

STATE OF NEVADA

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CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA

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

Dear Candidate for Nevada Licensure:

Thank you for your interest in applying for licensure as a Doctor of Chiropractic in Nevada. NRS 634 and 629, the Nevada Revised Statutes, NAC 634, the Nevada Administrative Code, and Cross References are enclosed for your information and study.

Every applicant must complete the application form and submit all of the required supporting documents by the deadline date. Transcripts and certifications must be **original** documents.

The following must be submitted with the enclosed completed, signed and notarized application form:

- Certified check or money order for \$238.25 (\$200.00 application fee plus \$38.25 fingerprint card processing fee) **OR** payment by credit card may be submitted by phone
- An original untouched photograph taken within the past six (6) months of front view of applicant's face, size 2" x 2", attached to application form at top left of Page 1 where indicated
- One (1) completed and signed fingerprint card
- Completed and signed "Civil Application Waiver" form
- Two (2) completed Moral Character references from individuals who have known you for at least three (3) years
- One (1) completed Moral Character reference from a licensed chiropractor or a professor at a college of chiropractic
- Evidence of high school graduation:
 - Photocopy of high school diploma or G.E.D. certificate **OR**
 - High school grade transcript
- Photocopy of DC degree (**Graduation date on DC degree must be on or before application deadline date of exam for which applicant is applying – no exceptions**)
- Photocopies of all licenses issued to applicant by other state chiropractic licensing boards

The following must be received direct from issuing institutions:

- Certified grade transcript(s) of minimum 60 credit hours from accredited pre-chiropractic college or university **OR** written certification verifying at least five (5) years of licensed active practice from a state licensing board
- Completed, signed and sealed "Certification of Good Standing" form(s) issued from the chiropractic licensing board of all states in which applicant has ever been licensed

The following must be received direct from issuing institutions (cont'd):

- Certified final grade transcript with not less than 4,000 hours of credit (must include at least one course in Physiotherapy) from an accredited college of chiropractic
- Certified grade transcript from National Board of Chiropractic Examiners with passing grades (**375 or higher**) in Parts I, II, III, IV and Physiotherapy **OR** (in lieu of any or all parts of National Boards):
 - Written certification from another state of active licensed practice for not fewer than seven (7) of the immediately preceding ten (10) years with no adverse disciplinary action **AND**
 - Certified grade transcript from National Board of Chiropractic Examiners with passing grade (**375 or higher**) in Special Purpose Examination for Chiropractic (**SPEC**). (Note: *Applicants who have not previously attained a passing score in the SPEC must have a completed application on file for the next Nevada examination in order to be authorized by Nevada to take the SPEC test. Contact the National Board at (970) 356-9100 for SPEC information.*)

General Application Information:

- Application forms must be submitted with all questions answered completely and truthfully.
- Applications must be received in the Board's office by the deadline date (see testing schedule below) to be eligible for the examination following the 60 day waiting period.
- An application remains open for one year after the date of the first examination that the applicant is eligible to take. If the applicant does not pass the examination on the first attempt he or she may retake the examination one time without paying an additional fee.
- Nevada has **no reciprocity** with other states and there is no provision in the law for consideration of length of practice in another state except as set forth above.
- An arrest record, conviction of a crime or disciplinary action taken against one's license by another state does not preclude acceptance of an applicant. However, if additional information or further inquiry is deemed necessary there may be a delay in acceptance of the applicant. The Board may reject any application based on assessment of the applicant's moral character.

Scope of Practice: The following statute, **NRS 634.013 "Chiropractic" defined**, is the **Nevada scope of practice**: "*Chiropractic is defined to be the science, art and practice of palpating and adjusting the articulations of the human body by hand, the use of physiotherapy, hygienic, nutritive and sanitary measures and all methods of diagnosis.*"

- Nevada licensed chiropractors **may not** perform surgery or dispense or prescribe drugs.
- Nevada licensed chiropractors **may not** puncture the skin except to draw blood for diagnostic purposes. Any person who wishes to perform **acupuncture** must apply for licensure with the **Nevada State Board of Oriental Medicine**.

Background Check:

Fingerprints must be rolled properly on the cards to assure that they are clear and not smudged and should be applied by a professional. All questions must be answered, including VITAL STATISTICS, and the applicant's signature must be on both cards. **DO NOT FOLD OR BEND THE CARDS THROUGH THE FINGERPRINT AREA.**

A background check will be conducted and applicant's fingerprint checks must clear. Applicants will not be approved to sit for the examination until the background check has been

concluded. This could result in a delay and may cause the applicant to be rescheduled for the next examination.

Examinations:

All applicants will be examined in a written Nevada law test. The test consists of 60 True/False and Multiple Choice questions. Passing score is **75% or higher**. Examinations are typically administered monthly in Reno, Nevada.

The application deadline is established under NRS 634.080(1): *“An applicant for examination must file an application not less than 60 days before the date of the examination.”* **An application is not complete until the fee and all of the supporting documents are received.**

Examinations:

Upon completion and approval of an applicant’s file, he or she will receive written notification with a request for payment of the \$125.00 examination fee which may be paid by certified check, money order or credit card. Applicant will receive written notification of the time and location of the examination when payment of the examination fee has been received. Unapproved applicants will receive written notification of the reason for the rejection.

If an applicant has a disability that requires special testing arrangements, he/she must notify the Board office and provide official documentation of the disability at least fifteen (15) days in advance of the examination date.

Applicants are required to produce personal identification bearing a recent photograph to be admitted to the examination. A current driver’s license or credit card with photograph is acceptable.

Examination Results:

Written notification will be mailed within sixty (60) days following the examination. Absolutely no results will be given except in writing to applicants. Upon successfully passing the test, the \$225.00 license fee must be paid to establish licensure status. The license certificate will be mailed within forty-five (45) days after receipt of the fee.

All licenses must be renewed for the ensuing biennium. There is no waiver of the renewal fee for new licensees.

<u>Fee Schedule:</u>	Application for licensure	\$200.00
	Fingerprint card processing	<u>38.25</u>
	Total	\$238.25
	Examination fee (due upon completion of application)	\$125.00
	Issuance of license to practice	\$225.00
	Biennial Renewal - ACTIVE PRACTICE	\$700.00
	Biennial Renewal – INACTIVE PRACTICE	\$250.00

STATE OF NEVADA



CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA

REQUEST FOR APPLICATION PACKAGE

Please send an Application for Licensure as a DC in the State of Nevada to:

NAME:		EMAIL:
MAILING ADDRESS:		
CITY:	STATE:	ZIP:

D.C. Degree is from: _____

Graduation Date: _____

I am licensed in the following State(s): _____

I have actively practiced in the following State(s): _____ for: _____ years

_____ for: _____ years

_____ for: _____ years

Please indicate YES or NO for each of the following - I have passed the following tests of the National Board:

Part I _____ Physiotherapy _____
Part II _____ SPEC _____
Part III _____
Part IV _____

ENCLOSED IS MY CHECK FOR \$25.00 - PAYABLE TO:

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