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CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA

4600 Kietzke Lane, M-245

Reno, Nevada 89502

Telephone (775) 688-1921
Website: <http://chirobd.nv.gov>

Fax (775) 688-1920

Voice Mail (775) 688-1919
Email: chirobd@chirobd.nv.gov

Dear Applicant for Temporary Licensure:

The enclosed application form must be completed in full and your signature notarized. An application must be submitted not less than **30** days in advance of the date you intend to begin temporary practice in Nevada.

The following must accompany the application:

- **Two** checks or money orders in the amount of **\$50.00** each (one for the application fee and one for the approved temporary license fee) The \$50.00 application fee will be deposited upon receipt. The \$50.00 temporary license fee will be held until the license is issued then it will be deposited. If the application is denied the check for temporary license fee will be returned.
- **Two** recent photographs, approximately 1-1/2" x 1-1/2" in size, frontal view of applicant's face.

The following must be received direct from the state where you are currently practicing no less than **21** days prior to the date you intend to begin temporary practice in Nevada:

- Certification of good standing; must include verification that there has been no disciplinary action taken or is currently pending.

A temporary license is valid for the **consecutive** ten (**10**) day period designated on the license and is not renewable.

The Board may not grant more than two temporary licenses to an applicant during any calendar year.

Please contact the Board office if you have any questions.

Attach Current
2" x 2"
Photo Here

Complete and mail to:
Chiropractic Physicians' Board of Nevada
4600 Kietzke Lane, Suite M-245, Reno, NV 89502

775-688-1921

APPLICATION FOR TEMPORARY LICENSE TO PRACTICE CHIROPRACTIC IN THE STATE OF NEVADA

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**PLEASE NOTE: FAILURE TO ANSWER ALL QUESTIONS COMPLETELY AND TRUTHFULLY WILL RESULT
IN DENIAL OF THIS APPLICATION AND THE FEES ARE NOT REFUNDABLE**

Print or type:

Name: _____ Telephone: _____

Mailing Address: _____

Address where currently practicing: _____

Chiropractic college where D.C. degree was obtained: _____

Date graduated: _____ DOB: _____ Social Security Number: _____

Current chiropractic license number: _____ State: _____ Expiration Date: _____

Other states in which you have been granted a license to practice chiropractic: _____

Current status of other licenses: _____

1. Have you ever been denied a license by any other jurisdiction? ___Yes ___No If yes, give details: _____

2. Have you ever surrendered a license? ___Yes ___No If yes, give details: _____

3. Are there any outstanding complaints or disciplinary actions pending against you in any other jurisdiction? ___Yes ___No If yes, give details: _____

4. Have you ever been the subject of disciplinary action in any other jurisdiction? ___Yes ___No If yes, give details and final disposition: _____

5. Have you ever been named as a defendant in a professional malpractice suit? ___Yes ___No If yes, give details: _____

6. Have you ever been arrested for or charged with any crime other than a traffic violation (include any DUIs)? **Note: Even if you have had records sealed and you have been told that your file has been cleared, you must report this information, including juvenile records.** ___Yes ___No If yes, give details and final disposition: _____

7. Have you ever been convicted of a crime other than a traffic violation (include any DUIs)? **Note: Even if you have had records sealed and you have been told that your file has been cleared, you must report this information, including juvenile records.** ___Yes ___No If yes, give details and final disposition: _____

8. Are you now or have you ever been found in default in the payment of a student loan? ___Yes ___No If yes, give details: _____

9. Have you ever been drug or alcohol dependent and/or enrolled in a drug or alcohol rehabilitation program? ___Yes ___No If yes, give details: _____

Regarding child support, please mark the appropriate response (**FAILURE TO MARK ONE OF THE THREE WILL RESULT IN DENIAL OF THE APPLICATION**):

- I am not subject to a court order for the support of a child or children.
- I am subject to a court order for the support of one or more children and am in compliance with the order or I am in compliance with a plan approved by the District Attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.
- I am subject to a court order for the support of one or more children and am **NOT** in compliance with the order or a plan approved by the District Attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Reason for temporary license: _____

Event beginning date: _____ Ending date: _____

Event location (address): _____

NOTE: Both the \$50.00 fee for the application and the \$50.00 fee for temporary licensure must accompany this application.

AFFIDAVIT:

The undersigned, being duly sworn under penalty of perjury, deposes and says that the statements contained herein are true, complete, and correct to the best of his/her knowledge and belief; that he/she has not suppressed any information which might affect this application; that he/she has not omitted any information relevant to his/her current fitness to practice; that he/she is of good moral character and will conform to the ethical standards and conduct of the profession; that he/she has otherwise met all statutory requirements and believes him/herself eligible for activation of his/her license to practice chiropractic, and that he/she has read and understands this affidavit.

_____, D. C.
Date *Signature*

County of _____

State of _____

Subscribed and sworn to before me this _____ day of _____, 20____

Notary Public

Approved:	Not Approved:
_____ President	_____
_____ Secretary	_____