



State of Arizona
Board of Chiropractic Examiners

1951 West Camelback Road, Suite 330 • Phoenix, Arizona 85015
Voice: (602) 864-5088 FAX (602) 864-5099
TTY (800) 367-8939 (AZ Relay Service)
www.chiroboard.az.gov

Douglas A. Ducey
Governor

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James Badge, D.C.
Chairperson

Richard Guarino, D.C.
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Norris Nordvold
Member

Gregory Katsaros, D.C.
Member

April Hamilton
Member

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Justin Bohall
Executive Director

As evidenced by the enclosed documents, the Board has adopted specific criteria for Board approved evaluators and monitors. In an effort to develop a list of appropriate consultants, an application form has been created and is enclosed for your consideration.

In completing the form, you may elect to have your name published on a list of approved providers, or simply maintained by the Board for referrals as needed. The list is given to licensees who are ordered to undergo an evaluation or monitoring, it becomes their responsibility to contact an appropriate provider and obtain approval specific to the Board Order.

I hope you will consider completing the application process and returning these materials to the Board at your earliest convenience. Should you have any questions, you may contact me at 602.864.5088 or JBohall@chiroboard.az.gov

Sincerely,



Justin Bohall
Executive Director

**STATE OF ARIZONA
BOARD OF CHIROPRACTIC EXAMINERS**

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.

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.



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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 evaluator. 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:

1. Resume.
2. Two references who can verify your professional experience performing evaluations for the purpose of determining “safe to practice” status.
3. Outline of established evaluation purpose protocol.
4. Outline of evaluation components.

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 safely practice.

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

If you have any questions or concerns regarding this application, please contact Justin Bohall, Executive Director at (602) 864-5088 or JBohall@chiroboard.az.gov.



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: _____