

**Steve Sisolak**  
*Governor*



**Morgan Rovetti, DC**  
*Member*

**Margaret Colucci, DC**  
*Member*

**Christian L. Augustin, Esq.**

*Consumer Member*

**Reza R. Ayazi, Esq.**

*Consumer Member*

**Julie Strandberg**

*Executive Director*

**Nicole Canada, DC**

*President*

**Xavier Martinez, DC**

*Vice President*

**James T. Overland Sr., DC**

*Secretary-Treasurer*

## **CHIROPRACTIC PHYSICIAN'S BOARD OF NEVADA**

4600 Kietzke Lane, M-245 | Reno, Nevada 89502-5000

Phone: (775) 688-1921 | Fax: (775) 688-1920

Website: <http://chirobd.nv.gov> | Email: [chirobd@chirobd.nv.gov](mailto:chirobd@chirobd.nv.gov)

### **Dry Needling Application for Active Chiropractic Physicians'**

If you hold an active chiropractic physician license in Nevada you must complete and submit the attached application, accompanied by at least 50 hours of didactic education in dry needling offered or certified by one of the following:

- (a) The Federation of Chiropractic Licensing Boards, or its successor organization;***
- (b) The American Chiropractic Association, or its successor organization;***
- (c) The International Chiropractors Association, or its successor organization;***
- (d) The Providers of Approved Continuing Education, or its successor organization;***
- (e) The American Medical Association, or its successor organization;***
- (f) The American Osteopathic Association, or its successor organization;***
- (g) The Accreditation Council for Continuing Medical Education, or its successor organization;***
- (h) The State Board of Oriental Medicine; or***
- (i) A school of chiropractic.***

Please contact the Board at the above information if you have any questions.

APPLICATION FOR A CURRENT LICENSED DOCTOR OF CHIROPRACTIC  
TO PERFORM DRY NEEDLING IN THE STATE OF NEVADA

CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA  
4600 KIETZKE LANE, SUITE M-245  
RENO, NV 89502

PLEASE NOTE: FAILURE TO ANSWER ALL QUESTIONS COMPLETELY AND TRUTHFULLY WILL RESULT IN DENIAL OF THIS APPLICATION.

PRINT OR TYPE:

1. FULL NAME \_\_\_\_\_ LICENSE NO. \_\_\_\_\_  
(FIRST) (MIDDLE) (LAST)

2. MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ WORK EMAIL \_\_\_\_\_

5. SOCIAL SECURITY NO. \_\_\_\_\_ 6. TELEPHONE NO. \_\_\_\_\_

7. DRY NEEDLING CERTIFICATION MUST TOTAL AT LEAST 50 HOURS OF EDUCATION AND TRAINING. PLEASE LIST YOUR EDUCATION AND TRAINING BELOW:

SEMINAR TITLE(S)	SEMINAR SPONSOR	DATES ATTENDED	NUMBER OF HOURS ATTENDED
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PLEASE PROVIDE COPIES OF CERTIFICATES OF COMPLETION OR OTHER DOCUMENTS EVIDENCING YOUR SUCCESSFUL COMPLETION OF THE ABOVE-LISTED COURSES.

\_\_\_\_\_  
(DATE)

\_\_\_\_\_, D.C.  
(SIGNATURE OF APPLICANT)