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Executive Director

CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA
4600 Kietzke Lane, Suite M245
Reno, Nevada 89502-5000
Telephone (775) 688-1921
Website: http://chirobd.nv.gov Fax (775) 688-1920 Email: chirobd@chirobd.nv.gov

Application for Chiropractor's Assistant:

The enclosed application form must be completely filled out including **notarized** signature and date. The fingerprint card, a 2"x2" passport type photo, and signed and dated civil applicant waiver must be submitted with the application to the above address.

The application processing fee of $100.00 plus $38.25 fee for background check (total $138.25) may be paid by check, money order or cashier's check payable to **Chiropractic Physicians' Board of Nevada (CPBN)**, or may be paid by phone with debit/credit card. The fees are not refundable.

All forms and payment must be submitted to CPBN within 15 DAYS OF TRAINING START DATE.

Chiropractor's Assistant Applicants:

Applicants will be notified of any deficiencies that must be resolved in order for their application to be accepted. Upon satisfactory completion of the application, the applicant will receive further information by letter with a CD containing the chiropractic laws and regulations.

Requirements for On-the-Job Training

Applicants must complete six months of full-time training, one year of part-time training, or satisfactory evidence that they have completed formal training of at least 12 months of study to become eligible to sit for the examinations, provided their background check has cleared.

Upon determination of eligibility to sit for the examinations, applicants will be notified to pay the $75.00 exam fee, which must be paid prior to the exam date. Upon receipt of the exam fee, applicants will receive written notification of the date, time and location of the examinations.

Examinations for Certification of Chiropractor's Assistants are administered twice per year.

2" x 2"
Photo Here

4600 KIETZKE LANE, SUITE M-245
RENO, NEVADA 89502
(775) 688-1921

DO NOT FAX APPLICATIONS

APPLICATION FOR CERTIFICATION OF CHIROPRACTOR'S ASSISTANT

THE FOLLOWING MUST ACCOMPANY THIS APPLICATION:
1 $138.25 Check, Money Order or Pay by Phone with Credit Card
2 One (1) completed fingerprint card
3 Signed and dated civil applicant waiver form
4 A recent passport-type photograph

PLEASE NOTE: Failure to answer ALL questions completely and truthfully will result in denial of this application. **FEES ARE NOT REFUNDABLE.**

TYPE OR PRINT ONLY:

NAME	EMAIL:	SEX: ____M ____F
CURRENT RESIDENCE ADDRESS		
CITY/STATE/ZIP		TELEPHONE
SOCIAL SECURITY NUMBER / DATE OF BIRTH	US CITIZEN? YES NO*	BIRTH PLACE

*Required to submit a copy of green card, visa, or naturalization papers to prove eligibility to work in the US.

TWO PERSONAL REFERENCES OF AT LEAST FIVE (5) YEARS ACQUAINTANCE:

NAME	
ADDRESS	
CITY/STATE/ZIP	TELEPHONE
NAME	
ADDRESS	
CITY/STATE/ZIP	TELEPHONE

CURRENT EMPLOYER:

EMPLOYER'S NAME	
EMPLOYER'S ADDRESS	
CITY/STATE/ZIP	EMPLOYER'S PHONE & FAX

1. List all states where you have ever applied for certification as a Chiropractor's Assistant, the result of each application, and the current status of each application:

_____

_____

_____

2. If you have ever been certified as a Chiropractor's Assistant in any other state, are you now or have you ever been the subject of a proceeding to discharge, dismiss or discipline you or any other proceeding of a like nature:

_____ YES _____ NO If yes, name the state and give disposition of charges:

_____

_____

3. 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, name the state and give disposition:

_____

_____

4. 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 must report this information, including juvenile records.

_____ YES _____ NO If yes, name the state and give disposition:

_____

_____

5. Have you ever defaulted on a HEAL (Health Education Assistance Loan)?

_____ YES _____ NO If yes, give details and current status:

_____

6. 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 current status:

_____

7. Please mark the appropriate response regarding child support - **even if you have no children** (FAILURE TO MARK ONE OF THE BOXES BELOW 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 I 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.

8. Regarding **child abuse**, the following block **MUST BE READ AND INITIALED:**

Initial Here	Date	
		I have been informed that I am required by law to report the abuse or neglect of a child to an agency that provides child welfare services or to a law enforcement agency no later than 24 hours after I knew or had reasonable cause to believe the child has been abused or neglected.

CERTIFICATION OF CHIROPRACTOR'S ASSISTANT TRAINING

EMPLOYER/SUPERVISING DC:	DATE OF HIRE
ADDRESS	
CITY/STATE/ZIP	TELEPHONE

INDICATE PREVIOUS TRAINING OR CERTIFICATION:			
1. ☐ FORMAL PROGRAM **(TRANSCRIPT MUST BE SENT FROM SCHOOL)**			
SCHOOL ATTENDED:			
DATES ATTENDED: FROM	THROUGH	TOTAL NUMBER OF CLASSROOM HOURS ATTENDED:	

IF YOU HAVE ALREADY RECEIVED FORMAL TRAINING AS A CHIROPRACTOR'S ASSISTANT AND COMPLETED NO. 1, SKIP NOS. 2 AND 3 AND SIGN AT THE BOTTOM OF THIS PAGE IN THE PRESENCE OF A NOTARY.

NOTE: TO APPLICANTS WHO ARE APPLYING FOR CERTIFICATION UNDER THE PROVISION FOR ON-THE-JOB TRAINING - APPLICATIONS MUST BE SUBMITTED WITHIN 15 DAYS OF BEGINNING OF TRAINING.

2. ☐ ON-THE-JOB TRAINING IN CHIROPRACTIC FACILITY

3. ☐ ON-THE-JOB TRAINING IN A HEALTH CARE FACILITY OTHER THAN CHIROPRACTIC

IF 2 OR 3 ABOVE APPLY, PLEASE COMPLETE THE FOLLOWING:		
NAME OF PERSON RESPONSIBLE FOR YOUR TRAINING		
ADDRESS		
CITY/STATE/ZIP		TELEPHONE
DATES OF TRAINING: BEGINNING:	ENDING:	

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 chiropractic profession; that he/she will notify the CPBN of any and all changes to the information in this application, including changes of address and that he/she has otherwise met all statutory requirements and will abide by the provisions of NRS and NAC 634 including that he/she will not perform chiropractic adjustments or any other act prohibited by NAC 634.460 and that he/she has read and understands this affidavit.

_____ **DATE**

_____ **APPLICANT'S SIGNATURE**

SUBSCRIBED TO AND SWORN BEFORE ME

THIS _____ DAY OF _____, 20_____

COUNTY OF _____, STATE OF _____

_____ **NOTARY PUBLIC**

Nevada Department of Public Safety

CIVIL APPLICANT WAIVER

NOTICE OF NONCRIMINAL JUSTICE APPLICANT'S RIGHTS

As an applicant who is the subject of a Federal Bureau of Investigation (FBI) fingerprint-based criminal history record check for a noncriminal justice purpose you have certain rights which are discussed below.

1. You must be notified by (enter name of submitting agency) Chiropractic Physicians' Board of Nevada that your fingerprints will be used to check the criminal history records of the FBI and the State of Nevada.

2. If you have a criminal history record, the officials making a determination of your suitability for the job, license or other benefit for which you are applying must provide you the opportunity to complete or challenge the accuracy of the information in the record. You may review and challenge the accuracy of any and all criminal history records which are returned to the submitting agency. The proper forms and procedures will be furnished to you by the Nevada Department of Public Safety, Records Bureau upon request. If you decide to challenge that accuracy or completeness of your FBI criminal history record, Title 28 of the Code of Federal Regulations Section 16.34 provides for the proper procedure to do so:

   16.34 – Procedure to obtain change, correction or updating of identification records.
   If, after reviewing his/her identification record, the subject thereof believes that it is incorrect or incomplete in any respect and wishes changes, corrections or updating of the alleged deficiency, he/she should make application directly to the agency which contributed the questioned information. The subject of a record may also direct his/her challenge as to the accuracy or completeness of any entry on his/her record to the FBI, Criminal Justice Information Services (CJIS) Division, ATTN: SCU, Mod. D-2. 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will then forward the challenge to the agency which submitted the data requesting that agency to verify or correct the challenged entry. Upon the receipt of an official communication directly from the agency which contributed the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by that agency.

3. Based on 28CFR § 50.12 (b), officials making such determinations should not deny the license or employment based on information in the record until the applicant has been afforded a reasonable time to correct or complete the record or has declined to do so.

4. You have the right to expect that officials receiving the results of the fingerprint-based criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal or state statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

5. I hereby authorize (enter name of the requesting agency) Chiropractic Physicians' Board of Nevada, to submit a set of my fingerprints to the Nevada Department of Public Safety, Records Bureau for the purpose of accessing and reviewing State of Nevada and FBI criminal history records that may pertain to me.
   In giving this authorization, I expressly understand that the records may include information pertaining to notations of arrest, detainments, indictments, information or other charges for which the final court disposition is pending or is unknown to the above referenced agency. For records containing final court disposition information, I understand that the release may include information pertaining to dismissals, acquittals, convictions, sentences, correctional supervision information and information concerning the status of my parole or probation when applicable.

6. I hereby release from liability and promise to hold harmless under any and all causes of legal action, the State of Nevada, its officer(s), agent(s) and/or employee(s) who conducted my criminal history records search and provided information to the submitting agency for any statement(s), omission(s), or infringement(s) upon my current legal rights. I further release and promise to hold harmless and covenant not to sue any persons, firms, institutions or agencies providing such information to the State of Nevada on the basis of their disclosures. I have signed this release voluntarily and of my own free will.

A reproduction of this authorization for release of information by photocopy, facsimile or similar process, shall for all purposes be as valid as the original.

In consideration for processing my application I, the undersigned, whose name and signature voluntarily appears below; do hereby and irrevocably agree to the above.

Applicant's Name: _____
(PLEASE PRINT LAST, FIRST, MIDDLE)

Address: _____

Applicant's Signature: _____

Date: _____

Submitting Agency: Chiropractic Physicians' Board of Nevada

Address: 4600 Kietzke Ln. M-245

Agency representative: Strandberg, Julie
(PLEASE PRINT LAST, FIRST, MIDDLE)

Agency representative's Signature: _____

Date: _____

CHIROPRACTOR'S ASSISTANT (CA) TRAINING GUIDELINES

The nationwide trend in the primary care professions is not only to provide qualified health-care professionals, but also to assure that assistants are qualified to carry out their duties and responsibilities in caring for the health needs to patients.

Recommended Core Curriculum Components For On-The-Job Training:

Introduction:
- Chiropractic Healing Arts
- Professional responsibility
- Provider / patient relationship and professional boundaries
- Patient privacy / confidentiality (HIPPA)
- Terminology physiological therapeutics/ chiropractic / medical
- Anatomy / Physiology
- Open communication between the Doctor, OCTA and the patient
- Special considerations for specific patient populations
- Medical legal issues

Safety and Protection of the Patient:
- Chiropractic scope of practice review
- Appropriate vs. inappropriate delegation of DC authority
- Emergency / disaster procedures in the office
- Hygiene

Patient Clinical Information:
- Personal / demographic information
- Vital sign examination
  - Height, weight, temperature, respiration, pulse, blood pressure sitting and supine
- General observation
  - Patient appearance / body type
  - Supplemental updating of the patient's information and status
  - Weight loss or gain
  - Change in vitals
  - Record any new complaint and any changes in existing complaint(s).

Introduction to Physiological therapeutics:
- Phases of care
- Applying basic anatomy for physiological therapeutics
  - Landmarks and applications
- Overview of physiological therapeutic procedures
- Thermal vs. mechanical vs. chemical
- General indications / contraindications
- Patient positioning considerations / draping
- Reviewing the doctor's directives
- Exercise and modifying activities of daily living

Specific Modalities and their Use:

- Discussion of each modality will include and introduce the physiologic effects, indications, contraindications, special precautions, dosage, treatment time, patient positions, safe application, and treatment termination procedures.
- Oryotherapy / Heat therapies / Contrast baths
- Diathermy
- Ultrasound
- Cold laser discussion
  - (This content is highly variable and should be overseen by the DC, this section will outline the basics of cold laser as the OCTA might be involved)
- Electrotherapy
- Spinal / Intersegmental traction

Record Keeping:

- Components of a patient file
- Maintaining a patient file
- Documentation / signature requirements
- Supporting the DC in file updates
- Documenting specific procedures
- Billing codes

X-Ray:

- Basic Principles
- Dangers to the Patients and Staff
- Patient Preparation
- Film Information (patient and office)
- Radiographic Terms
- Patient Positioning Routines (spine and extremities)
- Film Size
- Mark Film
- Cassette Position (body landmarks)
- Measuring Patient
- Set Factors (specific setting are not tested)
- Position Patient (demonstration required)
- Central Ray and FFD (film focal distance)
- Instruction to Patient
- Minimum View Studies / Routine Series

Applying this curriculum to specific jurisdictions:

- Overview of the applicable legal requirements
- In statute and regulation

Nevada Jurisprudence Required Reading:

- (NRS) Nevada Revised Statutes 634
- (NAC) Nevada Administrative Code 634
- (NRS) Nevada Revised Statutes 629

Note: Recommended Basic First Aid Certification from Red Cross, or additional module may be available through OCTA program for those without ready access to Res Cross training.

References for Chiropractic Assistants:

"Chiropractic Therapy Assistant – A Clinical Resource Guide"

Tennessee Chiropractic Association:

- Call: 615-383-6231 Fax: 615-383-6233 or E-Mail: tca@tnchiro.com

Chiropractic Assistance Workbook
Nevada Chiropractic Association

If you wish to order right away please call: 702-233-2288
Have your credit card ready.
If you pay with a check, please mail check to:

NCA
2700 E. Lake Mead Blvd., Suite 10
N. Las Vegas, NV 89030

Essentials of Skeletal Radiology
Volumes I & II (with emphasis on Volume I)
Authors: Yochum & Rowe