening Test
- Mood disorder evaluation
- DAPA drug and alcohol screen

Evaluation Purpose:

- Evaluation of the respondent's mental ability to practice chiropractic safely and skillfully.
- Evaluation of respondent's reliability as a self-reporter.
- Evaluation of respondent's amenability for treatment and prognosis of intervention.
- Evaluation of conditions, situations and issues that may interfere with or contribute to a more successful prognosis or successful completion of treatment.
- Recommendation with regard to community supervision and clinical management.

Cognitive:

Credentials:

- M.D., D.O., Ph.D., or Psy.D. with demonstrated certification, training and experience to administer tests listed under evaluation components.

Evaluation Components:

- Webster Adult Intelligence scale
- Wechsler Memory Scale IV
- Halstead Category Test.
- Trail Marking Test A & B
- California Verbal Learning Test-2
- Minnesota Multiphasic Personality Inventory II
- Personality Assessment Inventory
- Behavioral observation and mental status exam

Evaluation Purpose:

- Evaluation of the respondent's mental ability to practice chiropractic safely and skillfully.
- Evaluation of respondent's cognitive and intellectual functioning.
- Evaluation of respondent's personality and emotional functioning.
- Evaluation of respondent's amenability for treatment and prognosis of intervention.
- Evaluation of conditions, situations and issues that may interfere with or contribute to a more successful prognosis or successful completion of treatment.
- Recommendation with regard to community supervision and clinical management.