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

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### **Request for Verification of Licensure**

Please complete and submit this form to request a license verification or letter of good standing. Please enclose a check or money order for \$25.00. You may also call the number above to make a credit card payment over the phone.

If the state or agency requires a specific form to be completed please include it with this request, otherwise the Board's standard verification form will be used.

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Last Name	First Name	License #
Mailing Address		
City	State	ZIP code
Telephone Number	Email address: (This address will not be a public record)	
Indicate where you would like the verification sent:	<input type="checkbox"/> Mail it to me at the above address.	
	<input type="checkbox"/> Mail it to the following Board/Agency address.	
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<b>Agency Contact Information</b>		
Contact Name	Board Name:	
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