

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

Or fax to: 775-688-1920

REGISTRATION INFORMATION FOR SERVICES TO BE PROVIDED TO PATIENTS IN A
CHIROPRACTIC OFFICE

DC Licensee's Name: _____

Telephone No.: _____ License No.: _____

Name of person who will be providing services for your patients:

Description of services:

Address where above person will provide services for your patients:

Date on which above person will begin providing services for your patients: _____

Acknowledgements of licensee:

The above named person will not be providing chiropractic services, including, without limitation, taking x-rays and services that involve the use of physiotherapeutic equipment unless that person has applied for or is certified as a Chiropractor's Assistant.

The above named person will be (circle one):

Employed by me

Retained by me as an independent contractor (*See Note)

A copy of the license(s) or certificate(s) that authorize(s) the above named person to provide the services that he/she will be providing for my patients is/are attached.

A copy of any license or certificate for the above named person that is provided herewith shall be available to each of my patients for whom the above named person provides services.

*NOTE: Please be advised that under NAC 634.419(4)(c) "The licensee will not bill the patient or the insurance company of the patient for any services provided by the independent contractor."

Date: _____

Signature of Licensed DC