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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

Application for Chiropractic Assistant:

The enclosed application form must be completely filled out including signature and date. The fingerprint card (May be obtained from and completed at any certified fingerprinting company or at a police department. Please note, the Board does not accept live-scan.), a 2"x2" passport type photo, and signed and dated civil applicant waiver must be submitted with the application to the above address.

The application processing fee of \$100.00 plus \$40.25 fee for background check (total \$140.25) may be paid by check, money order or cashier's check payable to **Chiropractic Physicians' Board of Nevada (CPBN)**, or may be paid by phone with debit/credit card. The fees are not refundable.

All forms and payment must be submitted to the Chiropractic Physicians' Board within **15 DAYS OF THE TRAINING START DATE.**

Chiropractic Assistant Applicants:

Applicants will be notified of any deficiencies that must be resolved in order for their application to be accepted. Upon satisfactory completion of the application, the applicant will receive a letter with further information.

Requirements for On-the-Job Training

Applicants must complete six months of full-time training (21 hours or more per week), one year of part-time (less than 21 hours per week) training, or satisfactory evidence that they have completed formal training of at least 12 months of study to become eligible to sit for the examinations, provided their background check has cleared.

Upon determination of eligibility to sit for the examinations, applicants will be notified to pay the \$75.00 exam fee, which must be paid prior to the exam date. Upon receipt of the exam fee, applicants will receive written notification of the date, time and location of the examinations.

2" x 2"
Photo Here

4600 KIETZKE LANE, SUITE M-245
RENO, NEVADA 89502
(775) 688-1921

DO NOT FAX APPLICATIONS

APPLICATION FOR CERTIFICATION OF CHIROPRACTIC ASSISTANT

THE FOLLOWING MUST ACCOMPANY THIS APPLICATION:
1 \$140.25 Check, Money Order or Pay by Phone with Credit Card
2 One (1) completed fingerprint card
3 Signed and dated fingerprint waiver form
4 A recent passport-type photograph

PLEASE NOTE: Failure to answer ALL questions completely and truthfully will result in denial of this application.
FEES ARE NOT REFUNDABLE.

TYPE OR PRINT ONLY:							
LAST		FIRST		MIDDLE		SEX: ___M ___F	
CURRENT RESIDENCE ADDRESS				WORK EMAIL:			
CITY/STATE/ZIP				TELEPHONE			
SOCIAL SECURITY NUMBER		DATE OF BIRTH	US CITIZEN?		YES	NO	BIRTH PLACE (CITY, STATE)

TWO PERSONAL REFERENCES OF AT LEAST FIVE (5) YEARS ACQUAINTANCE:							
NAME							
ADDRESS							
CITY/STATE/ZIP				TELEPHONE			
NAME							
ADDRESS							
CITY/STATE/ZIP				TELEPHONE			

CURRENT EMPLOYER:	
EMPLOYER'S NAME	
EMPLOYER'S ADDRESS	
CITY/STATE/ZIP	EMPLOYER'S PHONE & FAX

1. List all states where you have ever applied for certification as a Chiropractic Assistant, the result of each application, and the current status of each application:

2. If you have ever been certified as a Chiropractic Assistant in any other state are you now or have you ever been the subject of a proceeding to discharge, dismiss or discipline you or any other proceeding of a like nature:

_____ YES _____ NO If yes, name the state and give disposition of charges:



PLEASE READ QUESTIONS #3 & #4 CAREFULLY. If you have any questions please contact the Board.

3. Have you **EVER** been arrested? _____ YES _____ NO
Have you **EVER** been charged with any crime other than a traffic violation (include any DUI's)? _____ YES _____ NO
NOTE: Even if you have had records sealed and you have been told that your file has been cleared, you must report this information, including juvenile records.

If you answered yes to the question above, name the state and give the disposition:

4. Have you **EVER** been convicted of a crime other than a traffic violation (include any DUI's)? **NOTE:** Even if you have had records sealed and you have been told that your file has been cleared, you must report this information, including juvenile records.

_____ YES _____ NO If yes, name the state and give disposition:

5. Have you ever defaulted on a HEAL (Health Education Assistance Loan)?

_____ YES _____ NO If yes, give details and current status:

6. Have you ever been drug or alcohol dependent and/or enrolled in a drug or alcohol rehabilitation program?

_____ YES _____ NO If yes, give details and current status:

7. Have you ever served in the military? Yes _____ No _____ Dates of Service: From _____ To _____

Branch(es) of Service _____

8. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? _____ Yes _____ No

9. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a Reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? _____ Yes _____ No

10. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? _____ Yes _____ No

11. Please mark the appropriate response regarding child support - **even if you have no children** (FAILURE TO MARK ONE OF THE BOXES BELOW WILL RESULT IN DENIAL OF THE APPLICATION):

I AM NOT subject to a court order for the support of a child or children.

I AM subject to a court order for the support of one or more children and I AM in compliance with the order or I AM in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

I AM subject to a court order for the support of one or more children and AM NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

12 Regarding child abuse , the following block MUST BE READ AND INITIALED:		
Initial Here	Date	I have been informed that I am required by law to report the abuse or neglect of a child to an agency that provides child welfare services or to a law enforcement agency no later than 24 hours after I knew or had reasonable cause to believe the child has been abused or neglected.

CERTIFICATION OF CHIROPRACTIC ASSISTANT TRAINING	
EMPLOYER/SUPERVISING DC:	DATE OF HIRE
ADDRESS	
CITY/STATE/ZIP	TELEPHONE

INDICATE PREVIOUS TRAINING OR CERTIFICATION:	
1. <input type="checkbox"/>	FORMAL PROGRAM (TRANSCRIPT MUST BE SENT FROM SCHOOL)
SCHOOL ATTENDED:	
DATES ATTENDED: FROM	THROUGH
TOTAL NUMBER OF CLASSROOM HOURS ATTENDED:	

IF YOU HAVE ALREADY RECEIVED FORMAL TRAINING AS A CHIROPRACTIC ASSISTANT AND COMPLETED NO. 1, SKIP NOS. 2 AND 3 AND SIGN AT THE BOTTOM OF THIS PAGE.

NOTE: TO APPLICANTS WHO ARE APPLYING FOR CERTIFICATION UNDER THE PROVISION FOR ON-THE-JOB TRAINING - APPLICATIONS MUST BE SUBMITTED <u>WITHIN 15 DAYS OF BEGINNING OF TRAINING.</u>	
2. <input type="checkbox"/>	ON-THE-JOB TRAINING IN CHIROPRACTIC FACILITY
3. <input type="checkbox"/>	ON-THE-JOB TRAINING IN A HEALTH CARE FACILITY OTHER THAN CHIROPRACTIC

IF 2 OR 3 ABOVE APPLY, PLEASE COMPLETE THE FOLLOWING:	
NAME OF CHIROPRACTIC PHYSICIAN RESPONSIBLE FOR YOUR TRAINING	
ADDRESS	
CITY/STATE/ZIP	TELEPHONE
DATES OF TRAINING: BEGINNING:	ENDING:

I hereby certify and verify under penalty of perjury that all of the answers and information provided in the above application is truthful and complete, and I understand that if any answer or information is found to be otherwise, I will be subject to action by the Board.

_____ DATE _____ APPLICANT'S SIGNATURE



Nevada Department of
Public Safety
Fingerprint Background Waiver

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below. All notices must be provided to you in writing. These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, and Title 28 Code of Federal Regulations (CFR), 50.12, among other authorities.

1. You must be notified by _____ (*name of requesting agency*) that your fingerprints will be used to check the criminal history records of the FBI and the State of Nevada.
2. Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.
3. Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.
4. Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.
5. If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the FBI criminal history record. The procedures for obtaining a change, correction, or update of your FBI criminal history record as set forth at, 28 CFR 16.34 provides for the proper procedure to do so.

Applicant:

Initial

Date

6. If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjis/identity-history-summary-checks> and <https://www.edo.cjis.gov>.
7. If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI by submitting a request via <https://www.edo.cjis.gov>. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)
8. You have the right to expect that officials receiving the results of the fingerprint-based criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal or state statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.
9. I hereby authorize _____ (*name of requesting agency*), to submit a set of my fingerprints to the Nevada Department Public Safety, Records Bureau for the purpose of accessing and reviewing State of Nevada and FBI criminal history records that may pertain to me.
10. I hereby release from liability and promise to hold harmless under any and all causes of legal action, the State of Nevada, its officer(s), agent(s) and/or employee(s) who conducted my criminal history records search and provided information to the submitting agency for any statement(s), omission(s), or infringement(s) upon my current legal rights. I further release and promise to hold harmless and covenant not to sue any persons, firms, institutions or agencies providing such information to the State of Nevada on the basis of their disclosures. I have signed this release voluntarily and of my own free will.

A reproduction of this authorization for release of information by photocopy, facsimile or similar process, shall for all purposes be as valid as the original.

In consideration for processing my application I, the undersigned, whose name and signature voluntarily appears below; do hereby and irrevocably agree to the above.

Applicant's Name: _____
 PLEASE PRINT Last Name First Name Middle

Applicant's Signature: _____

Date: _____

Agency Account #: _____

Agency Representative: _____
 PLEASE PRINT Last Name First Name Middle

Agency Representative Signature: Julie Strandberg

Date: 8/24/21