

BRIAN SANDOVAL  
*Governor*  
BENJAMIN LURIE, DC  
*President*  
MAGGIE COLUCCI, DC  
*Vice President*  
JASON O. JAEGER, DC  
*Secretary-Treasurer*

STATE OF NEVADA



XAVIER MARTINEZ, DC  
*Member*  
MORGAN ROVETTI, DC  
*Member*  
TRACY DIFILLIPPO, ESQ  
*Consumer Member*  
SHELL MERCER, ESQ  
*Consumer Member*  
JULIE STRANDBERG  
*Executive Director*

**CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA**

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

Telephone (775) 688-1921 Fax (775) 688-1920

Email: [chirobd@chirobd.nv.gov](mailto:chirobd@chirobd.nv.gov)

Dear Candidate for Nevada Licensure:

Thank you for your interest in applying for licensure as a Doctor of Chiropractic in Nevada. Please refer to <http://chirobd.nv.gov/Board/Regulations/Statutes/> for your information and study of the Nevada Revised Statutes (NRS) 634 and 629, Nevada Administrative Code (NAC) 634, and Cross References for NRS and NAC 634.

Every applicant must complete the application form and submit all of the required supporting documents at least 60 days prior to taking the Nevada Chiropractic Law Exam.

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

- Receipt of payment in the amount of \$236.25 (\$200.00 application fee plus \$36.25 fingerprint card processing fee). Payment may be made by mailing a personal check or money order with your application, by credit card over the phone, or in person at the Board office.
- An original, passport type, color photograph taken within the past six (6) months of the front view of the applicant's face, size 2" x 2", attached to the application form at the top left of Page 1 where indicated
- One (1) completed and signed fingerprint card
- Completed and signed "Fingerprint Waiver" form
- Two (2) Moral Character references from individuals who have known you for at least three (3) years. The reference must include their full name and valid contact information.
- One (1) Moral Character reference from a licensed chiropractor or a professor at a college of chiropractic. The reference must include their full name and valid contact information.
- Evidence of your high school graduation:
  - Photocopy of high school diploma or G.E.D. certificate **OR**
  - High school grade transcript
- Grade transcript(s) of minimum 60 credit hours from accredited college or university **OR** written certification verifying at least five (5) years of licensed active practice from a state licensing board.
- Photocopy of your 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 the issuing institutions:**

- Completed, signed and sealed "Certification of Good Standing" forms(s) issued from the chiropractic licensing board(s) of all states in which the applicant has ever been licensed.

**The following must be received direct from the 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 the 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 the National Board of Chiropractic Examiners with a passing grade (**375 or higher**) in Special Purpose Examination for Chiropractic (**SPEC**). (Note: *Applicants who have not taken or 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 (refer to the testing schedule on the Board web-site at [chirobd.nv.gov](http://chirobd.nv.gov)) to be eligible for the Law 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 the 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**.
- Nevada licensed chiropractors **may not** adjust or treat non-human animals unless he or she has obtained a registration certificate from the State Board of Veterinary Examiners
- Nevada licensed chiropractors **may not** practice without malpractice insurance unless written notification is posted or provided to patients.

**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 the card. **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 by an online or written Nevada Chiropractic Law Test. The test consists of a total of 60 True/False and Multiple Choice questions. **The passing score for the written exam is 75% or higher and the online exam is 90% or higher.** The written examinations are typically administered monthly at the Board office 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 \$238.25 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 indicating the date the applicant is eligible to take the written or online exam. The notification will also provide additional instruction on how to register for the exam and pay the \$125.00 examination fee. Unapproved applicants will receive written notification of the reason for the rejection.

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

If the exam is taken in person applicants are required to produce a valid government issued form of identification bearing a recent photograph to be admitted to the examination. A current driver’s license or passport photograph is recommended.

**Examination Results:**

Written notification will be mailed within ten (10) days following the examination. Upon successfully passing the test, the \$225.00 license fee must be paid to establish licensure status. Although fully licensed to practice in Nevada after the license fee of \$225.00 is received, the actual license certificate will be mailed following the Boards’ signatures, which may take up to sixty (60) days.

**All licenses must be renewed for the ensuing biennium. There is no waiver of the renewal fee for new licensees. DC licenses expire December 31<sup>st</sup> of the even numbered year.**

<b><u>Fee Schedule:</u></b>	Application for licensure	\$200.00
	Fingerprint card processing	<u>36.25</u>
	Total	\$236.25
	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 Doctor of Chiropractic in the State of Nevada to:*

<b>NAME:</b>		<b>WORK EMAIL:</b>
<b>MAILING ADDRESS:</b>		
<b>CITY:</b>	<b>STATE:</b>	<b>ZIP:</b>

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	_____		

<p><b><u>ENCLOSED IS MY CHECK FOR \$25.00 - PAYABLE TO:</u></b>          CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA          4600 KIETZKE LANE, SUITE #M-245          RENO, NV 89502</p>
--