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CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA

4600 Kietzke Lane, M-245
Reno, Nevada 89502-5000
Fax (775) 688-1920

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

Email: chirobd@chirobd.nv.gov

Dear Applicant for Temporary Nevada Licensure:

The enclosed application form must be completed in full and your signature notarized. An application must be submitted at least **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 – Note: If the temporary license is solely for the purpose of providing chiropractic services to patients in this State without remuneration you are not required to pay (1) the \$50.00 application and background fee. (The \$50 certificate fee is still required.)

- (1) A check or money order for \$50.00 for the background check and application fees, and
- (2) A check or money order for \$50.00 for the issuance of the license certificate.

The \$50.00 fee for the application will be deposited upon receipt. The \$50.00 fee for the issuance of the temporary license certificate will be deposited upon approval of the application. If the application is denied, the \$50.00 check for issuance of the license certificate will be returned. There is no refund of the application fee.

_____ Two recent color photographs, approximately 2" x 2" in size, frontal view of applicant's face.

_____ A Certification of Good Standing (must include verification that there has been no disciplinary action taken or none currently pending) must be received directly from the state where the applicant is currently practicing at least 21 days prior to the beginning date of temporary practice in Nevada.

Please Note: a temporary license is valid for the period designated on the license, and no more than ten (10) days. The Board may not grant more than two temporary licenses to an applicant during any calendar year. A temporary license is not renewable.



Complete and mail to: **Chiropractic Physicians' Board of Nevada**
4600 Kietzke Lane, Suite M245
Reno, Nevada 89502

Telephone: 775-688-1921

DO NOT FAX APPLICATION

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

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

Name: _____ Telephone: _____

Mailing Address: _____ Work Email: _____

Address where currently practicing: _____

Chiropractic College where your D.C. degree was obtained: _____

Date of Graduation: _____ 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, provide the details:

2. Have you ever surrendered a license? Yes No If yes, provide the details:

3. Are there any outstanding complaints or disciplinary actions pending against you in any other jurisdiction?
 Yes No If yes, provide the details: _____
4. Have you ever been the subject of disciplinary action in any other jurisdiction? Yes No
If yes, provide the details _____
5. Have you ever been named as a defendant in a professional malpractice suit? Yes No
If yes, provide the details: _____
6. Have you ever been arrested for or charged with any crime, other than a traffic violation (include any DUI's)?
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, provide the details and the final disposition:

7. Have you ever been convicted of a crime, other than a traffic violation (include any DUI's)? **Note: Even if you have had records sealed and you have been told that your file has been cleared, you still must report this information, including juvenile records.** Yes No If yes, provide the details and the 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 and current status: _____
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 and the current status: _____

10. Regarding child support, 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: _____

[] I Will [] I Will Not be receiving payment directly or indirectly for chiropractic services I perform in Nevada.

Event start date: _____ End date: _____

Event location (name & address): _____

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; that he/she understand and is accountable for Nevada chiropractic laws and believes him/herself eligible for activation of his/her license to practice chiropractic, and that he/she has read and understands this affidavit.

Signed: _____, DC Date: _____

State of _____

County of _____

Signed and sworn to before me on this _____ day of _____, 20_____

Notary Public

OFFICE USE:

Approved Denied President _____

Approved Denied Secretary _____