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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](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/> 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 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 \$240.25 (\$200.00 application fee plus \$40.25 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
- Moral Character reference sheet to include:
  - 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
- Photocopies of all licenses issued to the 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.
  - 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 addition to any or all parts of National Boards):**
- An exit examination that is required to graduate from a college of chiropractic which is accredited by the Council on Chiropractic Education or which has a reciprocal agreement with the Council on Chiropractic Education or any governmental accrediting agency.

**General Application Information:**

- Application forms must be submitted with all questions answered completely and truthfully.
- 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. If the applicant fails to pass on the second attempt, they will be required to resubmit a new application, fingerprint card, and fee of \$240.25.
- 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 or are certified to perform dry needling pursuant to NRS 634.035; 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 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.

**Eligibility Requirements for Dry Needling:**

1. 50 hours of didactic education in dry needling offered or certified by the following organizations:
  - (a) *The Federation of Chiropractic Licensing Boards, or its successor organization;*
  - (b) *The American Chiropractic Association, or its successor organization;*
  - (c) *The International Chiropractors Association, or its successor organization;*
  - (d) *The Providers of Approved Continuing Education, or its successor organization;*

- (e) *The American Medical Association, or its successor organization;*
- (f) *The American Osteopathic Association, or its successor organization;*
- (g) *The Accreditation Council for Continuing Medical Education, or its successor organization;*
- (h) *The State Board of Oriental Medicine; or*
- (i) *A school of chiropractic.*

### **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. **Note:** Be sure your hands are clean and do not use hand lotion before being fingerprinted. 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.**

Local police departments, sheriff's office and some private agencies offer fingerprint services. Once the application, appropriate fees, and fingerprint card is received and processed, the fingerprint card is forwarded to the Department of Public Safety and the FBI for completion of the background check. The report is processed and returned to the Board for review. The results of the background check may take up to 4 weeks. Applicants will not be approved to sit for the examination until the background check has been concluded.

### **Examination Eligibility:**

The application deadline is established under NRS 634.080(1): *An applicant may take the examination any time after the Executive Director determines that his or her application is complete.* **An application is not complete until the application, photo, \$240.25 fee, all supporting documents identified above, and the background results are received.**

Upon completion and approval of an applicant's file, he or she will receive written notification by mail and/or email 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:**

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 twice each month at the Board office in Reno, Nevada.

**Examination Results:**

If the exam is taken in person, written notification will be mailed within ten (10) days following the examination. If the exam is taken online, your score is displayed upon completion of the exam. 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.

**All licenses must be renewed for the ensuing biennium. DC licenses expire December 31<sup>st</sup> of the even numbered year.**

**Fee Schedule: Fees are not refundable.**

Application for licensure	\$200.00
Fingerprint card processing	<u>40.25</u>
Total	\$240.25
Examination fee (due upon completion of application)	\$125.00
Issuance of license to practice	\$225.00
Biennial Renewal - ACTIVE PRACTICE	\$700.00
<u>Initial Biennial Renewal - Pro-Rated</u>	
License Issued January 1 <sup>st</sup> to May 31 <sup>st</sup> of the even year	\$350.00
License Issued June 1 <sup>st</sup> to December 31 <sup>st</sup> of the even year	Waived
Biennial Renewal – INACTIVE PRACTICE	\$250.00

APPLICATION FOR LICENSE AS A DOCTOR OF CHIROPRACTIC IN THE STATE OF NEVADA

CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA

4600 KIETZKE LANE, SUITE M-245

RENO, NV 8902

Website: Chirobd.nv.gov

One (1) passport-quality photograph

PLEASE NOTE: FAILURE TO ANSWER ALL QUESTIONS COMPLETELY AND TRUTHFULLY WILL RESULT IN DENIAL OF THIS APPLICATION. THE FEES ARE NOT REFUNDABLE.

PRINT OR TYPE:

1. FULL NAME (FIRST) (MIDDLE) (LAST) AGE SEX: M F

2. ALIASES

3. HOME ADDRESS

CITY STATE ZIP

4. MAILING ADDRESS

CITY STATE ZIP WORK EMAIL

5. SOCIAL SECURITY NO. TELEPHONE NO.

6. DATE OF BIRTH PLACE OF BIRTH

7. ARE YOU A UNITED STATES CITIZEN? YES NO IF YOU ANSWERED NO ARE YOU: (PLEASE CHECK ONE OF THE FOLLOWING.)

- A QUALIFIED ALIEN (AS DEFINED IN 8 U.S.C.A. § 1641).
A NONIMMIGRANT UNDER THE IMMIGRATION AND NATIONALITY ACT (8 U.S.C.A. § 1101 et seq).
AN ALIEN WHO IS PAROLED INTO THE UNITED STATES UNDER 8 U.S.C.A. § 1182(d) (5) FOR LESS THAN ONE YEAR.
A FOREIGN NATIONAL NOT PHYSICALLY PRESENT IN THE UNITED STATES.
OTHER - PLEASE PROVIDE DETAILED EXPLANATION.

8. RESIDENT OF THE STATE OF NEVADA? IF YES, HOW LONG?

9. DO YOU HAVE A NEVADA BUSINESS LICENSE? YES NO IF YES, PROVIDE YOUR LICENSE NUMBER

10. HAVE YOU EVER SERVED IN THE MILITARY? YES NO DATES OF SERVICE: FROM TO
BRANCH (ES) OF SERVICE

11. 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

12. 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

13. 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

14. RESIDENCE ADDRESSES FOR PAST FIVE (5) YEARS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. NAMES AND ADDRESSES OF ALL EMPLOYERS FOR PAST FIVE (5) YEARS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please read questions #16 through #18 carefully. If you have any questions please contact the Board.**

16. HAVE YOU EVER HAD DISCIPLINARY ACTION BROUGHT AGAINST YOU BY A STATE BOARD OR ANY OTHER GOVERNMENTAL AGENCY, OR IS THERE ANY SUCH ACTION NOW PENDING? \_\_\_\_ YES \_\_\_\_ NO IF YES, GIVE DETAILS AND FINAL DISPOSITION:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

17. HAVE YOU EVER BEEN ARRESTED FOR OR CHARGED WITH ANY 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, GIVE DETAILS AND FINAL DISPOSITION:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

18. 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, GIVE DETAILS AND FINAL DISPOSITION:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

19. HAVE YOU EVER DEFAULTED ON A HEAL (HEALTH EDUCATION ASSISTANCE LOAN)? \_\_\_\_ YES \_\_\_\_ NO IF YES, GIVE DETAILS AND CURRENT STATUS:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

20. REGARDING **CHILD SUPPORT**, MARK THE APPROPRIATE RESPONSE (**FAILURE TO MARK ONE OF THE THREE 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 **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.

21. REGARDING **CHILD ABUSE**, THE FOLLOWING **MUST BE READ AND INITIALED**:

**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 HAD BEEN ABUSED OR NEGLECTED.**

**Please initial here, thereby acknowledging that you have read and understood the above information:** \_\_\_\_\_ **Date:** \_\_\_\_\_

22. HAVE YOU EVER BEEN DRUG OR ALCOHOL DEPENDENT AND/OR ENROLLED IN A DRUG OR ALCOHOL REHABILITATION PROGRAM?

\_\_\_\_ YES \_\_\_\_ NO IF YES, GIVE DETAILS: \_\_\_\_\_

23. ARE YOU CURRENTLY WORKING FOR A NEVADA LICENSED CHIROPRACTOR? \_\_\_\_ YES \_\_\_\_ NO IF YES, GIVE LICENSEE'S NAME AND ADDRESS: \_\_\_\_\_

DATE EMPLOYED: \_\_\_\_\_ DUTIES PERFORMED: \_\_\_\_\_

24. LIST ALL SCHOOLS ATTENDED (HIGH SCHOOL THROUGH CHIROPRACTIC COLLEGE):

NAME OF SCHOOL	DATES ATTENDED	DATE GRADUATED	DEGREE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

25. NUMBER OF CHIROPRACTIC COLLEGE HOURS \_\_\_\_\_ DATE OF D.C. DEGREE \_\_\_\_\_

26. HAVE YOU PASSED NATIONAL BOARD: PART I \_\_\_\_ PART II \_\_\_\_ PART III \_\_\_\_ PART IV \_\_\_\_ PT \_\_\_\_ SPEC \_\_\_\_  
(Please select all that apply)

27. LIST ANY STATES IN WHICH YOU HAVE APPLIED FOR (WHETHER ISSUED OR NOT) AND IN WHICH YOU HAVE BEEN GRANTED CHIROPRACTIC LICENSURE:

<u>STATE</u>	<u>STATUS</u>	<u>DATE OF ISSUANCE</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

DRY NEEDLING CERTIFICATION – NOT REQUIRED FOR LICENSURE

28. HAVE YOU BEEN CERTIFIED TO PERFORM DRY NEEDLING? YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES, PROVIDE THE CERTIFICATE(S) TO CONFIRM 50 HOURS OF CONTINUING EDUCATION.

**Please read the Affidavit carefully.**

**AFFIDAVIT:**

THE UNDERSIGNED, BEING DULY SWORN UNDER PENALTY OF PERJURY, DEPOSES AND SAYS THAT THE STATEMENTS CONTAINED HEREIN ARE TRUE, COMPLETE, AND CORRECT TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF; THAT HE/SHE HAS NOT SUPPRESSED ANY INFORMATION WHICH MIGHT AFFECT THIS APPLICATION; THAT HE/SHE HAS NOT OMITTED ANY INFORMATION RELEVANT TO HIS/HER CURRENT FITNESS TO PRACTICE; THAT HE/SHE IS OF GOOD MORAL CHARACTER AND WILL CONFORM TO THE ETHICAL STANDARDS AND CONDUCT OF THE PROFESSION; THAT HE/SHE WILL NOTIFY THE CPBN OF ANY AND ALL CHANGES TO THE INFORMATION IN THIS APPLICATION, INCLUDING CHANGES OF ADDRESS AND THAT HE/SHE HAS OTHERWISE MET ALL STATUTORY REQUIREMENTS AND BELIEVES HIM/HERSELF ELIGIBLE FOR LICENSURE TO PRACTICE CHIROPRACTIC, AND THAT HE/SHE HAS READ AND UNDERSTANDS THIS AFFIDAVIT.

\_\_\_\_\_  
(DATE)

\_\_\_\_\_, D.C.  
(SIGNATURE OF APPLICANT)

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

SIGNED AND SWORN TO BEFORE ME ON THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
(NOTARY PUBLIC)



COMPLETE AND RETURN TO:

**CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA**

4600 Kietzke Lane, Suite M-245, Reno, NV 89502

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

**MORAL CHARACTER REFERENCE INFORMATION FOR  
APPLICANT FOR LICENSURE AS A DOCTOR OF CHIROPRACTIC**

Please identify three (3) references who have known you for at least three (3) years and complete all information requested. List one licensed DC or Professor at a school of Chiropractic and two individual character references. Please note, the Board may contact the names below to answer any questions regarding your moral turpitude or your application for Doctor of Chiropractic in the State of Nevada.

DC Applicant Name:
Address:

DC or Professor: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

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Individual: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

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Individual: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_



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