

Vermont Board of Nursing

Independent Evaluation Agreement

The independent evaluator I propose for my Vermont Board of Nursing evaluation is:

Please print clearly

Name of evaluator: _____

Address: _____

Phone: _____

I understand and agree that:

- The evaluator must be a qualified professional who has not provided treatment to me in the past. The evaluator must be pre-approved by the Board of Nursing before the evaluation. If the chosen evaluator is not on the list of pre-approved evaluators or previously approved, I will ask the evaluator to submit a resume documenting education, experience, and credentials. Board of Nursing staff will review the information and determine whether the evaluator meets the Board's requirements for my evaluation.
- Before the evaluation, I will provide the evaluator with all relevant documents, including all Board orders, contracts, and correspondence. I will also provide the Board of Nursing Guidelines for the Independent Evaluation. If I am not sure what documents need to be provided, I may contact the Case Manager, Ellen Leff, at 802-828-1635.
- I will be responsible for the cost of the evaluation, which may not be covered by health insurance.
- I authorize the evaluator named above to provide a report to the Board on the status and results of the evaluation.
- If I do not complete the evaluation or if I later choose another evaluator, I will notify the Board of Nursing Case Manager in writing of the reason for my decision.

Name of licensee (print clearly): _____

Signature: _____ Date: _____