

CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA

4600 Kietzke Lane, Suite M-245, Reno, NV 89502

775-688-1921 / 775-688-1920 (fax)

APPLICATION FOR RE-ACTIVATION OF LICENSE TO PRACTICE CHIROPRACTIC IN THE STATE OF NEVADA

Print clearly or type

Fee must accompany application

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

Nevada License No.: _____ Date granted: _____

Name: _____ Phone No.: _____

Address: _____

Email: _____

State in which currently actively practicing: _____

License No.: _____ Date granted: _____ Expiration: _____

Address of current practice: _____

Date on which you began current active practice: _____

If not currently practicing, give date on which you ceased practicing: _____

State in which you last practiced: _____

Other state 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: _____

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: _____

Please mark the appropriate response regarding child support (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 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.

Continuing Education seminar(s) attended during the past biennium (must total at least 36 hours):

Seminar Title: _____
Seminar Sponsor: _____
Date(s) Attended: _____
Number of Hours Attended: _____

NOTE: The \$300.00 fee for restoration to active status must accompany this application. If restoring from suspended to active, the fee is \$500.00.

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.

Date Signature of Applicant

County of _____

State of _____

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

Notary Public

Approved: Not Approved:

_____ **President** _____

_____ **Secretary** _____