

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, Suite M245

Reno, Nevada 89502-5000

Telephone (775) 688-1921

Website: <http://chirobd.nv.gov> Fax (775) 688-1920 Email: [chirobd@chirobd.nv.gov](mailto:chirobd@chirobd.nv.gov)

### NOTICE OF MEETING/HEARING

**DATE:** Thursday, October 12, 2017 **TIME:** 8:30 a.m.

**LOCATION:** Public Utilities Commission, Room B, 9075 W. Diablo Drive, Suite 250,  
Las Vegas, NV 89148

**NOTE: ALL AGENDA ITEMS ARE FOR DISCUSSION AND FOR POSSIBLE ACTION UNLESS OTHERWISE NOTED. AGENDA ITEMS MAY BE TAKEN OUT OF ORDER, COMBINED FOR CONSIDERATION BY THE BOARD, OR PULLED OR REMOVED FROM THE AGENDA AT ANY TIME.**

### AGENDA

Call to order - determine quorum present.

Pledge of Allegiance – Dr. Jaeger  
Statement of Purpose – Ms. Mercer

#### Agenda Item 1 Public Interest Comments - No action.

- A. Public Comment will be taken at the beginning and at the end of each Board meeting;
- B. Public Comment may also be taken at other such times as requested so long as the request that Public Comment be taken will not interrupt ongoing Board business;
- C. Depending on the number of individuals wishing to address the Board, a reasonable time limit may be set. The Board will not restrict comments based upon viewpoint;
- D. No action may be taken upon a matter raised during Public Comment until the matter itself has been specifically included on an agenda as an item upon which action may be taken.
- E. Prior to the commencement and conclusion of a contested case or a quasi-judicial proceeding that may affect the due process rights of an individual the Board may refuse to consider public comment as per NRS 233B.126.

#### Agenda Item 2 Approval of agenda – For possible action.

The Board reserves the right to address items in a different order or combine two or more items to accomplish business in the most efficient manner. An item may be removed from the agenda or discussion may be delayed relating to an item at any time.

## October 12, 2017 CPBN Meeting Agenda

**Agenda Item 3** Approval of the July 14, 2017 Meeting and August 15, 2017 Workshop Minutes. - For possible action.

**Agenda Item 4** Ratification of granting of DC licenses to applicants who passed the examination from July 15 to October 5, 2017 – For possible action.

**Agenda Item 5** Ratification of granting of CA certificates to applicants who passed the examination on August 17, 2017 – For possible action.

**Agenda Item 6** Discussion/approval to delegate two Board Members to meet with the Physical Therapy Examiners Board representatives – For possible action.

**Agenda Item 7** Consideration/decision related to the stipulation to modify the Settlement Agreement of Dr. David Stella – For possible action. (Note: The Board may go into closed session pursuant to NRS 241 to consider the character, alleged misconduct, or professional competence of Dr. Stella)

**Agenda Item 8** Discussion/possible action regarding the Application for Chiropractor's Assistant of Ms. Lizbeth Sarabia - For possible action. (Note: The Board may go into closed session pursuant to NRS 241 to consider the character alleged misconduct, or professional competence of Ms. Sarabia)

**Agenda Item 9** PUBLIC HEARING for the adoption of a Regulation to Nevada Administrative Code Chapter 634 – For possible action.

**Agenda Item 10** Discussion/approval regarding the use of Extracorporeal Shock Wave Therapy - For possible action.

**Agenda Item 11** Discussion/approval regarding the use of Bio-Electro-Magnetic-Energy-Regulation (BEMER) – For possible action.

**Agenda Item 12** Consideration to approve the application for Temporary Licensure for Dr. Daniel McClure – For possible action.

**Agenda Item 13** Consideration for the CPBN to contract or hire former Board member to assist with investigations or management of investigations – For possible action.

**Agenda Item 14** Status report regarding anonymous profiles of possible disciplinary actions. Board action will be limited to either dismissing the matter if the Board determines there is no violation, it has no jurisdiction over the subject, or providing direction to pursue the matter further – For possible action:

- A. Complaint 16-08S (Jaeger)
- B. Complaint 16-11S (Colucci)
- C. Complaint 16-12S (Colucci)
- D. Complaint 16-13S (Lurie)
- E. Complaint 17-02S (Lurie)
- F. Complaint 17-04N (Rovetti)



## October 12, 2017 CPBN Meeting Agenda

- G. Complaint 17-05N (Jaeger)
- H. Complaint 17-06S (Lurie)
- I. Complaint 17-07S (Jaeger)
- J. Complaint 17-08S (Lurie)
- K. Complaint 17-09S (Lurie)
- L. Complaint 17-10S (Jaeger)
- M. Complaint 17-11S (Colucci)
- N. Complaint 17-12S (Colucci)
- O. Complaint 17-13S (Rovetti)
- P. Complaint 17-14S (Martinez)
- Q. Complaint 17-15S (Rovetti)
- R. Complaint 17-16S (Jaeger)
- S. Complaint 17-18S (Jaeger)
- T. Complaint 17-20S (Lurie)
- U. Complaint 17-21S (Rovetti)
- V. Complaint 17-22N (Rovetti)
- W. Complaint 17-23S (Colucci)
- X. Complaint 17-24S (Jaeger)
- Y. Complaint 17-25S (Martinez)
- Z. Complaint 17-26S (Colucci)
- AA. Complaint 17-27S (Jaeger)
- BB. Complaint 17-28S (Lurie)
- CC. Complaint 17-29S (Lurie)

### **Agenda Item 15** Committee Reports

- A. Continuing Education Committee (Dr. Martinez) – For possible action.
- B. Legislative Committee (Dr. Lurie) – For possible action.
- C. Preceptorship Committee (Dr. Rovetti) – For possible action.
- D. Test Committee (Dr. Colucci) - For possible action.

### **Agenda Item 16** Board Counsel Report – No action.

### **Agenda Item 17** Legislative Matters – For possible action.

- A. Dan Musgrove Advocacy

### **Agenda Item 18** NCA Report – No action.

### **Agenda Item 19** NCC Report – No action.

### **Agenda Item 20** Executive Director Reports:

- A. Status of Pending Complaints – No action.
- B. Status of Current Disciplinary Actions – No action.
- C. Legal/Investigatory Costs – No action.

### **Agenda Item 21** Financial Status Reports:

- A. Current cash position & projections – No action.
- B. Accounts Receivable Summary – No action.
- C. Accounts Payable Summary – No action.

## October 12, 2017 CPBN Meeting Agenda

- D. Employee Accrued Compensation – No action.
- E. Income/Expense Actual to Budget Comparison as of August 31, 2017 – No action.
- F. Income/Expense Actual to Budget Comparison for Fiscal Year 2017 – No action.

**Agenda Item 22** Consideration of potential additions, deletions, and/or amendments to NRS 635 and NAC 635 – For possible action

- A. Mandatory Self-Inspection report
- B. Fines for not meeting deadlines. i.e. Self-Inspection
- C. Automatic suspension for late renewal
- D. Fine for untimely submission of a CA's second application

**Agenda Item 23** Discussion regarding healthcare radiation standards – For possible action.

**Agenda Item 24** Consideration/approval of the revised Chiropractor's Assistant Application – For possible action.

**Agenda Item 25** Consideration to revise the Board policies to allow rental car reimbursement – For possible action.

**Agenda Item 26** FCLB/NBCE Matters/Updates – For possible action.

- A. Update on the FCLB Districts I and IV meeting in Portland, OR October 5-8, 2017.
- B. Other FCLB/NBCE matters.

**Agenda Item 27** Attendance at the Annual FARB Forum, January 25-28, 2018 Coronado, CA – For possible action.

**Agenda Item 28** Establish dates for future Board meeting(s) – For possible action.

**Agenda Item 29** Discussion/approval of Nevada Deferred Compensation Program – For possible action.

**Agenda Item 30** Discussion regarding proposed revisions to the CCE Accreditation Standards - For possible action.

**Agenda Item 31** Correspondence Report – No action.

**Agenda Item 32** Board Member Comments – No action.

**Agenda Item 33** Public Interest Comments – No action.

**Agenda Item 34** Adjournment – For possible action.

This agenda posted October 9, 2017 at the Chiropractic Physicians' Board of Nevada, 4600 Kietzke Lane, Suite M245, Reno, Nevada 89502; Office of the Attorney General, 100 North Carson Street, Carson City, Nevada 89701; Office of the Attorney General, 555, East Washington Avenue, Las

## October 12, 2017 CPBN Meeting Agenda

Vegas, Nevada 89101; State Library and Archives, 100 North Stewart St., Carson City, Nevada 89701; CPBN Website: <http://chirobd.nv.gov>; and Notice.nv.gov.

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Julie Strandberg, Executive Director  
Chiropractic Physicians' Board of Nevada  
775-688-1921

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Attention: Julie Strandberg  
4600 Kietzke Lane, Suite M245  
Reno, Nevada 89502

by faxing a request to: Julie Strandberg at: Facsimile No.: 775-688-1920

or by e-mailing a request to Julie Strandberg at: [chirobd@chirobd.nv.gov](mailto:chirobd@chirobd.nv.gov)

Note: A request for notice lapses 6 months after it is made pursuant to NRS 241.020.3(b). Mailing a copy of the Chiropractic Physicians' Board meeting agendas will not be continued unless a request for reinstatement on the mailing list is submitted in writing every 6 months.

**CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA**

**AGENDA ACTION SHEET**

TITLE: **Agenda Item 1** Public Interest Comments – No action.

- A. Public Comment will be taken at the beginning and at the end of each Board meeting;
- B. Public Comment may also be taken at other such times as requested so long as the request that Public Comment be taken will not interrupt ongoing Board business;
- C. Depending on the number of individuals wishing to address the Board, a reasonable time limit may be set. The Board will not restrict comments based upon viewpoint;
- D. No action may be taken upon a matter raised during Public Comment until the matter itself has been specifically included on an agenda as an item upon which action may be taken.
- E. Prior to the commencement and conclusion of a contested case or a quasi-judicial proceeding that may affect the due process rights of an individual the Board may refuse to consider public comment as per NRS 233B.126.

RECOMMENDED MOTION: **Non-Action item.**

PRESENTED BY: **Ben Lurie, DC**

MEETING DATE: **October 12, 2017**

TIME REQUIRED: **3 minutes per person per topic**

BACKGROUND INFORMATION: **The public may speak to the Board about any topic not on the agenda but no action may be taken.**

REVIEWED BY:   X   President   X   Secretary   X   Executive Director

ACTION:        Approved        Approved w/Modifications        Denied        Continued

**CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA**

**AGENDA ACTION SHEET**

TITLE: **Agenda Item 2** Approval of Agenda – For possible action.

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RECOMMENDED MOTION: **No recommendation.**

PRESENTED BY: **Ben Lurie, DC**

MEETING DATE: **October 12, 2017**

TIME REQUIRED: **5 minutes**

BACKGROUND INFORMATION: **Agenda items may be addressed out of order to accommodate those present.**

REVIEWED BY:   X   President   X   Secretary   X   Executive Director

ACTION:        Approved        Approved w/Modifications        Denied        Continued

**CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA**

**AGENDA ACTION SHEET**

TITLE: **Agenda Item 3** Approval of the July 14, 2017 Meeting Minutes and the August 15, 2017 Public Workshop Minutes. - For possible action.

RECOMMENDED MOTION: **Approve the minutes of the July 14, 2017 meeting and August 15, 2017 workshop as drafted.**

PRESENTED BY: **Ben Lurie, DC**

MEETING DATE: **October 12, 2017**

TIME REQUIRED: **5 minutes**

BACKGROUND INFORMATION:

REVIEWED BY:   X   President   X   Secretary   X   Executive Director

ACTION:        Approved        Approved w/Modifications        Denied        Continued

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### MEETING MINUTES

A meeting of the Chiropractic Physicians' Board was held via video conference on Friday, July 14, 2017 at the Public Utilities Commission, Hearing Room B, 9075 W. Diablo Drive, Suite 250, Las Vegas, NV 89148 and Hearing Room B, 1150 E. William Street, Carson City, NV 89701.

The following Board Members were present at roll call:

Benjamin Lurie, DC, President  
Maggie Colucci, DC, Vice President  
Xavier Martinez, DC  
Morgan Rovetti, DC  
Tracy DiFillippo, Consumer Member  
Shell Mercer, Consumer Member

Also present were CPBN Counsel Louis Ling and Executive Director Julie Strandberg. Jason O. Jaeger, Secretary/Treasurer was present via telephone Shell Mercer, Consumer Member was not present.

President, Dr. Benjamin Lurie determined a quorum was present and called the meeting to order at 8:30 a.m.

Dr. Xavier Martinez led those present in the Pledge of Allegiance. Dr. Rovetti stated the purpose of the Board.

#### **Agenda Item 1 Public Interest Comments - No action.**

There was no public comment.

#### **Agenda Item 2 Approval of agenda – For possible action.**

Dr. Colucci moved to approve the agenda. Dr. Martinez seconded, and the motion passed with all in favor.

#### **Agenda Item 3 Approval of the April 21, 2017 and the April 27, 2017 Meeting Minutes. - For possible action.**

Dr. Colucci moved to approve the April 21, 2017 and the April 27, 2017 minutes. Dr. Lurie seconded, and the motion passed with all in favor.

#### **Agenda Item 4 Ratification of granting of DC licenses to applicants who passed the examination from April to July 14, 2017 – For possible action.**

Dr. Colucci moved to approve the ratification of granting of DC licenses to those who passed the examination from April to July 14, 2017. Dr. Martinez seconded, and the motion passed with all in favor.

**Agenda Item 5 Discussion/possible action regarding the DC reinstatement application of Dr. Church – For possible action. (Note: The Board may go into closed session pursuant to NRS 241 to consider the character, alleged misconduct, or professional competence of Dr. Church)**

Dr. Lurie welcomed Dr. Church and gave a summary of Dr. Church's circumstance and provided an explanation of why Dr. Church had to appear before the Board. Dr. Lurie moved to approve the application for DC licensure for Dr. Church. Dr. Rovetti seconded, and the motion passed with all in favor.

**Agenda Item 7 FCLB/NBCE Matters/Updates – For possible action.**

Dr. Lurie followed up with Dr. Jaeger and Dr. Rovetti who attended the National Board Part IV Exam and Dr. Martinez who was scheduled to attend the National Boards' Part IV Test Committee, however was unable to so.

Ms. DiFillippo was present at 8:50 a.m.

Dr. Colucci gave an overview of how the District meetings are structured. Dr. Lurie asked if there were any Board members interested in attending the District meeting in Portland, OR from October 5-8, 2017. Dr. Jaeger and Dr. Rovetti indicated they would possibly be able to attend. Dr. Lurie made a motion for Dr. Jaeger, Dr. Rovetti, and Julie Strandberg to attend the District meeting in Portland, OR, October 5-8, 2017. Dr. Colucci seconded, and the motion passed with all in favor.

**Agenda Item 6 FARB Forum – For possible action.**

Dr. Lurie asked Ms. DiFillippo if she was interested in attending the FARB Forum, October 5-8, 2017 Savannah, GA. Ms. DiFillippo stated that she would not be able to attend. Mr. Ling expressed interest in attending. Dr. Lurie made a motion that the Board pay for a portion of Mr. Ling's travel to attend the FARB Forum, in Savannah, GA, October 5-8, 2017. Dr. Colucci seconded, and the motion passed with all in favor.

**Agenda Item 8 Board Counsel Report – No action.**

Mr. Ling stated that during the discussion regarding Dr. Devon Luzod at the April 21, 2017 Board meeting Ms. DiFillippo inquired about the unclaimed funds due to patients. Mr. Ling stated that the Board will be required to retain any unclaimed funds and report the funds to the Treasurers' Office Unclaimed Property section.

Mr. Ling stated that his Independent Contract with the Board was submitted to the Department of Administration and approval is pending to begin on September 1, 2017.

**Agenda Item 9 Legislative Matters – For possible action.**

Peter Krueger and Mendy Elliott were present on behalf of Capitol Partners and gave an overview of the Legislative session. Ms. Elliott stated that this wasn't a good session for Boards' with respect to getting bills passed and the Chiropractic Physicians' Boards' bill, AB 456 was a disappointing loss. However, Ms. Elliott identified other bills that passed that benefitted the Chiropractic Physicians' Board.



**Agenda Item 10 Review Government Relations/Lobbyist proposals– For possible action. (Note: The Board may go into closed session pursuant to NRS 241 to consider the character, alleged misconduct, or professional competence of the applicants.)**

Dr. Lurie stated that he will ask each Lobbyist come forward and provide the Board with a brief overview of their company and how they will be a benefit to the Board.

Peter Krueger, on behalf of Capitol Partners provided an overview of their company, experience, and explained what needs to happen to continue moving forward. Ms. Elliott stated that Capitol Partners has had a successful run with respect to the passage of legislation that supports Chiropractic. Ms. Elliott stated that Capitol Partners has appreciated representing the Chiropractic Physicians' Board. Dr. Lurie turned questioning over to the Board.

Dan Musgrove on behalf of Dan Musgrove Advocacy provided an overview of his background and experience. Mr. Musgrove also explained how he could benefit the Board. Dr. Lurie turned questioning over to the Board.

David Goldwater provided an overview of his and Nikki Bailey-Lundahls' background and experience. Mr. Goldwater also explained how they could benefit the Board. Dr. Lurie turned the questioning over to the Board.

Dr. Lurie asked that each Lobbyist give a closing statement with respect to what had been heard.

Dr. Lurie moved to go into a closed session. Dr. Colucci seconded. Dr. Rovetti requested clarification with respect to the validity of going into a closed session. Mr. Ling provided confirmation that the Board may go into closed session. Dr. Lurie withdrew his motion to go into closed session. Dr. Colucci seconded the motion.

Dr. Lurie opened up questioning and discussion to the Board.

Dr. Lurie moved to accept the lobbyist proposal from Dan Musgrove. Ms. DiFillippo seconded, and the motion passed with the exception of Dr. Rovetti and Dr. Martinez who opposed.

**Agenda Item 16 NCA Report – No action.**

Dr. Jonathan Parham was in attendance and presented a report on behalf of Dr. Overland, DC, NCA President. Dr. Overland's report stated that he would like to congratulate Dr. Maggie Colucci for becoming the first woman President of the FCLB and Dr. Ben Lurie for being voted in as the District IV Director for the NBCE. Dr. Overland reported that the next seminar sponsored by the NCA includes the next 10 hours of the orthopedic module on July 29-30, 2017 in Las Vegas, titled Orthopedic Imaging of the Spine. Dr. Overland reported that on August 5, 2017 the NCA will hold the CA review with 5 hours of continuing education credits and on October 7<sup>th</sup> and 8<sup>th</sup> the NCA will hold its annual convention in Reno which will include 8 hours of Rehab protocol and 4 hours of Chiropractic Procedures for New Patients. Dr. Overland reported that the NCA has forwarded numerous advertising complaints to Dr. Lurie with respect to print and radio which involve DC's that do not identify that they are a chiropractor, DC, or Chiropractic Physician. Dr. Overland stated that the Physical Therapists have started building and soliciting heir push to perform grade V mobilization with a thrust and the Chiropractic profession needs to begin to counter the opposition. The NCA has started taking action and Dr. Overland stated that he would like to hear from the Board.

Dr. Parham stated that he would like to second Dr. Overland's statement regarding complaints. It's not the NCA's place to handle complaints, which is why they are forwarded to the Board.

Dr. Lurie stated that his tenure on the Chiropractic Physicians' Board will be up October 2018. Dr. Lurie stated that this Board needs to work together with the Physical Therapy Examiners'

Board as well as the Associations. Dr. Lurie stated that in the past he and Dr. David Rovetti have appeared before the Physical Therapy Examiners' Board to try to get them to work with the Chiropractic Physicians' Board, however they have been reluctant to do so. Dr. Lurie also stated that over the years Dr. Overland has tried to contact the Physical Therapists Association. Dr. Lurie stated that the Board will work with the NCA and NCC to continue to move forward protecting the public and the profession. Dr. Parham confirmed that the NCA will stand with the Board as a unified front.

**Agenda Item 17 NCC Report – No action.**

Michele Kane, Media Specialist was in attendance and presented on behalf of the NCC. Ms. Kane congratulated Dr. Colucci and Dr. Lurie. Ms. Kane stated that the NCC plans to work cooperatively with the Chiropractic Physicians' Board and would like to be active in the coming session. Ms. Kane stated that the NCC membership committee is creating a membership drive initiative that provides incentives for NCC members, such as discounts and educational and legislative updates. Ms. Kane stated that the NCC is making headway in its quest for insurance reimbursement parity and the NCC Board believes that it's very important to encourage patients to choose chiropractic as an alternative to pain medications, such as opioids. The NCC's 2<sup>nd</sup> annual convention will be held on Saturday, October 21, 2017 in Las Vegas for ten continuing education hours. Ms. Kane stated that the NCC Executive Director and Board President will attend COCSA's national meeting. Ms. Kane stated that the NCC offers updates on international, state, and local topics, which can be found on the NCC's website, email, and social media.

**Agenda Item 11 Status report regarding anonymous profiles of possible disciplinary actions. Board action will be limited to either dismissing the matter if the Board determines there is no violation, it has no jurisdiction over the subject, or providing direction to pursue the matter further – For possible action:**

**A. Complaint 16-08S (Jaeger)**

Dr. Jaeger stated that this complainant alleges that they were billed for services not rendered. Dr. Jaeger stated that the investigation is ongoing.

**B. Complaint 16-11S (Colucci)**

Dr. Colucci stated that this complaint is still under investigation.

**C. Complaint 16-12S (Colucci)**

Dr. Colucci stated that this complaint is still under investigation.

**D. Complaint 16-13S (Lurie)**

Dr. Lurie stated that he is currently working with Mr. Ling on a settlement agreement and plans to have it ready for the October 12, 2017 meeting to include complaints 17-06S and 17-09S.

**E. Complaint 17-02S (Lurie)**

Dr. Lurie stated that he met with the DC and plans to have a decision for the October 12, 2017 meeting.

**F. Complaint 17-04N (Rovetti)**

Dr. Rovetti stated that this is a malpractice claim that went to court and settled, but was not reported to the Board by the DC. Dr. Rovetti stated that she has been in contact with the DC and there are discrepancies between what the DC is reporting about the incident versus what the court documents report. Dr. Rovetti will gather additional information from office staff since they witnessed the incident. Dr. Lurie recommended that Dr. Rovetti get in contact with Mr. Ling for his assistance.

**G. Complaint 17-05N (Jaeger)**

Dr. Jaeger stated that this investigation is ongoing pending additional healthcare provider documentation and will have an update at the October 12, 2017 meeting.

**H. Complaint 17-06S (Lurie)**

Dr. Lurie stated that he is currently working with Mr. Ling on a settlement agreement and plans to have it ready for the October 12, 2017 meeting to include complaints 16-13S and 17-09S.

**I. Complaint 17-07S (Jaeger)**

Dr. Jaeger stated that this complaint is ongoing and he plans to have an update at the October 12, 2017 meeting.

**J. Complaint 17-08S (Lurie)**

Dr. Lurie stated that he met with the complainant and the DC and has another meeting scheduled with the DC to gather additional information.

**K. Complaint 17-09S (Lurie)**

Dr. Lurie stated that he is currently working with Mr. Ling on a settlement agreement and plans to have it ready for the October 12, 2017 meeting to include complaints 16-13S and 17-06S.

**L. Complaint 17-10S (Jaeger)**

Dr. Jaeger stated that the complainant filed this complaint and a police report with Las Vegas Metro after allegations of being physically assaulted by the DC while on vacation out of the country. Dr. Jaeger spoke with the complainant and the DC who stated that the allegations filed by the complainant are true. Dr. Jaeger stated that he will put together a settlement agreement monitoring the DC that will protect the individual and the public.

**M. Complaint 17-11S (Colucci)**

Dr. Colucci stated that this complaint is still under investigation.

**N. Complaint 17-12S (Colucci)**

Dr. Colucci stated that this complaint is still under investigation.

**O. Complaint 17-13S (Rovetti)**

Dr. Rovetti stated that she has been in contact with the DC who published the advertisement and questioned why they didn't identify themselves as well as provide proof of the claims made in the advertisement. The DC stated that they hire an outside company to publish their advertising and stated that they were unaware that the advertisement was published with inaccurate information. Dr. Rovetti stated that the investigation will continue.

**P. Complaint 17-14S (Martinez)**

Dr. Martinez stated that the complainant alleged that they were injured during treatment and that their records were altered by the DC. Dr. Martinez confirmed with the DC that they use an electronic medical record system, so Dr. Martinez will request the records, which should indicate when the changes to the patient's records were made.

**Q. Complaint 17-15S (Rovetti)**

Dr. Rovetti stated that the DC advertised the use of infrared therapy to treat neuropathy. Dr. Rovetti stated that she reached out to the DC to get a copy of the advertisement referred to by the complainant who stated that the advertisement was misleading because the treatment didn't work. Dr. Rovetti stated that she reviewed the records, which appear complete and reviewed the advertisement which doesn't appear misleading. Dr. Rovetti will follow-up with the patient to verify additional information.

**R. Complaint 17-16S (Jaeger)**

Dr. Jaeger stated that the patient indicated that they were referred to the DC by their primary care doctor to be treated in a specific region of the body, however the complainant stated that the DC neglected to treat the part of the body that was in pain, which resulted in injury. The DC denies adjusting the area of the body that the patient indicates. Dr. Jaeger stated that this complaint is ongoing.

**S. Complaint 17-17N (Rovetti)**

Dr. Rovetti stated that this a complaint is against a CA who admits to embezzling money from the DC that they were working for. Dr. Rovetti stated that the DC has filed a police report, so there is an ongoing investigation. Mr. Ling stated that the intent is to ask the CA to surrender their certificate under acknowledgement that they are under investigation and are no longer working for a DC. Dr. Rovetti recommended that the CA sign a letter to the admission of guilt and that the Board accept the CA's surrender of their certificate. Dr. Lurie made a motion to accept Dr. Rovetti's recommendation. Dr. Martinez seconded, and the motion passed with all in favor. Dr. Rovetti recused herself as the Investigating Board Member.

**T. Complaint 17-18S (Jaeger)**

Dr. Jaeger stated that the complainant alleges that they sought care from a DC and that they were provided an verbal quote for a treatment and financial plan requiring a large sum of money up front. Dr. Jaeger stated that he had not spoken to the DC to date, however is waiting on additional documentation from the DC to see if the payment is warranted.

**U. Complaint 17-19S (Lurie)**

Dr. Lurie stated that this complaint is against a DC who was using another DC's office address on their business cards and other advertisements on You Tube and their website. Dr. Lurie stated that the DC has corrected their self-inspection report and has advised Dr. Lurie that they have corrected the website and YouTube videos. Dr. Lurie recommended to dismiss complaint 17-19S with a letter of instruction reminding the DC of the advertisement regulations and that the address used in the advertisement be their place of business where they perform their practice. Dr. Lurie stated that he will follow-up in 30 days to confirm the advertisements have been corrected. Dr. Jaeger made a motion to accept

Dr. Lurie's recommendation. Ms. DiFillippo seconded, and the motion passed with all in favor. Dr. Lurie recused himself as the Investigating Board Member. Dr. Colucci also recused herself.

**Agenda Item 12 Committee Reports**

**A. Continuing Education Committee (Dr. Martinez) – For possible action.**

Dr. Martinez stated that the CE process is going well.

**B. Legislative Committee (Dr. Lurie) – For possible action.**

Dr. Lurie stated that he appreciates the efforts of the Board reviewing the contracts for the Boards' lobbyist and everyone's comments. Dr. Lurie stated that he believes that Dan Musgrove will serve the Board very well based on his background and experience. Dr. Lurie stated that this Board needs to get together with the Physical Therapy Board and find some common ground and would be happy to start making calls to meet with their Board. Dr. Lurie thanked Dr. David Rovetti for his efforts in the past. Dr. Lurie also stated its going to be important to educate the public and members of the assembly and senate.

**C. Preceptorship Committee (Dr. Rovetti) – For possible action.**

Dr. Rovetti stated that an article was published in the summer newsletter outlining the main points of the Preceptor program. Julie Strandberg stated that there are currently two active preceptors in the south. Dr. Rovetti inquired with the Board about visiting the two active preceptors to see how things are going. Dr. Lurie recommended a satisfaction survey be submitted to the DC and the student. Dr. Jaeger stated that he believes that impromptu visits would be beneficial. Following discussion, Dr. Lurie stated to add this to another agenda to discuss the in-state travel budget.

**D. Test Committee (Dr. Colucci) - For possible action.**

There was no discussion.

**Agenda Item 13 Executive Director Reports:**

**A. Status of Pending Complaints – No action.**

**B. Status of Current Disciplinary Actions – No action.**

**C. Legal/Investigatory Costs – No action.**

**D. DC Self-Inspection Statistics – No action**

Julie Strandberg gave an overview of the Executive Director reports.

**Agenda Item 14 Financial Status Reports:**

**A. Current cash position & projections – No action.**

**B. Accounts Receivable Summary – No action.**

**C. Accounts Payable Summary – No action.**

**D. Employee Accrued Compensation – No action.**

**E. Income/Expense Actual to Budget Comparison as of May 31, 2017 – No action.**

Julie Strandberg gave an overview of the financial reports.

**Agenda Item 15 Chiropractor's Assistant Application review – For possible action.**

Julie Strandberg explained that the revision to the Chiropractor's Assistant application is to attempt to make questions #3 and #4 on the application clear to avoid confusion. Following

July 14, 2017 CPBN Meeting Agenda

discussion, Dr. Lurie asked that the application be revised based on the recommendations discussed and that the revised application be brought back to the October Board meeting.

**Agenda Item 18 Correspondence Report – No action.**

Julie Strandberg stated that the attached document is the legislative report provided by the Nevada Chiropractic Association.

**Agenda Item 19 Board Member Comments – No action.**

Dr. Rovetti stated that she prefers having the Board meetings in person.

Dr. Jaeger stated that he has interest in the legislative committee. Dr. Jaeger also stated that he would be happy to be of service with the Preceptor Program if needed.

Dr. Martinez stated that he appreciates the opportunity to serve on the Board and also mentioned that he would like to request moving the Board meetings to Saturday.

Ms. DiFillippo stated that she appreciates the hard work Dr. Lurie put into the legislative session and working with the lobbyist. Ms. DiFillippo commended the Boards' efforts in trying to address the CA issue.

Dr. Colucci thanked the Board for their service and thanked Ms. DiFillippo for her legal advice and thanked Mr. Ling and Julie Strandberg for their work for the Board. Dr. Colucci stated that she values Dr. Lurie's opinion with respect to the change in lobbyist. Dr. Colucci congratulated Dr. Lurie for being appointed to the NBCE as the District IV Director.

Dr. Lurie thanked everyone for their time and effort. Dr. Lurie reminded the Board to please read through the laws and regulations and bring agenda items before the Board. Dr. Lurie recognized Dr. Colucci for her efforts and for being the first female President of the FCLB, Dr. Rovetti for her comments with respect to the lobbyist discussion, Mr. Ling for his legal advice, and Julie Strandberg and Brett Canady for their efforts.

**Agenda Item 20 Public Interest Comments – No action.**

There were no public comments.

**Agenda Item 21 Adjournment – For possible action.**

Dr. Lurie moved to adjourn the meeting. Ms. DiFillippo seconded, and the motion passed unanimously.

October 12, 2017

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Jason O. Jaeger, Secretary/Treasurer

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, Suite M245

Reno, Nevada 89502-5000

Telephone (775) 688-1921

Website: <http://chirobd.nv.gov> Fax (775) 688-1920 Email: [chirobd@chirobd.nv.gov](mailto:chirobd@chirobd.nv.gov)

### MINUTES OF THE PUBLIC WORKSHOP REGARDING PROPOSED REGULATIONS

A Public Workshop Regarding Proposed Regulations was held at the Chiropractic Physicians' Board via teleconference on Tuesday, August 15, 2017 at Kietzke Plaza, 4600 Kietzke Lane, Suite M245, Reno, Nevada 89502.

The following were present when the Workshop was declared open at 8:05 AM:

James Overland, Sr., DC  
David Rovetti, DC  
Morgan Rovetti, DC  
Michael Handelman, DC  
Louis Ling, Esq., Board Counsel  
Julie Strandberg, Executive Director

At approximately 8:15 AM Stephanie Youngblood, DC joined.

#### **Agenda Item 1 Public Interest Comments - No action.**

There was no public comment.

#### **Agenda Item 2 Approval of agenda – For possible action.**

#### **Agenda Item 3 PUBLIC WORKSHOP: Discussion to consider amendments to Nevada Administrative Code 634 – For possible action.**

Louis Ling conducted the workshop. Mr. Ling gave a brief overview of the rule-making process and proceeded to address each section individually.

Section 1 Subsection 1 (a) was divided into two parts. New language was added to (ii) *An exit examination approved by the Board that is administered by a chiropractic college accredited by the Council on Chiropractic Education;*

Subsection 2 ... *"Part III and"*.. was added and the phrase .. *"may be required by the Board to"*...

Dr. Overland confirmed that his correspondence was received by the Board and requested clarification of the revised language. Mr. Ling stated the intent of this language allows the Board to recognize and review an exit interview from the chiropractic college and determine if the exit interview is the equivalent to Part IV of the National Board and gives the board the discretion to waive the SPEC in the event an applicant has not taken Parts III and IV and their credentials are in good standing.

Section 2 The following language was added to Subsection 3, 4, and 5:... *"a closed-book examination or at least a score of 90 percent on an open-book examination"*...

There were no recommended changes.

Section 3 The following language was added to subsection 3: ...*“electronic devices, unless approved by the board, or any”...*

There were no recommended changes.

Section 4 Additional language was added to (f) *Include a document executed by the patient documenting:*

- (1) *That the chiropractic physician has informed the patient about the benefits and risks of chiropractic treatment of the type that the chiropractic physician intends to offer to and to perform upon the patient;*

Mr. Ling stated that this revision adds an informed consent to the Boards record keeping section. Mr. Ling stated that this is an opportunity for the chiropractor to have a discussion with their patient to discuss what kind of procedure the patient will be under-going, which will be captured in writing, both for the protection of the patient, the chiropractor and ultimately if there is a complaint to the Board.

Dr. David Rovetti expressed concern with respect to the language as written, indicating that it appears that the doctor has to request the patient sign a document which indicates how the chiropractor “intends” to treat the patient, which is different than how the chiropractor “may” treat the patient. Dr. Rovetti stated that his understanding, based on the language, is that before the chiropractor begins treatment they have to write out the treatments that they will be doing and ask the patient to sign and then in the event a different therapy is needed that information would need to be added along with the risks and benefits. Mr. Ling asked Dr. Rovetti, “if his concern is that the language is prospective, meaning the chiropractor is preparing the consent at the initiation of the therapeutic relationship and if therapies change, the chiropractor would need to either add information to the informed consent or the chiropractor would be executing another consent.” Dr. Rovetti stated that is one of his concerns. Dr. Rovetti stated that it doesn’t appear that the chiropractor can ask a patient to sign a document listing all therapies offered, because it states, “what you intend to offer” not what you “may offer.”

Mr. Ling stated that his understanding is that the intent is to parallel what is happening in other branches of medicine. Mr. Ling stated that the doctor wants to be able to confirm that they explained the risks and benefits and that the patient agreed to the treatment described. Mr. Ling explained that the purpose of the informed consent is for the chiropractor to protect and defend themselves.

Dr. Overland stated that it seems that it should be up to the chiropractor to inform the patient of the treatment, because it can be difficult to document every therapy that will be done along with the risks and benefits of each treatment.

Dr. David Rovetti asked what doctor would have to mention regarding the parameters around the risk of the treatment, for example, how much of a risk, how serious, or you might be a little sore, etc.

Mr. Ling stated that it appears the consent would be between the patient and the chiropractor to decide on that patient’s treatment plan, and what the inherent risks of that treatment plan will be. Mr. Ling stated that the intent was to encourage chiropractors to include documentation in the patient’s record that indicates the chiropractor had a discussion regarding treatment with the patient.

Dr. Overland asked based on Dr. Rovetti comments, regarding high risk or low risk, what reference does the chiropractor use. Dr. Overland stated there are different statistics available.

Mr. Ling stated that the intent is not to get into the mathematical detail.



## August 15, 2017 Meeting Agenda

- (2) *The availability of reasonable alternate medical modes of treatment and about the benefits and risks of those treatments to the extent that a reasonable chiropractic physician would know and disclose under the circumstances inherent with the particular patient;*

Dr. Overland stated that he does not agree with the language as written. Dr. Overland stated that based on the current language chiropractors may be getting into an area which is outside of their scope with respect to discussing drug therapy or the recommendation of drugs. It appears that this language is forcing the discussion for chiropractors to suggest that the patient seek other medical treatment.

Dr. Rovetti stated that he also disagrees with the language and believes that sub-section 2 be omitted. Dr. Rovetti stated that patients know that other therapies are available. Dr. Rovetti stated that it would make sense if all healing arts were required to refer out, however chiropractic is the only profession that have to refer out by law. Chiropractic doesn't get the benefits from other medical professionals referring to DC's.

- (3) *The consent of the patient to the treatment that the chiropractic physician intends to offer to and to perform upon the patient.*

Dr. Overland asked if it was possible to prepare an informed consent with a global description or if the informed consent would need to be exclusive to each patient.

Mr. Ling stated that it depends on how the language is written, however if the document is not written specifically for each patient the chiropractor may be forfeiting a useful document to defend themselves in the event of a complaint.

Dr. Overland recommended that the Board work on sections 1 and 3.

Dr. Rovetti stated that he's concerned about a proper informed consent to protect the chiropractor from Board discipline. Dr. Rovetti recommended that this entire section be removed.

### **Agenda Item 4 Board Member Comments – No action.**

### **Agenda Item 5 Public Interest Comments – No action.**

There was no public comment.

### **Agenda Item 6 Adjournment – For possible action.**

Mr. Ling closed the workshop and stated that the hearing to adopt the proposed regulations will be publicly noticed for the October 12, 2017 Board meeting.

October 12, 2017

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Jason O. Jaeger, DC, Secretary/Treasurer

# CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA

## AGENDA ACTION SHEET

TITLE: **Agenda Item 4** Ratification of granting of DC licenses to applicants who passed the examinations from July to August 2017 – For possible action

RECOMMENDED MOTION: Ratify granting of licenses to those who passed their examinations from April to June 2017.

PRESENTED BY: Ben Lurie, DC

MEETING DATE: October 12, 2017

TIME REQUIRED: 2 minutes

BACKGROUND INFORMATION: The exams from July to September 30, 2017 were taken online with the exception of one.

The average score was 93%.

<u>July</u>	<u>August</u>	<u>September</u>
Harold G. Heeder, Jr., DC	Patrick R. Davis, DC Daniel M. Kim, DC Matthew N. Marsala, DC Kelsie M. Moore, DC Logan S. Smith, DC Justin J. Quisberg, DC	Rosa H. Armenta, DC Jeffrey S. Church, DC David W. Weeks, DC

REVIEWED BY:   X   President   X   Secretary   X   Executive Director

ACTION:        Approved        Approved w/Modifications        Denied        Continued

**CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA**

**AGENDA ACTION SHEET**

**TITLE: Agenda Item 5 Ratification of granting of CA certificates to applicants who passed the examinations on August 17, 2017 – For possible action**

**RECOMMENDED MOTION: Ratify granting of licenses to those who passed the August 17, 2017 exam.**

**PRESENTED BY: Ben Lurie, DC**

**MEETING DATE: October 12, 2017**

**TIME REQUIRED: 2 minutes**

**BACKGROUND INFORMATION:**

**CA Exam Pass Rate was 53%**

**Law Exam Pass Rate was 36%**

Anaa L. Arguez-Hernandez	Dayana Granda	Diana L. Mendez
Stephanie A. Avalos	Diana O. Guzman	Tina M. Myles
Karla M. Barron-Llamas	Cassidy E. Hart	Cynthia V. Outhone
Jennifer R. Bench	Viviana Herrera	Sheymayne S. Pitts
Sabrena T. Buchanan	Cam B. Lam	Regina H. Retzlaff
Skie Chambers	Soraya Lazo	Penny Ruiz
Melodie A. Dale	Amy L. Legere	Maria M. Sanchez-Fuentes
Stacey DeFord	Elizabeth Lopez	Vincent B. Sim
Michele A. Doren	Marisela Lopez	Zuleima Zarate-Ramirez
Jessica D. Frias-Duharte	Vanessa Martija	

**REVIEWED BY:      X   President   X   Secretary   X   Executive Director**

**ACTION:        Approved        Approved w/Modifications        Denied        Continued**

**Agenda Item 5**

**CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA**

**AGENDA ACTION SHEET**

TITLE: **Agenda Item 6** Delegate two Board Members to meet with representatives of the Physical Therapy Examiners Board – For possible action.

RECOMMENDED MOTION: **No recommendation**

PRESENTED BY: **Ben Lurie, DC**

MEETING DATE: **October 12, 2017**

TIME REQUIRED: **10 minutes**

BACKGROUND INFORMATION: **In light of the 2017 Legislative Session it may be beneficial to delegate two Board members to discuss the on-going issues between the CPBN and the PT Board.**

REVIEWED BY:   X   President   X   Secretary   X   Executive Director

ACTION:        Approved        Approved w/Modifications        Denied        Continued

**CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA**

**AGENDA ACTION SHEET**

**TITLE: Agenda Item 7 – Consideration/decision related to the stipulation to modify the Settlement Agreement of Dr. David Stella – For possible action. (Note: The Board may go into closed session pursuant to NRS 241 to consider the character, alleged misconduct, or professional competence of Dr. Stella) - For possible action.**

**RECOMMENDED MOTION: No recommendation**

**PRESENTED BY: Ben Lurie, DC**

**MEETING DATE: October 12, 2017**

**TIME REQUIRED: 10 minutes**

**BACKGROUND INFORMATION:**

**REVIEWED BY:   X   President   X   Secretary   X   Executive Director**

**ACTION:        Approved        Approved w/Modifications        Denied        Continued**

**Agenda Item 7**

1 **BEFORE THE CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA**

2  
3 **IN THE MATTER OF:**

4 **DAVID STELLA, D.C.,**  
5 **License No. B753,**  
6 **TO**

7 **Respondent.**

)  
) **Case No. 13-10S**

) **SUPPLEMENTAL STIPULATION**

) **MODIFY SETTLEMENT AGREEMENT**  
) **AND ORDER**  
)

8 **I. PROCEDURAL HISTORY**

9 On November 16, 2013, the Board entered a Settlement Agreement and Order (SAO) in  
10 this matter. By the SAO, the Board agreed to a resolution of a matter involving an admitted  
11 sexual relationship between Dr. Stella and one of his patients from December 2010 through  
12 May 2011. Dr. Stella agreed to discipline that involved three-years' probation with terms and  
13 conditions and the payment of fines and fees and costs.

14 On March 5, 2015, the Board entered an Order Modifying Settlement Agreement and  
15 Order by which the Board agreed to modify the SAO to allow Dr. Stella a longer period of time  
16 to pay the then outstanding balance due of the fine (\$16,000.00) at the rate of \$500.00 per  
17 month. To date, Dr. Stella has fully satisfied the fine ordered in the SAO.

18 **II. STIPULATED BACKGROUND FOR THE MODIFICATION SOUGHT HEREIN**

19 1. Among the terms and conditions of Dr. Stella's probation ordered in the SAO are the  
20 following that are at issue in the present matter:

21 4. Dr. Stella's chiropractic license (License No. B753) shall be on  
22 probation for a period of three years from the effective date of this Settlement  
23 Agreement and Order subject to the following terms and conditions:

24 (a) In Room Staff Member for Female Patients. Throughout the  
25 period of probation, Dr. Stella may not interview, treat, or otherwise  
26 interact with a female patient without another member of Dr. Stella's staff  
27 also being present in the room with Dr. Stella and the patient. At no time  
28 will Dr. Stella be alone with a female patient at his practice.

29 (e) Obey All Laws. Dr. Stella shall obey all laws related to the  
30 practice of chiropractic medicine, whether state or federal and whether  
31 statutory or by regulation.

1           8. In the event the IBM is presented with information reasonably  
2 indicating that Dr. Stella has failed to materially comply with any term of this  
3 Settlement Agreement, the IBM shall inform Dr. Stella of what he believes to  
4 constitute the non-compliance and shall give Dr. Stella no more than ten days to  
5 respond to the IBM describing what actions he intends to take to remedy the  
6 non-compliance. If Dr. Stella cannot or does not satisfy the IBM with his  
7 response, the IBM may take such action as he deems necessary to assure  
8 compliance by Dr. Stella, which may include but is not limited to negotiating a  
9 resolution or amendment to this Settlement Agreement and Order, summarily  
10 suspending Dr. Stella's license, commencing additional disciplinary action, or  
11 taking any other administrative or legal action the IBM deems necessary to  
12 effectuate compliance with this Settlement Agreement and Order. Board Staff  
13 may take any and all actions it deems necessary to collect any sums ordered that  
14 remain unpaid. If Board Staff is required to pursue judicial action to effect such  
15 collections, it shall be entitled to recover its attorney's fees and costs incurred in  
16 pursuing such judicial action.

17           2. In February 2016 – at a time when Dr. Stella was still subject to the terms and  
18 conditions of the three-year probation ordered in the SAO – Dr. Stella was visited at his  
19 office by a woman who will be referred to as Patient B, and Patient B had with her her  
20 daughter. Dr. Stella had met Patient B a few weeks earlier at a New Year's Eve Party,  
21 and they had established a friendly relationship thereafter by telephone and texts. At  
22 the time that Patient B and her daughter visited Dr. Stella's office, his staff had left for  
23 the evening. Dr. Stella did not have Patient B or her daughter sign in as patients and did  
24 not have them fill out any of the forms routinely required of new patients. Dr. Stella  
25 examined Patient B and her daughter, and based upon his examination, he  
26 chiropractically adjusted Patient B and her daughter and he prescribed two supplements  
27 to Patient B for stomach issues. Additionally, Dr. Stella allowed Patient B to use the  
28 office's laser for "fat removal." Dr. Stella made no patient records related to Patient B or  
her daughter, and there was no other member of Dr. Stella's staff present in the room  
when Dr. Stella saw and treated Patient B and her daughter.

1           3. The examination and treatment of Patient B and her daughter in paragraph #2  
2 was the only treatment Dr. Stella provided to Patient B and her daughter. Thereafter,  
3 Dr. Stella engaged in a brief dating and sexual relationship with Patient B. Dr. Stella  
4 claims that a no time after the personal relationship began with Patient B did he treat



1 4. Dr. Stella admits that his examinations and treatments of Patient B and her daughter  
2 occurred at a time when none of his staff were present, and, therefore, that these  
3 examinations and treatments constitute violations of paragraph 4(a) of the SAO (quoted  
4 above) and, therefore, constitute violations of Nevada Revised Statutes (NRS)  
5 634.140(1) and NRS 634.018(10) and NRS 634.018(17). Dr. Stella acknowledges that  
6 his examination and treatment of Patient B and his examination and treatment of  
7 Patient B's daughter each constitute separate bases for discipline.

8 5. Dr. Stella admits that his failure to create and maintain medical records  
9 regarding his examinations and treatments of Patient B and her daughter constitute  
10 violations of paragraph 4(e) of the SAO (quoted above) and, therefore, constitute  
11 violations of NRS 634.140(1) and NRS 634.018(10) and NRS 634.018(17) and Nevada  
12 Administrative Code (NAC) 634.435(1). Dr. Stella acknowledges that his failure to make  
13 and maintain records of his examination and treatment of Patient B and his failure to  
14 make and maintain records of his examination and treatment of Patient B's daughter  
15 each constitute separate bases for discipline.

16 6. Dr. Stella agrees and acknowledges that the above violations occurred while he  
17 was subject to the terms and conditions of the SAO and that, therefore, he is and should  
18 be subject to additional discipline pursuant to the SAO and as agreed to herein.

19 **III. STIPULATED PROCESS FOR THE MODIFICATION**  
20 **TO THE SETTLEMENT AGREEMENT AND ORDER**

21 THE PARTIES DO HEREBY AGREE as a result of the admissions and  
22 acknowledgements contained in paragraphs 1 through 6 above that Dr. Stella should be  
23 subject to additional discipline as it may be imposed by the Board. The parties agree that they  
24 will present this Stipulation to the Board at its meeting in October 2017 and that both parties  
25 may make presentations and arguments to the Board related to the discipline each believes to  
26 be appropriate under the facts and circumstances contained in this Stipulation. Both parties  
27 agree that the Board may question either party during any such presentations and arguments  
28



1 and that the Board may thereafter and with due deliberation impose any additional discipline  
2 available to the Board pursuant to NRS 634.190 as the Board deems just and

3 ///

4 ///

5 ///

6 ///

7 necessary. The parties acknowledge that the result of the Board's deliberation will be a written  
8 modification to the Settlement Agreement and Order already governing Dr. Stella and his  
9 practice.

10 Signed this 11 day of September, 2017.

11 Respondent David Stella, D.C.  
12 Nevada

Chiropractic Physicians' Board of

13  
14 By David A. Stella D.C.

15 David Stella, D.C., Respondent

By Benjamin S. Larie

Benjamin S. Larie, D.C.  
Investigating Board Member

**CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA**

**AGENDA ACTION SHEET**

**TITLE: Agenda Item 8 Discussion/possible action of the Chiropractic Assistant application of Lizbeth Sarabia – For possible action. (Note: The Board may go into closed session pursuant to NRS 241 to consider the character alleged misconduct, or professional competence of Ms. Sarabia.)**

**RECOMMENDED MOTION: No recommendation.**

**PREPARED BY: Ben Lurie, DC**

**MEETING DATE: October 12, 2017**

**TIME REQUIRED: 10 Minutes**

**BACKGROUND INFORMATION: Ms. Sarabia misrepresented her responses to questions #3 and #4 on the application for Chiropractic Assistant. Please see the attached documentation.**

**REVIEWED BY:    \_\_\_X\_\_\_ President \_\_\_X\_\_\_ Secretary \_\_\_X\_\_\_ Executive Director**

**ACTION: \_\_\_\_\_ Approved \_\_\_\_\_ Approved w/Modifications \_\_\_\_\_ Denied \_\_\_\_\_ Continued**

## LIZBETH CORONEL SARABIA

### **Chiropractic Assistant in Training**

**Supervising Chiropractors:** Desert Pines Rehabilitation, Douglas Hermansen, DC and Michael Hortin, DC

**Dates of Training:** March 7, 2017 to September 7, 2017

### **Examination**

Ms. Sarabia is scheduled to sit for the February 2017 CPBN CA and Law Examinations.

### **History and Timeline:**

**February 27, 2017:** The Board received Ms. Sarabia's application for Certification of Chiropractor's Assistant.

**March 31, 2017:** Board staff received documentation which conflicted with Ms. Sarabia's responses to Question numbers 3 and 4 on the application.

**March 31, 2017:** Board staff sent Ms. Sarabia a certified letter requesting explanation of the discrepancies within her application versus the documentation received by the Board, as well as requested copies of all supporting documentation.

**August 14, 2017:** Ms. Sarabia forwarded the Board supporting documentation that was not appropriate for support of question numbers 3 and 4. Board staff contacted Ms. Sarabia via telephone to request additional documentation.

**September 13, 2017:** Ms. Sarabia forwarded her explanation and supporting documents to the Board.

**September 19, 2017:** Board staff notified Ms. Sarabia that she would be required to appear before the October 12, 2017 Full Board for consideration of approval of her application for Certification of Chiropractor's Assistant.

### **Reason for Board Appearance**

1. Ms. Sarabia answered negatively to question numbers 3 and 4 on her application for Certification of Chiropractor's Assistant:

#3 – "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."

#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."

### **Arrest History**

Arrest Date  
January 2007

Charge  
Theft

Final Disposition of Case  
Plead Guilty

Lizbeth C. Sarabia

Page 2

- Please see Ms. Sarabia's explanation regarding her misrepresentation on her application, as well as her arrest history.
- Please see copy of Justice Court, Las Vegas Township Case Summary.

*Staff Comment: Please note that there are discrepancies between Ms. Sarabia's explanation and the supporting documentation received by the Board.*

***Chiropractic Physicians' Board of Nevada  
October 12, 2017***

# Application



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

## DO NOT FAX APPLICATIONS

### APPLICATION FOR CERTIFICATION OF CHIROPRACTOR'S ASSISTANT

CHIROPRACTIC PHYSICIANS'  
BOARD OF NEVADA

#### WHAT MUST ACCOMPANY THIS APPLICATION:

- 1 \$136.25 Check, Money Order or Pay by Phone with Credit Card
- 2 One (1) completed fingerprint cards
- 3 Signed and dated civil applicant waiver form
- 4 A recent passport-type photograph

FEB 27 2017

RECEIVED  
RENO, NEVADA 89502

FP out:  
3/17/17

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

CK# 4110 \$5450 / \$136.25

#### TYPE OR PRINT ONLY:

LAST <b>Sarabia</b>	FIRST <b>Lizbeth</b>	MIDDLE <b>Coronel</b>	WORK EMAIL: <b>desertpinesrehab@gmail.com</b>	SEX: <input type="checkbox"/> M <input checked="" type="checkbox"/> F
CURRENT RESIDENCE ADDRESS <b>1576 minor way</b>				
CITY/STATE/ZIP <b>Las Vegas NV 89104</b>			TELEPHONE <b>702-444-8865</b>	
SOCIAL SECURITY NUMBER	DATE OF BIRTH	US CITIZEN? <input checked="" type="radio"/> YES <input type="radio"/> NO	BIRTH PLACE <b>Las Vegas NV.</b>	

#### TWO PERSONAL REFERENCES OF AT LEAST FIVE (5) YEARS ACQUAINTANCE:

NAME <b>Angie moreno</b>	
ADDRESS <b>9084 Grayson hills st.</b>	
CITY/STATE/ZIP <b>Las Vegas NV 89139</b>	TELEPHONE <b>702-666-1668</b>
NAME <b>Brenda Garcia</b>	
ADDRESS <b>10151 mountain Vista street</b>	
CITY/STATE/ZIP <b>Henderson NV 89014</b>	TELEPHONE <b>702-818-0574</b>

#### CURRENT EMPLOYER:

EMPLOYER'S NAME <b>Desert Pines Rehabilitation</b>	
EMPLOYER'S ADDRESS <b>3551 E Bonanza Rd. #108</b>	
CITY/STATE/ZIP <b>Las Vegas NV 89110</b>	EMPLOYER'S PHONE & FAX <b>702-437-0800 fax 702-437-7857</b>

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

NONE

2. If you have ever been certified as a Chiropractor's 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:

3. 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, name the state and give disposition:

Have you ever been convicted of a crime other than a traffic violation (include any DUI's)? NOTE: Even if you have had

4. 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. 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.

9. 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.
JS	2-22-17	

### CERTIFICATION OF CHIROPRACTOR'S ASSISTANT TRAINING

EMPLOYER/SUPERVISING DC:

Desert Pines Rehabilitation, Dr. Douglas Hermansen, Dr. Horton

DATE OF HIRE

3-7-17

ADDRESS

3551 E. Bonanza Rd #108

CITY/STATE/ZIP

Las Vegas, NV 89110

TELEPHONE

702-437-0800



<b>INDICATE PREVIOUS TRAINING OR CERTIFICATION:</b>		
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 CHIROPRACTOR'S ASSISTANT AND COMPLETED NO. 1, SKIP NOS. 2 AND 3 AND SIGN AT THE BOTTOM OF THIS PAGE IN THE PRESENCE OF A NOTARY.**

**NOTE: TO APPLICANTS WHO ARE APPLYING FOR CERTIFICATION UNDER THE PROVISION FOR ON-THE-JOB TRAINING - APPLICATIONS MUST BE SUBMITTED WITHIN 15 DAYS OF BEGINNING OF TRAINING.**

2.	<input checked="" 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

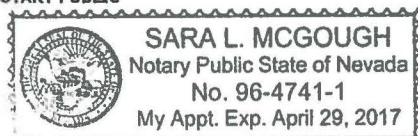
<b>IF 2 OR 3 ABOVE APPLY, PLEASE COMPLETE THE FOLLOWING:</b>		
NAME OF PERSON RESPONSIBLE FOR YOUR TRAINING		
Dr. Douglas Hermansen & Dr. Michael Horton		
ADDRESS		
3551 E. Bonanza Rd #108		
CITY/STATE/ZIP	TELEPHONE	
Las Vegas NV 89110	702-437-0800	
DATES OF TRAINING:	BEGINNING:	ENDING:
	3-7-17	9-7-17

### **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 chiropractic 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 will abide by the provisions of NRS and NAC 634 including that he/she will not perform chiropractic adjustments or any other act prohibited by NAC 634.460 and that he/she has read and understands this affidavit.

2/21/17 DATE  
Clark COUNTY OF  
Nevada STATE OF  
 SIGNED AND SWORN TO BEFORE ME ON THIS 21<sup>st</sup> DAY OF February 2017  
Sara L. McGough

NOTARY PUBLIC





# Board Correspondence to Ms. Sarabia

STATE OF NEVADA

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



XAVIER MARTINEZ, DC  
*Member*  
MORGAN ROVETTI, DC  
*Member*  
TRACY DiFILLIPPO, ESQ  
*Consumer Member*  
SHELL MERCER, ESQ  
*Consumer Member*

**CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA**

4600 Kietzke Lane, M-245  
Reno, Nevada 89502-5000  
Fax (775) 688-1920

JULIE STRANDBERG  
*Executive Director*

Telephone (775) 688-1921  
Website: <http://chirobd.nv.gov>

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

March 31, 2017

**CERTIFIED MAIL No. 7016 2710 0000 9318 9181**

Lizbeth Coronel Sarabia  
Desert Pines Rehabilitation  
3551 E. Bonanza Rd., #108  
Las Vegas, NV 89110

Dear Ms. Sarabia,

With respect to your application to become a Chiropractor's Assistant in the State of Nevada, it appears you may have misrepresented your response to question numbers 3 and 4.

3. Have you ever been arrested 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.

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.

Please provide a written explanation regarding the circumstance, in which you answered negatively to these questions, as well as provide copies of the arrest and court documents, bearing the final disposition of the incident(s).

This is an official request from the Board. Once these documents have been received, the Board will review your application for completion. Failure to comply with this request will result in denial of your application.

If you have any questions, please contact this office.

Sincerely,

A handwritten signature in black ink, appearing to read "Julie Strandberg", written over a circular embossed seal.

Julie Strandberg  
Executive Director

U.S. Postal Service<sup>TM</sup>  
**CERTIFIED MAIL<sup>®</sup> RECEIPT**  
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☐ Adult Signature Required \$ \_\_\_\_\_

☐ Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage \$ \_\_\_\_\_

Total Pos \$ \_\_\_\_\_

Sent To \_\_\_\_\_

Street and \_\_\_\_\_

City, State \_\_\_\_\_

Postmark Here

Lizbeth Coronel Sarabia  
 Desert Pines Rehabilitation  
 3551 E. Bonanza Rd., #108  
 Las Vegas, NV 89110

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Lizbeth Coronel Sarabia  
 Desert Pines Rehabilitation  
 3551 E. Bonanza Rd., #108  
 Las Vegas, NV 89110



9590 9402 2378 6249 8982 00

2. Article Number (Transfer from service label)

7016 2710 0000 9318 9181

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

☒ *Mary Sierra*

☒ Agent  
☐ Addressee

B. Received by (Printed Name)

*Mary Sierra*

C. Date of Delivery

4-3-17

D. Is delivery address different from item 1? ☐ Yes  
 If YES, enter delivery address below: ☒ No

CHIROPRACTIC PHYSICIANS'  
 BOARD OF NEVADA

3. Service Type

☐ Adult Signature  
☐ Adult Signature Restricted Delivery  
☒ Certified Mail<sup>®</sup>  
☐ Certified Mail Restricted Delivery  
☐ Collect on Delivery  
☐ Collect on Delivery Restricted Delivery

☐ Priority Mail Express<sup>®</sup>  
☐ Registered Mail<sup>TM</sup>  
☐ Registered Mail Restricted Delivery  
☐ Return Receipt for Merchandise  
☐ Signature Confirmation<sup>TM</sup>  
☐ Signature Confirmation Restricted Delivery

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PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

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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  
Fax (775) 688-1920

Telephone (775) 688-1921  
Website: <http://chirobd.nv.gov>

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

September 19, 2017

**CERTIFIED MAIL 7012 3460 0001 6576 3287**

Lizbeth C. Sarabia  
Desert Pines Rehabilitation  
3551 E. Bonanza Rd., #108  
Las Vegas, NV 89110

Re: Hearing on New Application for Certification

Dear Ms. Sarabia,

On February 27, 2017 we received your application for licensure with this Board. We have reviewed your application and accompanying materials and we are notifying you that your application will be reviewed by the Board at the following date, time, and place:

October 12, 2017 at 10:00 a.m.  
Public Utilities Commission  
Room B  
5975 W. Diablo Drive, Suite 250  
Las Vegas, NV 89148

The purpose of the application review by the Board will be to determine whether the Board will grant or deny your application and whether, if the application is granted, any conditions, restrictions, or limitations on the certificate are appropriate. Please be aware that in accordance with Nevada Revised Statutes (NRS) 241.033(4), the Board may go into a closed session to discuss your application.

Our review of your application indicates that there may be grounds for denial or other action related to your application pursuant to NRS 634.090(1)(a) because you may be found to lack the requisite "good moral character" pursuant to the following specific statutes or regulations:

NRS 634.018(10) ("conduct . . . detrimental to the best interests of the public;");

NRS 634.018(17) ("violating . . . any of the provisions of this chapter or any regulation adopted pursuant thereto"); and/or  
Nevada Administrative Code (NAC) 634.430(1)(h) ("giving false information to the Board").

The President of the Board requests your presence at the October 12, 2017 Board meeting at 10:00 a.m. so that the Board may consider approval of your application.

Please be aware that you **must** appear in person when the Board reviews your matter. You may be represented by counsel of your choice. The Board will have a copy of this letter and the contents of your licensure application file to review. You may submit any materials, documents, or statements in support of your application to this office, but they must be received no later than **October 2, 2017** in order to be presented to the Board for its review. Please understand that you bear the burden of proving to the Board that the issuance of a license to you is in the best interest of the public health, safety, and general welfare of the people of Nevada. Also, please understand that although you will receive a full, fair, and unbiased review of this matter by the Board, this is not a contested case subject to the provisions of NRS chapter 233B.

If you have any questions, please feel free to contact me at 775-688-1923.

Sincerely,

A handwritten signature in black ink, appearing to read "Julie Strandberg", with a large, stylized flourish extending from the end of the signature.

Julie Strandberg  
Executive Director

# January 2007

- Ms. Sarabia's explanation regarding the misrepresentation on her application, as well as arrest history
- Copy of Court Case Summary

CHIROPRACTIC PHYSICIANS'  
BOARD OF NEVADA

SEP 13 2017

To whom it may concern,

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RENO, NEVADA 89502

I had answered no to questions 3 and 4 because I had just turned 18 years old and was blamed for something I did not do. I understood that if it were to go on any of my records, it would go on a juvenile record. I was told by the judge that if I would have been charged it would have been a misdemeanor. But was not going to be charged at all I would just have to pay a fine. I was a naïve kid when all this happened and didn't know this would ever come back to haunt me like this. I honestly misunderstood both questions. I really love my job and love helping all our patients. I will do anything to help clear any wrong doing from my behalf.

Thank you for your time,



Lizbeth Sarabia

CHIROPRACTIC PHYSICIANS'  
BOARD OF NEVADA

SEP 18 2017

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RENO, NEVADA 89502

CASE NO. 07F00750X

**Justice Court, Las Vegas Township**

STATE VS. SARABIA, LIZBETH CORONEL

DATE, JUDGE OFFICERS OF COURT PRESENT	APPEARANCES — HEARING	CONTINUED TO:
JANUARY 10, 2007	\$3,000.00 BOND POSTED BY SWIFT BAIL BONDS INC RECEIPT # 9724661	02/09/07 8:00 #8
JANUARY 16, 2007	CRIMINAL COMPLAINT FILED POSSESSION OF STOLEN PROPERTY	LM
FEBRUARY 9, 2007 A. ZIMMERMAN JP. RAMAN DA W. GELLER PD C. BROKA CR J. WEINNER CLK	INITIAL ARRIAGNMENT DEFENDANT PRESENT IN COURT DEFENDANT ADVISED OF CHARGES/WAIVES READING OF COMPLAINT PUBLIC DEFENDER APPOINTED TO REPRESENT THE DEFENDANT PRELIMINARY HEARING DATE SET  BOND (S) CONTINUED	03/22/07 9:00 #8
MARCH 15, 2007	MOTION TO WITHDRAW DUE TO CONFLICT FILED	TS 03/19/07 8:00 #8  TS
03/19/2007 A. ZIMMERMAN M. STAUDAHER, DA R. NGUYEN, PD C. BROKA, CR J. WEINNER, CLK	DEFENDANT NOT PRESENT IN COURT MOTION BY PUBLIC DEFENDER FILED IN OPEN COURT TO WITHDRAW DUE TO CONFLICT — MOTION GRANTED PRELIMINARY HEARING STANDS FOR DEFENDANT'S PRESENCE ONLY COURT APPOINTED COUNSEL F. KOCKA, ESQ/JW  BOND(S) CONTINUED	03/22/07 9AM #8  JW
03/22/2007 A. ZIMMERMAN JP RAMAN, DA F. KOCKA, ESQ C. BROKA, CR J. WEINNER, CLK	TIME SET FOR PRELIMINARY HEARING DEFENDANT PRESENT IN COURT MOTION BY STATE TO AMEND COMPLAINT TO MISDEMEANOR: <b>THEFT — MOTION GRANTED</b> PLEA OF GUILTY TO AMEND DEFENDANT TO STAY OUT OF TROUBLE FOR 12 MONTHS DEFENDANT SENTENCED TO SIX MONTHS JAIL SUSPENDED DEFENDANT TO ATTEND LEGAL REHABILITATION SERVICES <del>FOR PETIT LARCENY SCHOOL AND OBTAIN GED</del> DEFENDANT TO PAY \$ <u>335</u> RESTITUTION TO: TRANSFER UPON RECEIPT — PASSED BY COURT FOR STATUS CHECK ON RESTITUTION, AND IF DEFENDANT IS ENROLLED IN CLASSES TO OBTAIN HER GED. BOND(S) EXONERATED DATE SET  NO BAIL POSTED	06/21/07 8AM #8
	<b>JUDGMENT ENTERED</b> <i>Chris Zimmerman</i>	JW



CHIROPRACTIC PHYSICIANS'  
BOARD OF NEVADA

SEP 18 2017

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RENO, NEVADA 89502

CASE NO. 07F00750X

**Justice Court, Las Vegas Township**

STATE VS. SARABIA, LIZBETH CORONEL

PAGE 2

DATE, JUDGE  
OFFICERS OF  
COURT PRESENT

APPEARANCES -- HEARING

CONTINUED TO:

JUNE 21, 2007 A. ZIMMERMAN M. WATSON, DA F. KOCKA, ESQ C. BROKA, CR L. MUAINA, CLK/	DEFENDANT PRESENT IN COURT GED - DEFENDANT DID ENROLL AND IS CURRENTLY EMPLOYED COUNSELING COMPLETED - FEES DUE PASSED BY COURT FOR STATUS CHECK ON REQUIREMENTS  NO BAIL POSTED	09/05/07 8:00 #8  LM
SEPTEMBER 5, 2007 A. ZIMMERMAN JP RAMAN, DA F. KOCKA, ESQ C. BROKA, CR S. FISHER, CLK	DEFENDANT PRESENT IN COURT MOTION BY DEFENDANT TO CONTINUE - MOTION GRANTED \$335 RESTITUTION PAID IN OPEN COURT - TRANSFER \$395 COUNSELING FEES - DUE  NO BAIL POSTED	11/02/07 8:00 #8  JL LM
NOVEMBER 2, 2007 A. ZIMMERMAN K. KRAMER, DA F. KOCKA, ESQ S. OTT, CR L. MUAINA, CLK	DEFENDANT NOT PRESENT IN COURT BENCH WARRANT ISSUED - 295/2950 \$295 COUNSELING FEES - DUE PROOF OF GED - DUE	LM
MARCH 21, 2008	MOTION BY DEFENDANT TO QUASH BENCH WARRANT FILED	
MARCH 24, 2008 A. ZIMMERMAN M. BOLENBAKER, DA F. KOCKA, ESQ C. BROKA, CR L. MUAINA, CLK	DEFENDANT NOT PRESENT IN COURT MOTION BY DEFENSE TO QUASH BENCH WARRANT - MOTION GRANTED COUNSELING FEES PAID IN FULL CASE CLOSED	LM
<p align="center"><b>CERTIFIED COPY</b></p> <p align="center">The document to which this certificate is attached is a full, true and correct copy of the original on file and of record in Justice Court of Las Vegas Township, in and for the County of Clark, State of Nevada</p> <p>By: _____ Deputy</p> <p>Date: <u>SEP 18 2017</u></p>		

**CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA**

**AGENDA ACTION SHEET**

**TITLE: Agenda Item 9 PUBLIC HEARING: Will begin at 10:30 a.m. at the Public Utilities Commission, 9075 W. Diablo Drive, Suite 250, Room B, Las Vegas, NV 89148. Discussion to consider amendments to Nevada Administrative Code 634 – For possible action.**

**RECOMMENDED MOTION: Approve the recommended revisions to NAC.**

**PREPARED BY: Ben Lurie, DC**

**MEETING DATE: October 12, 2017**

**TIME REQUIRED: 45 minutes**

**BACKGROUND INFORMATION:**

**REVIEWED BY:    \_\_X\_\_ President \_\_X\_\_ Secretary \_\_X\_\_ Executive Director**

**ACTION: \_\_\_\_ Approved \_\_\_\_ Approved w/Modifications \_\_\_\_ Denied \_\_\_\_ Continued**

JUL 20 2017

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**PROPOSED REGULATION OF THE  
CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA**

**LCB File No. R010-17**

July 19, 2017

EXPLANATION – Matter in *italics* is new; matter in brackets ~~omitted material~~ is material to be omitted.

AUTHORITY: §§1, 10-15, NRS 634.030; §2, NRS 634.030, 634.115 and 634.135; §3, NRS 634.030 and 634.131; §§4 and 5, NRS 634.030 and 634.070; §§6 and 7, NRS 634.030 and 634.137; §8, NRS 634.030 and 634.115; §9, NRS 634.030 and 634.130.

A REGULATION relating to chiropractic; revising certain fees relating to the practice of chiropractic; revising requirements for reinstatement of an expired license; revising provisions governing examination for licensure; revising provisions relating to the preceptor program for students of chiropractic; exempting certain persons from the requirement to obtain a temporary license to practice chiropractic; revising provisions governing continuing education approved by the Board; revising provisions relating to the voluntary surrender of a license to practice chiropractic; revising provisions relating to advertising; and providing other matters properly relating thereto.

**Legislative Counsel's Digest:**

Existing law requires the Chiropractic Physicians' Board of Nevada to adopt regulations relating to the practice of chiropractic. (NRS 634.030) **Section 1** of this regulation requires a licensed chiropractor to maintain a copy of all documents relating to his or her advertisements for at least 2 years after the first date that the advertisement is broadcast or disseminated.

Under existing regulations, the Board charges and collects certain fees relating to the practice of chiropractic. (NAC 634.200) **Section 2** of this regulation eliminates the fee charged by the Board for the list of approved continuing education courses.

Under existing regulations, the Board requires an applicant for a license to practice chiropractic to submit fingerprints and agree to a background investigation. (NAC 634.220) **Section 3** of this regulation extends this requirement to an applicant for reinstatement of an expired license.

Existing law requires all applicants for licenses to practice chiropractic to pass all examinations prescribed by the Board. (NRS 634.070) Existing regulations prescribe additional examinations required for licensure and the period within which the required examinations must be taken. (NAC 634.290, 634.300) **Section 4** of this regulation removes the Special Purposes Examination for Chiropractic as an alternative examination that may be taken by an applicant who has practiced chiropractic in another state and is seeking licensure in this State. **Section 5** of this regulation removes the limitation that an applicant may only take a required examination twice during the period in which an application is open and instead allows an applicant to take a required examination at such times as may be allowed by the Board and the testing vendor, if any, during the period in which the application is open.

Existing law requires the Board to establish a preceptor program to provide supervised clinical experience to students enrolled in colleges of chiropractic. (NRS 634.137) Under existing regulations: (1) a student who participates in the program is prohibited from establishing a plan of treatment or prognosis for a patient without the concurrence of the preceptor, which must be documented in the health care record of the patient; and (2) a preceptor is required to review and initial the plan in the health care record of the patient prior to any treatment of the patient by the student. (NAC 634.339, 634.341) **Section 6** of this regulation provides that the concurrence of the preceptor to a plan of treatment or prognosis may occur before or after a student has commenced treatment of a patient. **Section 7** of this regulation provides that the preceptor's signature in a patient's health care record may be in paper or electronic form.

Existing law authorizes the Board to grant a temporary license to practice chiropractic in this State for limited purposes to a person who holds a corresponding license or certificate in another jurisdiction which is in good standing and who actively practices chiropractic in that jurisdiction. (NRS 634.115) Existing regulations prescribe the limited scope of practice for a person who is issued a temporary license. (NAC 634.367) **Section 8** of this regulation provides that a person is not required to obtain a temporary license to demonstrate a chiropractic technique on a chiropractic physician at an educational class, seminar or conference.

Existing law requires persons licensed to practice chiropractic or certified as a chiropractor's assistant to biannually complete a minimum number of hours of continuing education which is approved or endorsed by the Board. (NRS 634.130) Existing regulations set forth the requirements for approval or endorsement of educational seminars that satisfy the continuing education requirements. (NAC 634.385) **Section 9** of this regulation adds educational seminars sponsored by other regulatory bodies governed by title 54 of NRS to the list of continuing education that may be approved or endorsed by the Board.

Existing regulations provide for the voluntary surrender of a license to practice chiropractic or a certificate as a chiropractor's assistant. (NAC 634.390) **Section 10** of this regulation provides that a voluntary surrender of a license or certificate granted: (1) while the holder is not under investigation by the Board, shall not be considered disciplinary action by the Board; and (2) while the holder is under investigation by the Board, shall be deemed a revocation



of the license or certificate. **Section 10** also clarifies that the Board's acceptance or denial of a request for voluntary surrender is within the Board's discretion.

Existing law defines as unprofessional conduct, for which a licensed chiropractor is subject to discipline by the Board, any advertisement containing grossly improbable statements or that may in any manner tend to deceive, defraud or mislead the public. (NRS 634.018, 634.140) Existing regulations prescribe requirements and prohibitions relating to advertising by a person licensed to practice chiropractic. (NAC 634.515-634.570) **Section 12** of this regulation expands upon what constitutes false or misleading communications to include a testimonial or endorsement representing that a person is a patient of the licensee made by a person who is not in fact a patient of the licensee. **Section 13** of this regulation revises the requirements that all advertisements and written communication must include relating to the licensee.

**Section 15** of this regulation repeals provisions relating to: (1) a licensee authorizing another person to provide services for the licensee's patients, other than chiropractic or clerical services, in the office of the licensee; and (2) including information relating to a licensee or chiropractic office in a list or directory of licensee or chiropractic offices. (NAC 634.419, 634.570)

**Section 1.** Chapter 634 of NAC is hereby amended by adding thereto a new section to read as follows:

***A licensee shall maintain a copy of all documents relating to his or her advertisements for at least 2 years after the first date that the advertisement is broadcast or disseminated.***

**Sec. 2.** NAC 634.200 is hereby amended to read as follows:

634.200 1. The Board will charge and collect the following fees:

For an application for a license to practice chiropractic .....	\$200.00
For an examination for a license to practice chiropractic .....	125.00
For an application for, and the issuance of, a certificate as a chiropractor's assistant.....	100.00

For an application for a temporary license to practice chiropractic pursuant to NRS 634.115 .....	50.00
For an examination for a certificate as a chiropractor's assistant .....	75.00
For the issuance of a license to practice chiropractic .....	225.00
For the issuance of a temporary license to practice chiropractic pursuant to NRS 634.115 .....	50.00
For the biennial renewal of an active license to practice chiropractic .....	700.00
For the biennial renewal of an inactive license to practice chiropractic .....	250.00
For the biennial renewal of a certificate as a chiropractor's assistant.....	120.00
For the restoration to active status of an inactive license to practice chiropractic .....	300.00
For reinstating a license to practice chiropractic which has been suspended or revoked .....	500.00
For reinstating a certificate as a chiropractor's assistant which has been suspended or revoked .....	70.00
For reinstating an inactive license to practice chiropractic which has been suspended or revoked .....	200.00
For a review of any subject on the examination.....	25.00
For the issuance of a duplicate license or certificate or for changing the name on a license or certificate .....	35.00
For written verification of licensure or issuance of a certificate of good standing.....	25.00

For providing a list of persons who are licensed to practice chiropractic to a person who is not licensed to practice chiropractic .....	25.00
For providing a list of persons who were licensed to practice chiropractic following the most recent examination of the Board to a person who is not licensed to practice chiropractic .....	10.00
For a set of mailing labels containing the names and addresses of the persons who are licensed to practice chiropractic in this State .....	35.00
For a check which is made payable to the Board that is dishonored upon presentation for payment .....	25.00
For providing a copy of the statutes, regulations and other rules governing the practice of chiropractic in this State .....	25.00
<del>For each page of a list of continuing education courses which have been approved by the Board.....</del>	<del>0.50</del>
For a review by the Board of a course offered by a chiropractic school or college or a course of continuing education in chiropractic.....	50.00

2. The fees set forth in this section are not refundable.

**Sec. 3.** NAC 634.220 is hereby amended to read as follows:

634.220 Each applicant for examination *and each applicant for reinstatement of an expired license to active status pursuant to NRS 634.131* must:

1. Submit one set of his or her fingerprints on a standard fingerprint card with his or her application and pay any associated costs; and

2. Agree to a background investigation.

**Sec. 4.** NAC 634.290 is hereby amended to read as follows:

634.290 1. ~~{Except as otherwise provided in this section and in}~~ **In** addition to the subjects of examination set forth in NRS 634.070, an applicant for a license to practice chiropractic in Nevada must pass:

- (a) Part IV of the examination administered by the National Board of Chiropractic Examiners;
- (b) An examination on the statutes and regulations of this State which are related to the practice of chiropractic, other than those set forth in this chapter and chapter 634 of NRS; and
- (c) Any other subject or examination that the Board determines to be necessary. An examination required by the Board pursuant to this paragraph may include, without limitation, an examination on clinical rationale.

2. ~~{An applicant who has actively practiced chiropractic in another state in accordance with subparagraph (2) of paragraph (c) of subsection 1 of NRS 634.090 may, in lieu of passing Part IV of the examination administered by the National Board of Chiropractic Examiners, pass the Special Purposes Examination for Chiropractic prepared by the National Board of Chiropractic Examiners.~~

~~—3.—~~ To pass a subject or examination required pursuant to NRS 634.070 or this section, an applicant for a license to practice chiropractic in Nevada must receive a score of at least 75 percent for a closed-book examination and a score of at least 90 percent for an open-book examination.

**Sec. 5.** NAC 634.300 is hereby amended to read as follows:



634.300 1. Except as otherwise provided in subsection 2 and NAC 634.215:

(a) If a person applies for a license to practice chiropractic in Nevada, the application remains open for 1 year after the date of the first examination that the person is eligible to take.

(b) ~~{During}~~ *Subject to the limitations set forth in this section, during* the period in which an application is open, an applicant may take any required examination ~~{twice.}~~ *at such times as may be allowed by the Board and the testing vendor, if any.*

(c) If an applicant does not, on the first attempt, pass an examination that is administered by the Board, the applicant may retake the examination one time without paying an additional fee.

2. If an applicant provides evidence satisfactory to the Board that the applicant failed to appear for an examination because of exceptional circumstances, the Board may:

(a) Allow the applicant to take the next scheduled examination without the payment of an additional fee; and

(b) If necessary, extend the period during which the application is open.

3. If an applicant for a license to practice chiropractic fails on two occasions to pass any portion of the examinations administered pursuant to NRS 634.070, the applicant shall:

(a) Refrain from supervised practice; or

(b) Submit a new application for examination in accordance with NRS 634.080.

4. An applicant for a license to practice chiropractic who fails to appear for examination within 1 year after being first qualified therefor:

(a) Shall be deemed to have withdrawn his or her application; and

(b) Forfeits the application fee.

↪ If the applicant applies thereafter for a license, he or she must establish eligibility for that license in accordance with the provisions of this chapter and chapter 634 of NRS.

**Sec. 6.** NAC 634.339 is hereby amended to read as follows:

634.339 1. In supervising a student who is participating in the preceptor program, a preceptor:

(a) Shall ensure that the student is exposed to and, within the discretion of the preceptor and except as otherwise provided in subsection 2, is allowed to perform all aspects of chiropractic as practiced by the preceptor;

(b) Shall assume all responsibility and liability for all acts performed by the student;

(c) Shall notify the Board within 15 business days after the termination of the student's participation in the preceptor program; and

(d) Shall not supervise more than one student.

2. A student who participates in the preceptor program shall not:

(a) Diagnose the condition of a patient without the written concurrence of the preceptor, which must be documented in the health care record of the patient . ~~{ }~~

(b) Establish a plan of treatment or prognosis for a patient without the written concurrence of the preceptor, which ~~{must}~~ :

(1) ***Must*** be documented in the health care record of the patient; ***and***

(2) ***May occur before or after the student has commenced treatment of the patient.***

(c) Perform any service except at the direction of and under the direct supervision of the preceptor . ~~{ }~~

(d) Practice chiropractic more than 40 hours during any week in which the student participates in the preceptor program. ~~{;or}~~

(e) Bill independently of the preceptor for any service rendered.

**Sec. 7.** NAC 634.341 is hereby amended to read as follows:

634.341 1. Before a student who participates in the preceptor program provides chiropractic services to a patient:

(a) The preceptor shall inform the patient that the patient will be receiving chiropractic services from a student pursuant to the preceptor program. The preceptor shall obtain from the patient written consent for the receipt of chiropractic services from a student.

(b) The student or preceptor shall perform the initial evaluation and assessment of the patient and develop the plan of treatment for the patient. If the student:

(1) Performs ~~the initial~~ *any* evaluation or assessment or develops the plan of treatment, the student may execute the plan of treatment only after the preceptor has reviewed and initialed in the health care record of the patient *in paper or electronic form*, the evaluation, assessment or plan of treatment developed by the student.

(2) Observes or learns of a condition or issue that was not contained in the original evaluation, assessment or plan of treatment, the student shall immediately notify the preceptor of the condition or issue.

(3) Wishes to make a change or addition to the plan of treatment of a patient, the student must obtain the concurrence of the preceptor before making the change or addition.

2. ~~{The final assessment of the condition of a patient must be conducted by a licensee.~~

~~—3.1~~ The preceptor who supervises a student shall review the health care records of a patient not less than once every third visit of the patient to ensure that the student is performing the chiropractic services as directed by the preceptor and is maintaining the health care record of the patient in accordance with applicable law.

Sec. 8. NAC 634.367 is hereby amended to read as follows:

634.367 **1.** A person who is issued a temporary license pursuant to NRS 634.115 is authorized to:

~~{1.1}~~ **(a)** Substitute for a licensee during a period in which the licensee is:

~~{(a)}~~ **(1)** On vacation; or

~~{(b)}~~ **(2)** Unable to perform chiropractic services because of illness, injury, *pregnancy, family medical leave* or military leave.

~~{2.1}~~ **(b)** Perform chiropractic services for a traveling sports or professional group.

~~{3.1}~~ **(c)** Demonstrate and perform chiropractic services as a visiting teacher of an educational seminar.

~~{4.1}~~ **(d)** Perform chiropractic services in other circumstances as the Board may approve.

**2. *A person is not required to obtain a temporary license to demonstrate a chiropractic technique upon a chiropractic physician at an educational class, seminar, conference or other educational opportunity.***

Sec. 9. NAC 634.385 is hereby amended to read as follows:

634.385 1. Except as otherwise provided in subsection 7, the Board may approve or endorse an educational class or a seminar if it is designed to advance the professional skills and



knowledge of the chiropractic physicians licensed, or chiropractors' assistants certified, in this State for the purpose of ensuring an optimum quality of chiropractic health care.

2. The Board may approve or endorse the attendance by licensees or holders of certificates, in person or on-line, of an educational seminar or seminars if:

(a) The syllabus and curriculum of the instructors of the seminar or seminars and the required fee are submitted to the Board;

(b) The seminar or seminars provide instruction in conformity with subsection 3 or 4 of NRS 634.130, as applicable;

(c) The seminar or seminars concern the clinical aspects of a practice or another topic that the Board determines to be in the best interest of the public;

(d) The sponsor of the seminar or seminars ensures that each licensee and holder of a certificate who requests credit for continuing education to satisfy the requirement set forth in subsection 3 or 4 of NRS 634.130, as applicable, attends at least 50 minutes of each hour of instruction;

(e) The seminar or seminars are sponsored by:

(1) A chiropractic college which has been accredited by:

(I) The Council on Chiropractic Education; or

(II) Another educational entity that has been approved by the Board;

(2) A state chiropractic board or association;

(3) The American Chiropractic Association, the International Chiropractors Association or the successor of either;

(4) A major hospital, as defined in NRS 439B.115; ~~or~~

(5) An accredited university or college; *or*

*(6) A regulatory body as defined in NRS 622.060;* and

(f) An original or a copy of a certificate of attendance at the seminar or seminars is provided directly to the Board by the sponsor, or licensee or holder of a certificate, as applicable, on or before January 1 of each odd-numbered year before the issuance of a renewal certificate.

3. As an alternative to the method of approval and endorsement provided in subsection 2, the Board will approve and endorse the attendance by licensees or holders of certificates, as applicable, in person or on-line, of an educational seminar or seminars if the seminar or seminars have been granted recognition status by the Providers of Approved Continuing Education of the Federation of Chiropractic Licensing Boards.

4. The sponsor of the seminar or seminars shall ensure that each licensee or holder of a certificate, as applicable, attending that seminar is in attendance in a timely manner at the start of each lecture. If the sponsor fails to maintain the proper monitoring procedure, such failure may constitute grounds for the Board to withdraw its approval of a current or future seminar or seminars hosted or arranged by that sponsor.

5. The sponsor of a seminar shall allow any representative of the Board to attend all or part of the seminar in order to monitor the content of the course or lecture and the procedures for taking attendance. A representative who is taking the seminar to satisfy the requirements of subsection 3 or 4 of NRS 634.130, as applicable, shall pay the full registration fee.

6. The sponsor of a seminar which has received the approval of the Board shall report to the Board all changes in the seminar as soon as possible.

7. Except as otherwise provided in this subsection, the Board will not award credit for continuing education to a licensee or holder of a certificate, as applicable, for an educational class or seminar that is of a nonclinical nature, including, without limitation, an educational class or seminar regarding the building or management of a chiropractic practice. For the purposes of this subsection, an educational class or seminar regarding proper billing procedures shall not be deemed to be an educational class or seminar regarding the building or management of a chiropractic practice.

8. The Board will not award credit for continuing education to an instructor of an educational class or seminar unless the instructor obtained from the Board approval for such credit before teaching the educational class or seminar.

9. Continuing education hours earned through the completion of a specific educational class or seminar may be counted only once during a calendar year toward the hours of continuing education required by subsection 3 or 4 of NRS 634.130, as applicable, even if the licensee or holder of a certificate completes that class or seminar more than once during that calendar year.

10. The Board will award credit for continuing education to a licensee or a holder of a certificate for all educational classes or seminars which are approved and endorsed by the Board pursuant to this section and are attended by the licensee or holder of a certificate.

**Sec. 10.** NAC 634.390 is hereby amended to read as follows:

634.390 1. If a licensee desires to surrender his or her license to practice chiropractic or a chiropractor's assistant desires to surrender his or her certificate, the licensee or holder of the certificate shall submit to the Board a sworn written statement of surrender of the license or certificate accompanied by delivery to the Board of the actual license or certificate issued to him

or her. The Board will accept or reject the surrender of the license or certificate. If the Board accepts the surrender of the license or certificate, the surrender is absolute and irrevocable and the Board will notify any agency or person of the surrender and the conditions under which the surrender occurred, as the Board considers advisable.

2. The voluntary surrender of a license or certificate or the failure to renew a license or certificate does not preclude the Board from hearing a complaint for disciplinary action made against the licensee or holder of the certificate.

***3. A voluntary surrender of a license or certificate granted by the Board:***

***(a) While the holder of the license or certificate is not under investigation by the Board shall be deemed voluntary and shall not be considered as disciplinary action by the Board.***

***(b) While the holder of the license or certificate is under investigation by the Board shall be deemed a revocation of the license or certificate.***

***4. The Board's acceptance or denial of a request for a voluntary surrender of a license or certificate pursuant to this section is within the Board's discretion.***

**Sec. 11.** NAC 634.515 is hereby amended to read as follows:

634.515 The following information included in an advertisement or written communication shall be deemed to be in compliance with NAC 634.515 to ~~{634.570,}~~ **634.565**, inclusive ~~{:}~~ **and section 1 of this regulation:**

1. Information relating to the licensee or chiropractic office, including, but not limited to:
  - (a) The name of the licensee or chiropractic office;
  - (b) A list of licensees associated with a chiropractic office and their designations, such as doctor of chiropractic, chiropractor or chiropractic physician;



- (c) The address and telephone number of the office; and
- (d) The hours during which the office will be open or the licensee will be available.
- 2. The date on which a license was issued to the licensee by the Board or by the licensing agency of another state.
- 3. Technical and professional licenses granted by this or any other state.
- 4. The ability of the licensee or persons employed by the licensee or in the chiropractic office to speak a language other than English.
- 5. The fields of chiropractic in which the licensee is certified or is a specialist, subject to the restrictions of NAC 634.550.
- 6. Information regarding prepaid or group plans for health care services in which the licensee participates.
- 7. The types of credit cards, if any, which are accepted.
- 8. The fee for an initial consultation or a schedule of fees provided in accordance with NAC 634.556.
- 9. The use of the name and address of a licensee or chiropractic office in a public service announcement or in connection with a charitable, civic or community program or event.

**Sec. 12.** NAC 634.521 is hereby amended to read as follows:

634.521 A licensee shall not make any false or misleading communications about himself or herself or his or her services. A communication shall be deemed to be misleading if it contains ~~{a}~~ :

- 1. A material misrepresentation of fact or law, or omits a fact necessary to make the statement, considered as a whole, not misleading ~~{-}~~ ; *or*

***2. A testimonial or endorsement representing that a person is a patient of the licensee made by a person who is not in fact a patient of the licensee.***

**Sec. 13.** NAC 634.541 is hereby amended to read as follows:

634.541 All advertisements and written communication must include the ~~{name}~~ :

- 1. Name of*** of at least one licensee ~~{or}~~ ;
- 2. Name of*** a referral bureau for licensees that is responsible for the content of the advertisement or communication ~~{}~~ ; ***or***

***3. Telephone number and Internet address of the website of at least one licensee.***

**Sec. 14.** NAC 634.550 is hereby amended to read as follows:

634.550 Except as otherwise provided in NAC 634.515 to ~~{634.570,}~~ ***634.565***, inclusive, ***and section 1 of this regulation***, a licensee shall not hold himself or herself out in any advertisement as being:

1. Certified; or
2. An expert or specialist other than an expert witness,  
➡ in a field of chiropractic unless he or she is registered with and approved by the Board as holding the applicable professional credentials in that field.

**Sec. 15.** NAC 634.419 and 634.570 are hereby repealed.

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## TEXT OF REPEALED SECTIONS

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### **634.419 Authorization of person to provide other services for patients in office of licensee.**

1. A licensee may authorize a person to provide services for his or her patients in the office of the licensee, other than chiropractic or clerical services, only if the licensee submits the information required by subsection 2 to the Board, on a form prescribed by the Board, at least 15 days before the person commences providing the services.

2. The form prescribed by the Board pursuant to subsection 1 must include:

- (a) The name, business telephone number and license number of the licensee;
- (b) The name of the person who will be providing the services for the patients of the licensee;
- (c) The type of services that the person will be providing for the patients of the licensee;
- (d) The address of the location at which the person will be providing the services for the patients of the licensee;
- (e) The date on which the person will begin providing the services for the patients of the licensee;

(f) A statement indicating that the person will not be providing chiropractic services, including, without limitation, taking radiographs, and services that involve the use of physiotherapeutic equipment;

(g) A statement indicating whether the person who will be providing the services is an employee of the licensee or is retained by the licensee as an independent contractor;

(h) A copy of any license or certificate that authorizes the person to provide the services that he or she will be providing for the patients of the licensee;

(i) A statement indicating that the licensee will ensure that a copy of any license or certificate that is provided to the Board pursuant to paragraph (h) is available to each patient of the licensee for whom the person provides services; and

(j) The signature of the licensee.

3. A licensee shall ensure that each employee of the licensee who provides services for the patients of the licensee in the office of the licensee, other than chiropractic or clerical services, provides those services only under the direct supervision of the licensee.

4. A licensee who authorizes an independent contractor to provide services in the office of the licensee pursuant to the provisions of this section shall establish procedures which ensure that each patient of the licensee to whom the independent contractor provides services is notified that:

(a) The independent contractor is not an employee of the licensee;

(b) The services provided by the independent contractor in the office of the licensee are not provided under the supervision or control of the licensee; and

(c) The licensee will not bill the patient or the insurance company of the patient for any services provided by the independent contractor.

5. A licensee shall notify the Board within 15 days after an employee or independent contractor who is authorized pursuant to this section to provide services to the patients of the licensee leaves the employ of or is no longer retained by the licensee.

**634.570 Inclusion of information in list or directory of licensees or chiropractic offices.**

The provisions of NAC 634.515 to 634.570, inclusive, do not prohibit the inclusion of information relating to a licensee or chiropractic office in a list or directory of licensees or chiropractic offices which is intended primarily for use by persons in the chiropractic profession, if the information has been traditionally included in such a list or directory.

**CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA**

**AGENDA ACTION SHEET**

TITLE: **Agenda Item 10** Discussion/approval regarding the use of Shock Wave Therapy – For possible action

RECOMMENDED MOTION: **No recommendation**

PRESENTED BY: **Ben Lurie, DC**

MEETING DATE: **October 12, 2017**

TIME REQUIRED: **15 minutes**

BACKGROUND INFORMATION: **See Attached.**

REVIEWED BY:      X   President     X   Secretary     X   Executive Director

ACTION:        Approved        Approved w/Modifications        Denied        Continued

**Agenda Item 10**

**From:** [REDACTED]

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

**Subject: Shockwave Therapy Information Requested**

Per conversation with your front desk, below is the information regarding shockwave therapy (ESWT) and my request for a determination as to whether this therapy is covered under my scope of practice. If you need any more information, please let me know.

Thank you,  
Shana Singer, DC

I am seeking an opinion from the Nevada Board of Chiropractic Physicians as to whether the use of Extracorporeal Shock Wave Therapy (ESWT) (specifically low energy ESWT) is considered within a Chiropractic Physician's scope of practice. It is my opinion that ESWT is a type of physical therapy modality permitted to be performed by Chiropractic Physicians under Nevada's statutes and regulations. An opinion of the Board is however requested given the cost of the machine and the potential for board discipline if my analysis is incorrect. If any further information is needed to make the requested determination, please let me know.

ESWT is an FDA approved physical therapy modality like electrical stimulation, ultrasound, etc. The following is a description of ESWT. The sources of the information provided can be accessed at [www.shockwavetherapy.eu](http://www.shockwavetherapy.eu) and [www.shockwavedoctor.com](http://www.shockwavedoctor.com). Most of the language used herein is taken directly from these sources and full attribution is given to them. It is recommended that these sites be visited for a more detailed description.

ESWT is a non-surgical approach to pain relief that is used regularly to cure common problems like plantar fasciitis and Achilles tendonitis. The therapy works by targeting shock waves directly to the area that is experiencing pain.

The therapy is treated extracorporeally. Patients receive the therapy outside the body instead of receiving an invasive surgery. This promotes a faster recovery time, and it also minimizes the side effects from the treatment itself. In the process of ESWT, damaged tissue cells begin to rebuild. Therefore, healing of the injured area will occur over a few days, weeks or months as these new cells develop. In some rare cases, individuals will experience soreness or bruising after the treatment.

The assembly is positioned with the head in contact with the skin, aimed precisely at the targeted area. Controls are set to focus the shockwave so that they travel through the skin and tissue without damaging it – releasing their maximum energy deep inside the tissue, right at the painful spot that needs treatment.

The energy of the shockwaves delivers a “micro-trauma” to the targeted spot that literally shocks the body into healing. The body responds by addressing the damage and inflammation at the source of the chronic pain, starting with the construction of new blood vessels.

Stimulated and reinvigorated, the body’s self-healing processes complete the repair and rebuilding. New healthy tissue develops, restoring function and reducing or eliminating pain in areas that were formerly afflicted by severe inflammation by microscopically-torn fibers or other seemingly irreparable damage.

As healing progresses, the body is able to break down and absorb calcific deposits. The pressure exerted on the tissue during the shockwave treatment also has a direct and primary analgesic effect, in addition to stimulating long-term healing.

ESWT can be used to treat a wide variety of musculoskeletal conditions, particularly those involving areas where major connective tissues attach to bones. Complaints involving attachment points for tendons and ligaments in major joints like the shoulder (ex. rotator cuff), elbow (epicondylitis), hip, knee (tendonitis) are common for ESWT.

One of the areas most frequently treated with ESWT is the foot. Some conditions in the foot that have been treated include,

- Plantar Fasciitis
- Achilles Tendinitis
- Calcific Tendinitis
- Connective Tissue Pain and Degeneration
- Joint Injuries
- Morton’s Neuroma



Additional Treatment areas:

- Hip Area
- Lower Extremities
- Temporal Mandibular Joints
- Cervical Spine
- Pectoral Guide
- Upper Extremities
- Thoracic and Lumbar Spine

Contraindications:

- Thrombosis
- Pregnancy
- Cancer-Lesions or tumors over treatment site

PowerPoll - ESWT  
Nevada 8/8/2017

Information provided indicates that Extracorporeal Shock Wave Therapy (ESWT) is an FDA approved physical therapy modality like electrical stimulation, ultrasound, etc. ESWT is a

Q1: Have you ever heard of ESWT?

Q2: Does your board permit ESWT?

Board	Q1	Q2
Alabama	Yes	<p>Section 34-24-120</p> <p>"Chiropractic" defined; authority of licensed chiropractor.</p> <p>(a) The term "chiropractic," when used in this article, is hereby defined as the science and art of locating and removing without the use of drugs or surgery any interference with the transmission and expression of nerve energy in the human body by any means or methods as taught in schools or colleges of chiropractic which are recognized by the State Board of Chiropractic Examiners.</p> <p>(b) Any chiropractor who has been certified and licensed by the State Board of Chiropractic Examiners may examine, analyze, and diagnose the human body and its diseases by the use of any physical, clinical, thermal, or radonic method, and the use of X-ray diagnosing, and may use any other general method of examination for diagnosis and analysis taught in any school of chiropractic recognized by the State Board of Chiropractic Examiners.</p>
Arizona		The Board has not dealt directly with ESWT at this time. Based on your description, I believe ESWT would fall under the Physical Medicine Modalities certification. PMMTP is defined as "any physical agent applied to produce therapeutic change to biologic tissues..."
California	Yes	Our Board doesn't explicitly permit ESTW, nor is it prohibited outright. My understanding is that there are two types of ESWT devices: ESWT Ultrasound and ESWT Lithotripsy. While California Law authorizes Chiropractors to use ultrasound, it specifically prohibits the use of lithotripsy. The answer to this question would, therefore, be dependent on the specific device being used by a chiropractor.
Georgia	Yes	The board has not taken a position
Hawaii	No	Not addressed
Illinois	Yes	As a combined board, we're familiar with Extracorporeal Shock Wave Lithotripsy. I can't recall any issues with this particular modality coming up though. I'd imagine it would be okay in Illinois though as we define chiropractic as "treating human ailments and conditions without the aid of drugs or surgery" and this is neither.
Maine	No	This therapy has never come up in the Board, so no decision has been made.
Minnesota	No	This has not come up

PowerPoll - ESWT  
Nevada 8/8/2017

Information provided indicates that Extracorporeal Shock Wave Therapy (ESWT) is an FDA approved physical therapy modality like electrical stimulation, ultrasound, etc. ESWT is a

Q1: Have you ever heard of ESWT?

Q2: Does your board permit ESWT?

Board	Q1	Q2
Missouri	No	Any treatment device used by a chiropractic physician must be commonly taught in a chiropractic college.
Montana	No	Not specifically addressed in statute or rule. Would be an interpretation of statute 37-12-101. Definitions -- practice of chiropractic <a href="http://leg.mt.gov/bills/mca/37/12/37-12-101.htm">http://leg.mt.gov/bills/mca/37/12/37-12-101.htm</a> (3) "Chiropractic" is the system of specific adjustment or manipulation of the articulations and tissues of the body, particularly of the spinal column, for the correction of nerve interference and includes the use of recognized diagnostic and treatment methods as taught in chiropractic colleges but does not include surgery or the prescription or use of drugs.
Ohio	Yes	There is nothing in Ohio scope of practice that would prohibit ESWT
Oklahoma	No	Not ever discussed
South Dakota	No	
Texas	A few board members have heard of it	The TBCE does permit ESWT if used in scope to treat the biomechanics of the spine or musculoskeletal system. This includes that required safety protocols are met and contra-indications are avoided.
Utah	No	Don't know
Washington	Yes	Our Commission recently reviewed this device and determined it is not within the Washington State scope of practice in RCW 18.25.005 (2) <a href="http://app.leg.wa.gov/RCW/default.aspx?cite=18.25.005">http://app.leg.wa.gov/RCW/default.aspx?cite=18.25.005</a> because of the prohibited clause in the law, as follows:  "Chiropractic care also includes such physiological therapeutic procedures as traction and light, but does not include procedures involving the application of sound, diathermy, or electricity."
West Virginia	No	
Wyoming	No	Don't know

**CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA**

**AGENDA ACTION SHEET**

TITLE: **Agenda Item 11** Discussion/approval regarding the use of Bio-Electro-Magnetic-Energy-Regulation (BEMER) – For possible action

RECOMMENDED MOTION: **No recommendation**

PRESENTED BY: **Ben Lurie, DC**

MEETING DATE: **October 12, 2017**

TIME REQUIRED: **10 minutes**

BACKGROUND INFORMATION: **See Attached.**

REVIEWED BY:      X   President     X   Secretary     X   Executive Director

ACTION:        Approved        Approved w/Modifications        Denied        Continued

**Agenda Item 11**

## Julie Strandberg

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**From:** Benjamin S. Lurie  
**Sent:** Monday, September 11, 2017 10:21 AM  
**To:** Julie Strandberg  
**Subject:** Fwd: Good morning Dr. Lurie

Julie,

Please add this therapy equipment to the addenda for the board to discuss.

Can you also have the FCLB run a power poll on this as well.

Thank you,

Dr. Benjamin S. Lurie  
Chiropractic Physician  
President - Chiropractic Physicians Board of Nevada  
4600 Kietzke Lane, Suite M-245  
Reno, NV 89502  
(O) 775-688-1921  
(F) 775-688-1920  
(C) 702-236-8500  
Email: [DrLurie@chirobd.nv.gov](mailto:DrLurie@chirobd.nv.gov)  
Web: [chirobd.nv.gov](http://chirobd.nv.gov)  
Sent from my iPhone. Please pardon any typos.

Begin forwarded message:

**From:** dr chris enomoto <[dr\\_chris.enomoto@bemermail.com](mailto:dr_chris.enomoto@bemermail.com)>  
**Date:** September 8, 2017 at 11:12:17 AM PDT  
**To:** [drlurie@chirobd.nv.gov](mailto:drlurie@chirobd.nv.gov)  
**Cc:** [pamela.clark@bemermail.com](mailto:pamela.clark@bemermail.com)  
**Subject:** Good morning Dr. Lurie

Hello Dr. Lurie,

Pamela Clark and I just sent you an invitation to the BEMER Science Dropbox folder. If you didn't receive it please let us know asap.

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BEMER improves blood circulation by improving microcirculation, with noticeable effects. Without a functioning microcirculation, healing is difficult if not impossible.

BEMER is a complementary therapy that supports the body's efficiency and capacity to self-heal. At the same time, it lays the groundwork so that both conventional medical therapies and natural healing methods can work better. It's the ideal addition to all known methods of therapy.

BEMER therapy is not a disease-specific therapy. Its effects on the microcirculation and the resulting improvements to the supply and removal of substances to/from the body's cells allows these cells to produce and supply increasing amounts of energy and therefore in turn carry out their tasks (production) better. This "production increase" and the resulting increased supply to cell products allow the body to reactivate its control cycles, meaning that the body helps itself and can promote the healing process.

We have also provided a couple of links for your review.

[Doctor Testimonials](#)

[BEMER technology explained in 5 minutes](#)

Thank you for taking the time to learn about BEMER, Dr. Lurie. If you have any questions please don't hesitate to call or email us. We look forward to hearing from you.

Very Respectfully,

Dr. Chris M. Enomoto, Psy.D., M.B.A.  
808-351-3610  
[dr\\_chris.enomoto@bemermail.com](mailto:dr_chris.enomoto@bemermail.com)

Pamela L. Clark, B.S.N., B.S.S  
702-581-5219  
[pamela.clark@bemermail.com](mailto:pamela.clark@bemermail.com)

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## Julie Strandberg

---

**To:** Benjamin S. Lurie  
**Subject:** RE: Good morning Dr. Lurie

**From:** dr chris enomoto <[dr\\_chris.enomoto@bemermail.com](mailto:dr_chris.enomoto@bemermail.com)>  
**Date:** September 8, 2017 at 11:12:17 AM PDT  
**To:** [drlurie@chirobd.nv.gov](mailto:drlurie@chirobd.nv.gov)  
**Cc:** [pamela.clark@bemermail.com](mailto:pamela.clark@bemermail.com)  
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Long-term effects of Bio-Electromagnetic-Energy Regulation therapy on fatigue in patients with multiple sclerosis.

Ziemssen T, Piatkowski J, Haase R.

Altern Ther Health Med. 2011 Nov-Dec;17(6):22-8.

PMID: 22314716

Synergistic effect of EMF-BEMER-type pulsed weak electromagnetic field and HPMa-bound doxorubicin on mouse EL4 T-cell lymphoma.

Říhová B, Etrych T, Šírová M, Tomala J, Ulbrich K, Kovář M.

J Drug Target. 2011 Dec;19(10):890-9. Epub 2011 Oct 10.

PMID: 21981636

Effect of BEMER magnetic field therapy on the level of fatigue in patients with multiple sclerosis: a randomized, double-blind controlled trial.

Piatkowski J, Kern S, Ziemssen T.

J Altern Complement Med. 2009 May;15(5):507-11.

PMID: 19422286

1. Effects of weak, low-frequency pulsed electromagnetic fields (BEMER type) on gene expression of human mesenchymal stem cells and chondrocytes: an in vitro study.  
Walther M, Mayer F, Kafka W, Schütze N.  
Electromagn Biol Med. 2007;26(3):179-90.  
PMID: 17886005
2. The effects of the "physical BEMER® vascular therapy", a method for the physical stimulation of the vasomotion of precapillary microvessels in case of impaired microcirculation, on sleep, pain and quality of life of patients with different clinical pictures on the basis of three scientifically validated scales.  
Bohn W, Hess L, Burger R.  
J Complement Integr Med. 2013;10(Suppl):S5-12, S5-13. doi: 10.1515/jcim-2013-0037.  
English, German.  
PMID: 23940071
3. [Effects of physical stimulation of spontaneous arteriolar vasomotion on microcirculation and the immune system in diabetes and impaired wound healing].  
Klopp R, Schulz J, Niemer W, Ruhnau KJ.  
Z Gerontol Geriatr. 2014 Jul;47(5):415-24. doi: 10.1007/s00391-013-0567-8. German.  
PMID: 24271148
4. Effects of various physical treatment methods on arteriolar vasomotion and microhemodynamic functional characteristics in case of deficient regulation of organ blood flow. Results of a placebo-controlled, double-blind study.  
Klopp RC, Niemer W, Schmidt W.  
J Complement Integr Med. 2013;10(Suppl):S39-46, S41-9. doi: 10.1515/jcim-2013-0035.  
English, German.  
PMID: 24021606
5. Complementary-therapeutic stimulation of deficient autorhythmic arteriolar vasomotion by means of a biorhythmically physical stimulus on the microcirculation and the immune system in 50-year-old rehabilitation patients.  
Klopp RC, Niemer W, Schulz J.  
J Complement Integr Med. 2013;10(Suppl):S29-37, S31-9. doi: 10.1515/jcim-2013-0034.

English, German.

PMID: 24021604

Influence of a specific, biorhythmically defined physical stimulus on deficient vasomotion in small-caliber arterioles in the subcutis in patients with diabetic polyneuropathy.

Klopp RC, Niemer W, Schulz J, Ruhnau KJ.

J Complement Integr Med. 2013;10(Suppl):S21-7, S23-9. doi: 10.1515/jcim-2013-0033. English, German.

PMID: 24021603

Effects of physical stimulation of spontaneous arteriolar vasomotion in patients of various ages undergoing rehabilitation.

Klopp RC, Niemer W, Schulz J.

J Complement Integr Med. 2013;10(Suppl):S13-9, S15-21. doi: 10.1515/jcim-2013-0032.

English, German.

PMID: 24021602

**BEMER Therapy Combined with Physiotherapy in Patients with Musculoskeletal Diseases: A Randomised, Controlled Double Blind Follow-Up Pilot Study.**

<http://www.ncbi.nlm.nih.gov/pubmed/26078768>

Gyulai F, Rába K, Baranyai I, Berkes E, Bender T.

Evid Based Complement Alternat Med. 2015;2015:245742. doi: 10.1155/2015/245742. Epub 2015 May 20.

PMID: 26078768

The technological development history and current significance of the "physical BEMER® vascular therapy" in medicine.

Bohn W.

J Complement Integr Med. 2013;10(Suppl):S1-3. doi: 10.1515/jcim-2013-0036. English, German. No abstract available.

PMID: 24021601

FCLB PowerPoll: BEMER  
Nevada 9/18/2017

BEMER (Bio-Electro-Magnetic-Energy-Regulation) is a complementary therapy that supports the body's efficiency and capacity to self-heal. At the same time, it

Board	Does your board allow BEMER?
Arizona	The Arizona Board has not addressed anything related to Bio-Electric-Energy-Regulation (BEMER). The treatment would likely fall under the Board's Physical Medicine Modalities and Therapeutic Procedures certificate.
Arkansas	the Board has not had any discussions about this product in the past.
Illinois	I don't think we've looked at it. From the below and what I've read since I think we would as long as the practitioner has proper informed consent and is not making outlandish claims regarding efficacy, etc.
Kentucky	This therapy has not been specifically addressed by our board. However, the way that the Kentucky scope of practice reads (KRS 312.015 and KRS 312.017), it must be taught by accredited chiropractic colleges and the licensee must have training from an accredited chiropractic college, and use the therapy as an adjunct to the chiropractic adjustment. It may not be a stand-alone treatment since the subluxation must be the primary diagnosis being treated.
Maine	Unknown to the Maine Board.
Maryland	It is allowed in Maryland - but currently not approved or disapproved. The Board has not taken a position on this specific technology.

FCLB PowerPoll: BEMER  
Nevada 9/18/2017

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Board	Does your board allow BEMER?
Minnesota	<p>Yes, I believe that it would fall under the following definitions:</p> <p>Minn Statute: 148.01 CHIROPRACTIC. Subdivision 1. Definitions. (6) "therapeutic services" means rehabilitative therapy as defined in Minnesota Rules, part 2500.0100, subpart 11, and all of the therapeutic, rehabilitative, and preventive sciences and procedures for which the licensee was subject to examination under section 148.06. When provided, therapeutic services must be performed within a practice where the primary focus is the provision of chiropractic services, to prepare the patient for chiropractic services, or to complement the provision of chiropractic services. The administration of therapeutic services is the responsibility of the treating chiropractor and must be rendered under the direct supervision of qualified staff;</p> <p>Minn Administrative Rule: 2500.0100 DEFINITIONS Subp. 11. Rehabilitative therapy. "Rehabilitative therapy" means therapy that restores an ill or injured patient to the maximum functional improvement by employing within the practice of chiropractic those methods, procedures, modalities, devices, and measures which include mobilization; thermotherapy; cryotherapy; hydrotherapy; exercise therapies; nutritional therapy; meridian therapy; vibratory therapy; traction; stretching; bracing and supports; trigger point therapy; massage and the use of forces associated with low voltage myostimulation, high voltage myostimulation, ultraviolet light, diathermy, and ultrasound; and counseling on dietary regimen, sanitary measures, occupational health, lifestyle factors, posture, rest, work, and recreational activities that may enhance or complement the chiropractic adjustment.</p>
New Mexico	<p>Per the Chiropractic rules 16.4.1.7 A and 16.4.18.12. They both list among other things sound, heat, light, electricity and mechanical or other devices.</p> <p>BEMER is basically creating an electrical magnetic field to create better blood flow in the small vessels which can increase oxygenation of tissue which can assist in healing of the tissue. Based on our rules and the fact that it is an FDA registered device, I would say it would be allowed within our scope of practice.</p>
North Carolina	No. We have never been asked before and never heard of it.
Ohio	We have never heard of BEMER, nor been asked about it, but it appears it would be within our scope.

FCLB PowerPoll: BEMER  
Nevada 9/18/2017

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Board	Does your board allow BEMER?
Oklahoma	<p>Title 59 O.S.</p> <p>Section 161.2 - Chiropractic Defined - Scope of Practice.</p> <p>A. Chiropractic is the science and art that teaches health in anatomic relation and disease or abnormality in anatomic disrelation, and includes hygienic, sanitary and therapeutic measures incident thereto in humans. The scope of practice of chiropractic shall include those diagnostic and treatment services and procedures which have been taught by an accredited chiropractic college and have been approved by the Board of Chiropractic Examiners.</p> <p>OAC 140:1-1-2</p> <p>"Scope of practice" means chiropractic is the science and art that teaches health in anatomic relation and disease or abnormality in anatomic disrelation, and includes hygienic, sanitary and therapeutic measures incident thereto in humans. Pursuant to 59 O.S. § 161.2, the Board hereby approves The scope of practice of chiropractic shall include those diagnostic and treatment services and procedures related to the science and art of chiropractic as defined herein and as described in the Oklahoma Chiropractic Practice Act and, which have been taught by an accredited chiropractic college and have been approved by the Board of Chiropractic Examiners. Such diagnostic and treatment services and procedures shall include the following: Chiropractic physicians may examine, analyze and diagnose the human body to correct, relieve or prevent diseases and abnormalities by the use of any physical, chemical, electrical, or thermal method; use or order diagnostic radiological imaging; use or order laboratory testing; and use any other method of examination for diagnosis and analysis taught by an accredited chiropractic college and approved by the Board of Chiropractic Examiners. In addition, Chiropractic physicians may adjust, manipulate and treat the human body by manual, mechanical, chemical, electrical, or natural methods; by the use of physiotherapy; meridian therapy; by utilizing hygienic, sanitary and therapeutic measures; by the administration of naturopathic and homeopathic remedies, by the application of first aid or by performing any other treatment taught by an accredited chiropractic college and approved by the Board of Chiropractic Examiners. Nothing in this rule shall permit a Chiropractic Physician to prescribe legend drugs, beyond injectable nutrients as authorized by, as is currently the law in Title 59 Section 161.12 of the Oklahoma Statutes.</p>

FCLB PowerPoll: BEMER  
Nevada 9/18/2017

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Board	Does your board allow BEMER?
Oregon	<p>Oddly I just receive a call from on 7-13-17 from a person asking if Oregon allowed the use of the BEMER. The individual stated she was a friend of a naturopath and a chiropractor and she an unlicensed individual used it on the DC, according to the caller the DC felt relief of his symptoms of stress. I asked what she an unlicensed individual was doing applying and physio therapy to anyone, and her response was the ND a friend was there and she used it regularly. When I asked what type of therapy it was she described it as an electrical therapy that increased the circulation. Her repeated description was that it was "micro current" . I told her if it was a type of electro therapy it would be within the scope of practice for Oregon DC but not unlicensed individuals. Her response was the DC was considering purchasing one if it was legal.</p> <p>After her phone call I Googled the BEMER and obtained the same definition and information that you have forwarded. It describes what the unit is to accomplish but no scientific description of how it is supposed to obtain the results . Considering this fact that the unit would have to be reviewed by the Board it is likely the Board would refer it to the E.T.S.D.P (Examination, Tests, Substances, Devices, and Procedures) committee for review and the commented would make recommendations to the Board on the device.</p> <p>So to answer your question because the device is not specifically mention in our P&amp;P as accepted or excluded for use, at this time is not permitted to use in Oregon until it is reviewed by the Board.</p>
Pennsylvania	No
South Dakota	Not familiar with this.
Texas	Our Board has not specifically addressed BEMER therapy; however, because BEMER is not a disease-specific therapy, is non-invasive and is proposed to treat circulation and other things related to the biomechanical condition of the spine and musculoskeletal system, it is within scope and permitted under our Scope of Practice Rules.
Utah	No specific language regarding this
Virginia	The Virginia Board of Medicine does not license or regulate therapies.

FCLB PowerPoll: BEMER  
Nevada 9/18/2017

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Board	Does your board allow BEMER?
Washington	<p>The Chiropractic Quality Assurance Commission (Commission) has not reviewed the BEMER device before. They have a review process <a href="http://www.doh.wa.gov/Portals/1/Documents/2300/2014/6-12-14.pdf">http://www.doh.wa.gov/Portals/1/Documents/2300/2014/6-12-14.pdf</a>, that includes forms being completed by the inquirer and information about the device/procedure that outlines it be submitted for the Commission's review to determine a category of approved, non-approved, or research/investigational before the device/procedure can be used. The criteria they use to determine a category can be read in WAC 246-808-505 <a href="http://app.leg.wa.gov/wac/default.aspx?cite=246-808-505">http://app.leg.wa.gov/wac/default.aspx?cite=246-808-505</a>, and it creates the format for their Classification of Chiropractic Instrumentation and Procedures List (list) <a href="http://www.doh.wa.gov/portals/1/Documents/Pubs/641042.pdf">http://www.doh.wa.gov/portals/1/Documents/Pubs/641042.pdf</a>.</p> <p>I had one person inquire about the BEMER, and I sent them the forms to complete and explained the review process but they never submitted the forms and information back to me, so it was never reviewed by the Commission. However, the Washington State chiropractic scope of practice in RCW 18.25.005 <a href="http://app.leg.wa.gov/RCW/default.aspx?cite=18.25.005">http://app.leg.wa.gov/RCW/default.aspx?cite=18.25.005</a> prohibits the application of sound, diathermy, and electricity. Additionally, the list also prohibits the use of pulsed electro-magnetic fields (PEMF), and after a brief review of the device from the internet <a href="https://www.patientslikeme.com/treatments/show/8589-bioelectromagneticenergyregulation-bemer-side-effects-and-efficacy">https://www.patientslikeme.com/treatments/show/8589-bioelectromagneticenergyregulation-bemer-side-effects-and-efficacy</a>, it uses PEMF so it wouldn't be approved to use in Washington at this time.</p>
West Virginia	No



**CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA**

**AGENDA ACTION SHEET**

TITLE: **Agenda Item 12** Consideration to approve the application for Temporary Licensure for Dr. Daniel McClure – For possible action

RECOMMENDED MOTION: **No recommendation**

PRESENTED BY: **Ben Lurie, DC**

MEETING DATE: **October 12, 2017**

TIME REQUIRED: **10 minutes**

BACKGROUND INFORMATION: **See Attached.**

REVIEWED BY:      X   President     X   Secretary     X   Executive Director

ACTION:        Approved        Approved w/Modifications        Denied        Continued

**Agenda Item 12**

## **Daniel J. McClure, DC**

**Active License: Colorado**

**Expired License: Idaho**

### **Application for Temporary License**

**November 30 - December 03, 2017 - Pending**

**Application disclosed:**

- Malpractice – Settled as a nuisance suit – 4 years ago

**Colorado License Verification**

5/28/14 Cease and Desist Order- Practicing Animal Chiropractic without a valid license

**The Federation of Chiropractic Licensing Boards report disclosed:**

5/28/14 Cease and Desist Order - Animal Chiropractic

**National Practitioner Data Bank report disclosed:**

7/12/13 Malpractice - Improper Technique - Settlement

7/05/01 Malpractice - Diagnosis: Failure to Diagnose - Settlement

**December 03-06, 2015 – Approved**

**Application disclosed:**

- Colorado Boards' disciplinary cease and desist order.
- Malpractice –Settled as a nuisance suit – No action taken.

**Colorado License Verification**

5/28/14 Cease and Desist Order- Practicing Animal Chiropractic without a valid license

**The Federation of Chiropractic Licensing Boards report disclosed:**

5/28/14 Cease and Desist Order - Animal Chiropractic

**National Practitioner Data Bank report was not provided.**

### **Reason for Board Appearance**

Dr. McClure failed to disclose the Colorado disciplinary action and the 2001 Malpractice suit in accordance with the CIN-BAD and NPDB reports.

### **Waiver of the 21-Day Period**

On September 30, 2017 Dr. McClure signed the 21-day waiver to appear before the Board.

**NRS 634.115 Temporary license: Application; conditions; limitations.**

1. Except as otherwise provided in subsections 4 and 5, upon application, payment of the fee, if required, and the approval of its Secretary and President, the Board may, without examination, grant a temporary license to practice chiropractic in this State to a person who holds a corresponding license or certificate in another jurisdiction which is in good standing and who actively practices chiropractic in that jurisdiction. A temporary license may be issued for the limited purpose of authorizing the holder thereof to treat patients in this State.

2. Except as otherwise provided in this subsection, an applicant for a temporary license must file an application with the Secretary of the Board not less than 30 days before the applicant intends to practice chiropractic in this State. Upon the request of an applicant, the President or Secretary may, for good cause, authorize the applicant to file the application fewer than 30 days before he or she intends to practice chiropractic in this State.

3. Except as otherwise provided in subsection 6, an application for a temporary license must be accompanied by a fee of \$50 and include:

(a) The applicant's name, the address of his or her primary place of practice and the applicant's telephone number;

(b) A current photograph of the applicant measuring 2 by 2 inches;

(c) The name of the chiropractic school or college from which the applicant graduated and the date of graduation; and

(d) The number of the applicant's license to practice chiropractic in another jurisdiction.

4. A temporary license:

(a) Is valid for the period designated on the license, which must be not more than 10 days;

(b) Is valid for the place of practice designated on the license; and

(c) Is not renewable.

5. The Board may not grant more than two temporary licenses to an applicant during any calendar year.

6. A chiropractic physician who applies for a temporary license solely for the purpose of providing chiropractic services to a patient in this State without remuneration is not required to pay the fee required pursuant to subsection 3.

**NAC 634.367 Temporary license: Authorized acts. ([NRS 634.030](#), [634.115](#))** A person who is issued a temporary license pursuant to [NRS 634.115](#) is authorized to:

1. Substitute for a licensee during a period in which the licensee is:

(a) On vacation; or

(b) Unable to perform chiropractic services because of illness, injury or military leave.

2. Perform chiropractic services for a traveling sports or professional group.

3. Demonstrate and perform chiropractic services as a visiting teacher of an educational seminar.

4. Perform chiropractic services in other circumstances as the Board may approve.

Temporary Application  
Teaching Technique for  
ProSport Chiropractic



te and mail to: **Chiropractic Physicians' Board of Nevada**  
4600 Kietzke Lane, Suite M245  
Reno, Nevada 89502

CHK # 7485 \$50

Telephone: 775-688-1921

DO NOT FAX APPLICATION

**OR TEMPORARY LICENSE TO PRACTICE CHIROPRACTIC IN THE STATE OF NEVADA**

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

Name: DANIEL J MCCLURE DC Telephone: 970-946-9802

Mailing Address: P.O. Box 124 BAYFIELD CO 81122 Work Email: \_\_\_\_\_

Address where currently practicing: 1155 N CEDAR DR. BAYFIELD CO 81122

Chiropractic College where your D.C. degree was obtained: PALMER DAVENTPORT IA.

Date of Graduation: 12-10-82 DOB: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Current chiropractic license number: 1963 State: CO Expiration Date: 10-31-17

Other states in which you have been granted a license to practice chiropractic: IDAHOE

Current status of other licenses:

1. Have you ever been denied a license by any other jurisdiction? \_\_\_\_ Yes ☒ No ☐ If yes, provide the details: \_\_\_\_\_

SEP 28 2017

2. Have you ever surrendered a license? \_\_\_\_ Yes ☒ No ☐ If yes, provide the details: \_\_\_\_\_

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RENO, NEVADA 89502

3. Are there any outstanding complaints or disciplinary actions pending against you in any other jurisdiction?  
\_\_\_\_ Yes ☒ No ☐ If yes, provide the details: \_\_\_\_\_

4. Have you ever been the subject of disciplinary action in any other jurisdiction? \_\_\_\_ Yes ☒ No ☐  
If yes, provide the details: \_\_\_\_\_

5. Have you ever been named as a defendant in a professional malpractice suit? ☒ Yes \_\_\_\_ No ☐  
If yes, provide the details: SETTLED AS A NUISANCE SUIT. 4 YEARS AGO

6. 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, provide the details and the final disposition: \_\_\_\_\_

7. 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 still must report this information, including juvenile records.** \_\_\_\_ Yes ☒ No ☐ If yes, provide the details and the final disposition: \_\_\_\_\_

8. Are you now or have you ever been found in default in the payment of a student loan? \_\_\_\_ Yes ☒ No ☐  
If yes, give details and current status: \_\_\_\_\_

9. 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 the current status: \_\_\_\_\_

10. 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.

Reason for temporary license: TEACHING TECHNIQUE FOR PRO SPORT CHIROPRACTIC DEC 2017 SEMINAR

[ ] I Will [X] I Will Not be receiving payment directly or indirectly for chiropractic services I perform in Nevada.

Event start date: 11-30-17 End date: 12-3-17

Event location (name & address): BALLY'S Las Vegas

3645 Las Vegas Blvd  
Las Vegas, NV 89109

**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 has otherwise met all statutory requirements; that he/she understand and is accountable for Nevada chiropractic laws and believes him/herself eligible for activation of his/her license to practice chiropractic, and that he/she has read and understands this affidavit.

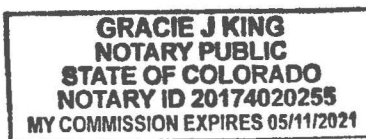
Signed: Daniel J McClure, DC Date: 6-19-17

State of Colorado

County of La Plata

Signed and sworn to before me on this 19 day of June, 2017

Gracie J. King  
Notary Public



**OFFICE USE:**

Approved \_\_\_\_\_ Denied \_\_\_\_\_ President \_\_\_\_\_

Approved \_\_\_\_\_ Denied \_\_\_\_\_ Secretary \_\_\_\_\_

Colorado License Verification

Cease & Desist Order





## Lookup Detail View

### Licensee Information

*This serves as primary source verification\* of the license.*

*\*Primary source verification: License information provided by the Colorado Division of Professions and Occupations, established by 24-34-102 C.R.S.*

Name	Public Address
Daniel Joseph McClure	%BAYFIELD CHIROPRACTIC P O BOX 738 BAYFIELD, CO 81122

### Credential Information

License Number	License Method	License Type	License Status	Original Issue Date	Effective Date	Expiration Date
CHR.0001963	Examination	Chiropractic	Active	01/28/1983	11/01/2015	10/31/2017

### Authority Information

Authority Number	Authority Type	Original Issue Date	Effective Date	Expiration Date
EL.2766756	Electrotherapy - Chiropractic	01/28/1983		

### Board/Program Actions

Case Number	Public Action	Resolution	Effective Date	Completed Date
2014-1798	CLS Cease & Desist Order	Cease & Desist Order	05/28/2014	

### Online Documents

**IMPORTANT NOTICE:** All available online documents are accessible through our DPO Public Documents System

([http://www.dora.state.co.us/pls/real/DDMS\\_Search\\_GUI.DPO\\_Search\\_Form](http://www.dora.state.co.us/pls/real/DDMS_Search_GUI.DPO_Search_Form)). To view, click the link(s) below to access the Documents System. Once there you may enter the licensee name or license number to complete the search. All public documents related to the licensee will be visible upon completion of the search.

If you have any questions or further issues, please contact us at [dora\\_dpo\\_onlinelicenses@state.co.us](mailto:dora_dpo_onlinelicenses@state.co.us).

Link	Unique ID Number	DocType	DocSource
DPO Public Documents ( <a href="http://www.dora.state.co.us/pls/real/DDMS_Search_GUI.DPO_Search_Form">http://www.dora.state.co.us/pls/real/DDMS_Search_GUI.DPO_Search_Form</a> )	300158	HPPP-CO PUBLIC DISCIPLINARY ACTION	IMAGE

Generated on: 9/27/2017 3:41:04 PM

BEFORE THE COLORADO BOARD OF CHIROPRACTIC EXAMINERS

STATE OF COLORADO

Case No. 2014-1798

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**CEASE AND DESIST ORDER**

---

IN THE MATTER OF THE UNAUTHORIZED AND UNLAWFUL PRACTICE OF  
ANIMAL CHIROPRACTIC IN THE STATE OF COLORADO BY DANIEL JOSEPH  
MCCLURE, LICENSE NUMBER CHR1963,

Respondent.

---

The Colorado Board of Chiropractic Examiners ("Board") considered the credible evidence presented by written complaint and all other available information submitted or discovered in connection therewith in the above-captioned matter.

Based upon this review, the Board has jurisdiction over Daniel Joseph McClure ("Respondent") and the subject matter herein. The Board finds as follows:

1. Respondent was initially licensed to practice Chiropractic in the State of Colorado on January 28, 1983 with an Electrotherapy authority/credential.
  2. Respondent is not and never has been registered under § 12-33-127, C.R.S., to perform animal chiropractic.
  3. As of May 22, 2014, Respondent has not submitted to the Board the application approved by the Board for Animal Chiropractic Authority including the information required pursuant to § 12-33-127(3)(b), C.R.S."
  4. The Board, having reviewed material that contains the following conduct and statements, hereby finds Respondent's conduct constitutes the practice of animal chiropractic as defined in § 12-33-102(1.3), C.R.S. Respondent is in violation of § 12-33-127, C.R.S., and poses an imminent threat to the health and safety of the public pursuant to § 12-33-119.2(1)(a), C.R.S.:
    - a. Based upon the Board's review and consideration, there exists credible evidence Respondent is practicing or has practiced animal chiropractic without a valid Animal Chiropractic Authority.
-

- b. Based upon the Board's review and consideration, there exists credible evidence Respondent is practicing or has practiced animal chiropractic without the direct, on- premises supervision of a licensed veterinarian.
- c. Based upon the Board's review and consideration, there exists credible evidence Respondent is practicing or has practiced animal chiropractic without the required medical clearance by a licensed veterinarian.
- d. On or around April 7, 2014, Respondent submitted a written response to the Board for case number 2013-2819, to answer specific questions submitted on behalf of the Board to Respondent by an investigator with the Division of Professions and Occupations.
  - i. Respondent admitted that he performed animal chiropractic adjustments as part of his practice for over 33 years.
  - ii. Respondent admitted that he continued to practice animal chiropractic after June 1, 2009 without Animal Chiropractic Authority.
  - iii. Respondent has submitted an application for Animal Chiropractic Authority on or about April 15, 2014. As of the date of this Order, Respondent has not provided verification of educational qualifications pursuant to § 12-33-127 (4), C.R.S.

5. The statutory authority of the Board is as follows:

- a. "A licensed chiropractor who is registered under this section is authorized to perform animal chiropractic when such chiropractic diagnosis and treatment is consistent with the scope of practice for chiropractors and the animal has been provided a veterinary medical clearance by a licensed veterinarian. A chiropractor shall have the knowledge, skill, ability, and documented competency to perform an act that is within the scope of practice for chiropractors." § 12-33-127(1)(a), C.R.S.
- b. "A licensed chiropractor who is not registered under this section may perform animal chiropractic if the animal has been provided a veterinary medical clearance by a licensed veterinarian and the animal chiropractic is performed under the direct, on-premises supervision of the veterinarian who has provided the veterinary medical clearance." § 12-33-127(1)(c), C.R.S.
- c. "The State Board of Chiropractic Examiners shall regulate animal chiropractic and diagnosis, including, without limitation, educational and

clinical requirements for the performance of animal chiropractic and the procedure for referring complaints to the Department of Regulatory Agencies regarding animal chiropractic diagnosis and therapy.” § 12-33-127(2), C.R.S.

- d. “The State Board of Chiropractic Examiners shall maintain a database of all licensed chiropractors that are registered pursuant to this section and rules promulgated pursuant to this article to practice animal chiropractic in this state. Information in the database shall be open to public inspection at all times and shall be easily accessible in electronic form.” § 12-33-127(3)(a), C.R.S.
- e. “A licensed chiropractor who chooses to practice animal chiropractic and who seeks registration in animal chiropractic shall provide the State Board of Chiropractic Examiners with registration information as required by the Board, which shall include the chiropractor’s name, current address, education and training in the field of animal chiropractic, active Colorado chiropractic license, and qualifications to perform animal chiropractic and treatment. Forms for chiropractors to provide such information shall be provided by the board.” § 12-33-127(3)(b), C.R.S.
- f. “Continuing education. A licensed chiropractor who is registered to perform animal chiropractic shall complete twenty hours of continuing education per licensing period that is specific to the diagnosis and treatment of animals. All continuing education courses shall be in the fields of study listed in subsection (4) of this section.” § 12-33-127(5), C.R.S.
- g. “If it appears to the Board, based upon credible evidence as presented in a written complaint by any person, that a licensee is acting in a manner that is an imminent threat to the health and safety of the public or a person is acting or has acted without the required license, the Board may issue an order to cease and desist such activity.. . .” § 12-33-119.2(1)(a), C.R.S.

WHEREFORE, pursuant to § 12-33-119.2(1)(a), C.R.S., the Board hereby ORDERS that Daniel Joseph McClure, D.C. shall immediately **CEASE AND DESIST** in engaging in the unlawful practice of animal chiropractic, in violation of § 12-33-127, C.R.S.

Pursuant to § 12-33-119.2(1)(b), C.R.S., Respondent may request a hearing within ten days after service of the order to cease and desist.

This Cease and Desist Order does not prevent the Board from seeking any separate action pursuant to Article 33 of Title 12, C.R.S., any separate action under the State Administrative Procedures Act, or from issuing an order to show cause pursuant to § 12-33-119.2 (2)(a), C.R.S.

A violation of this **Cease and Desist Order** may be deemed a violation of a Board order and may subject Respondent to further action pursuant to Article 33 of Title 12, C.R.S., and any other lawful remedy available under the laws of the State of Colorado.

DATED this 28<sup>th</sup> day of May, 2014.

COLORADO BOARD OF CHIROPRACTIC EXAMINERS

BY: Lisa M Hill  
Lisa Hill, Interim Program Director  
Board of Chiropractic Examiners  
Department of Regulatory Agencies  
Division of Professions and Occupations  
1560 Broadway Suite 1350  
Denver, Colorado 80202

# FCLB CIN-BAD Report



[Return to List](#)[Print This Page](#)

Federation of Chiropractic Licensing Boards  
**DATABANK ACTION REPORT**  
 CHIROPRACTIC REGULATORY BOARD ACTIONS  
**QUERY REPORT: CIN-BAD**

Questions? Bridget Seader, CIN-BAD Administrator (970) 356-3500 / FAX (970) 356-3599 / E-mail [bseader@fclb.org](mailto:bseader@fclb.org)

For authorized use by Nevada State Board of Chiropractic Physicians  
 Log-in by Julie Strandberg  
 User title Executive Director

Contact Phone 775-688-1921  
 Contact Email [chirobd@chirobd.nv.gov](mailto:chirobd@chirobd.nv.gov)  
 Last accessed 9/28/2017 1:30:13 PM

**SUBJECT NAME Daniel Joseph McClure**

**Date of birth**

Other names used No Information Reported

Deceased: N  
 Gender Male  
 U.S. NPI # 1023170479

**CONTACT INFORMATION:**

Address 1: 523 - A S Camino Del Rio, Durango, CO 81303  
 Address 2: PO Box 738, Bayfield, CO 81122

**EDUCATION INFORMATION:**

Chiropractic Education: Palmer College of Chiropractic - IA (1987)  
 Degree: D.C.  
 Other Certifications: Electrotherapy (1983)  
 Other Prof'l Licenses: No Information Reported

**PRIMARY SOURCE VERIFIED DATA FOLLOWS**

**LICENSURE INFORMATION:**

	License#	Licensed Since
COLORADO	CHR-1963	1/28/1983
IDAHO	CHIA-700	1/12/1993

**BOARD ACTIONS:**

**COLORADO**

Reference #2014-1798

Date of Action: 5/28/2014  
 Effective Date: 5/28/2014  
 Appeal Date:

Basis 1: Practice w/out Valid License / Failure to Timely Renew  
 Action 1: Other Board Action - Contact Board  
 Note Cease & Desist Order-animal chiropractic

Length Indefinite Auto Reinstatement: N

Comments Dr. McClure has been ordered to Cease and Desist animal chiropractic unless he has the direct, on-premises supervision of a licensed veterinarian, medical clearance from a licensed veterinarian, and is in compliance with C.R.S.12-33-127. He does not have Animal Chiropractic Credential/Authority as part of his chiropractic license to practice.

No Medicare sanctions reported

REMEMBER: Do not take official actions without consulting the board(s) which took action.  
 Information is copyrighted by the Federation of Chiropractic Licensing Boards, all rights reserved

For internal use of Nevada State Board of Chiropractic Physicians only.

Please note that not being listed in the database does not guarantee that actions have not been taken by regulatory boards. Reports can be in process and not yet received by the FCLB. It is strongly urged that you contact the board(s) to verify: (1) if the doctor has a license in good standing; (2) has any pending or previous actions; (3) has any complaints filed against him/her. It is the responsibility of the person initiating the search to query at a later date to see if new actions have been reported after the date of the search. This Chiropractic Information Network-Board Action Databank (CIN-BAD) is a "red-flag" service designed to bring attention to matters of potential concern or positive status. Any subsequent actions taken as a result of this report must be based on complete information obtained directly from the licensing authority(ies) which took the original board action(s), or other authorities as noted in this report. It is understood that CIN-BAD is compiled from

**Licensee Information**

*This serves as primary source verification\* of the license.*

*\*Primary source verification: License information provided by the Colorado Division of Professions and Occupations, established by 24-34-102 C.R.S.*

Name	Public Address
Daniel Joseph McClure	%BAYFIELD CHIROPRACTIC P O BOX 738 BAYFIELD, CO 81122

**Credential Information**

License Number	License Method	License Type	License Status	Original Issue Date	Effective Date	Expiration Date
CHR.0001963	Examination	Chiropractic	Active	01/28/1983	11/01/2015	10/31/2017

**Authority Information**

Authority Number	Authority Type	Original Issue Date	Effective Date	Expiration Date
EL.2766756	Electrotherapy - Chiropractic	01/28/1983		

**Board/Program Actions**

Case Number	Public Action	Resolution	Effective Date	Completed Date
2014-1798	CLS Cease & Desist Order	Cease & Desist Order	05/28/2014	

**Online Documents**

**IMPORTANT NOTICE:** All available online documents are accessible through our DPO Public Documents System ([http://www.dora.state.co.us/pls/real/DDMS\\_Search\\_GUI.DPO\\_Search\\_Form](http://www.dora.state.co.us/pls/real/DDMS_Search_GUI.DPO_Search_Form)). To view, click the link(s) below to access the Documents System. Once there you may enter the licensee name or license number to complete the search. All public documents related to the licensee will be visible upon completion of the search.

If you have any questions or further issues, please contact us at [dora\\_dpo\\_onlinelicenses@state.co.us](mailto:dora_dpo_onlinelicenses@state.co.us).

Link	Unique ID Number	DocType	DocSource
DPO Public Documents ( <a href="http://www.dora.state.co.us/pls/real/DDMS_Search_GUI.DPO_Search_Form">http://www.dora.state.co.us/pls/real/DDMS_Search_GUI.DPO_Search_Form</a> )	300158	HPPP-CO PUBLIC DISCIPLINARY ACTION	IMAGE

Generated on: 9/28/2017 11:43:05 AM

# National Practitioners Data Bank Report

**NPDB**P.O. Box 10832  
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>

DCN: 5500000127930415

Process Date: 09/28/2017

Page: 1 of 1

MCCLURE, DANIEL JOSEPH

For authorized use by:

CHIROPRACTIC PHYSICIANS BOARD OF  
NEVADA**MCCLURE, DANIEL JOSEPH - ONE-TIME QUERY RESPONSE****A. SUBJECT IDENTIFICATION INFORMATION (Recipients should verify that subject identified is, in fact, the subject of interest.)**

Practitioner Name: MCCLURE, DANIEL JOSEPH  
 Date of Birth: Gender: MALE  
 Organization Name: BAYFIELD CHIROPRACTIC  
 Organization Type: CHIROPRACTIC GROUP/PRACTICE (361)  
 Work Address: 1155 N. CEDAR DRIVE, BAYFIELD, CO 81122  
 Home Address: PO BOX 124, BAYFIELD, CO 81122-0124  
 Social Security Number:  
 License: CHIROPRACTOR, CHR-1963, CO  
 Professional School(s): PALMER COLLEGE OF CHIROPRACTIC (1982)

**B. QUERY INFORMATION**

Statutes Queried: Title IV; Section 1921; Section 1128E  
 Query Type: This is a One-Time query response. Your organization will only receive future reports on this practitioner if another query is submitted.  
 Entity Name: CHIROPRACTIC PHYSICIANS BOARD OF NEVADA (DBID ending in ...20)  
 Authorized Submitter: JULIE STRANDBERG, EXECUTIVE DIRECTOR, (775) 688-1923

**C. SUMMARY OF REPORTS ON FILE WITH THE DATA BANK AS OF 09/28/2017****The following report types have been searched:**

Medical Malpractice Payment Report(s):	Yes, See Below	Health Plan Action(s):	No Reports
State Licensure Action(s):	Yes, See Below	Professional Society Action(s):	No Reports
Exclusion or Debarment Action(s):	No Reports	DEA/Federal Licensure Action(s):	No Reports
Government Administrative Action(s):	No Reports	Judgment or Conviction Report(s):	No Reports
Clinical Privileges Action(s):	No Reports	Peer Review Organization Action(s):	No Reports

**COLORADO STATE BOARD OF CHIROPRACTIC EXAMINERS****STATE LICENSURE**

Basis for Action: - PRACTICING WITHOUT A VALID LICENSE

Initial Action: - OTHER LICENSURE ACTION, SEE SECTION C. OF THE REPORT FOR DETAILS  
 Date of Action: 05/28/2014  
 DCN: 5500000090164268

**NCMIC INSURANCE COMPANY****MEDICAL MALPRACTICE PAYMENT**

Basis for Action: - IMPROPER TECHNIQUE

Initial Action: - SETTLEMENT  
 Date of Action: 07/12/2013  
 DCN: 5500000083536623

**NCMIC INSURANCE COMPANY****MEDICAL MALPRACTICE PAYMENT**

Basis for Action: - UNKNOWN

Initial Action: - SETTLEMENT  
 Date of Action: 07/05/2001  
 DCN: 5500000022063660

----- Unabridged Report(s) Follow -----

**NPDB**P.O. Box 10832  
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>

DCN: 5500000090164268

Process Date: 06/24/2014

Page: 1 of 3

MCCLURE, DANIEL JOSEPH

For authorized use by:

CHIROPRACTIC PHYSICIANS BOARD OF  
NEVADA**MCCLURE, DANIEL JOSEPH****COLORADO STATE BOARD OF CHIROPRACTIC EXAMINERS****STATE LICENSURE ACTION****Date of Action: 05/28/2014****Initial Action****Basis for Initial Action**- OTHER LICENSURE ACTION, SEE SECTION C. OF THE  
REPORT FOR DETAILS

- PRACTICING WITHOUT A VALID LICENSE

**A. REPORTING  
ENTITY**

Entity Name: COLORADO STATE BOARD OF CHIROPRACTIC EXAMINERS \*

Address: 1560 BROADWAY  
SUITE 1350

City, State, Zip: DENVER, CO 80202

Country:

Name or Office: TONY MUNOZ

Title or Department: PROGRAM DIRECTOR

Telephone: (303) 894-7898

Entity Internal Report Reference: 2014-1798

Type of Report: INITIAL

\*The reporting entity has changed its name or address on file with the NPDB. The following is the entity's most recent contact information reported to the NPDB on 01/04/2016:

Entity Name: COLORADO STATE BOARD OF CHIROPRACTIC EXAMINERS

Address: 1560 BROADWAY STE 1350

City, State, Zip: DENVER, CO 80202-5146

Country:

**B. SUBJECT  
IDENTIFICATION  
INFORMATION  
(INDIVIDUAL)**

Subject Name: MCCLURE, DANIEL JOSEPH

Other Name(s) Used:

Gender:

Date of Birth:

Organization Name:

Work Address: PO BOX 738

City, State, ZIP: BAYFIELD, CO 81122-0738

Organization Type:

Home Address:

City, State, ZIP:

Deceased: UNKNOWN

Federal Employer Identification Numbers (FEIN):

Social Security Numbers (SSN):

Individual Taxpayer Identification Numbers (ITIN):

National Provider Identifiers (NPI): 1023170479

Professional School(s) &amp; Year(s) of Graduation: PALMER COLLEGE OF CHIROPRACTIC (1987)

Occupation/Field of Licensure (Code): CHIROPRACTOR

State License Number, State of Licensure: CHR-1963, CO

Drug Enforcement Administration (DEA) Numbers:

Unique Physician Identification Numbers (UPIN):

Name(s) of Health Care Entity (Entities) With Which Subject Is  
Affiliated or Associated (Inclusion Does Not Imply Complicity in  
the Reported Action.):

**NPDB**P.O. Box 10832  
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>

DCN: 5500000090164268

Process Date: 06/24/2014

Page: 2 of 3

MCCLURE, DANIEL JOSEPH

For authorized use by:

CHIROPRACTIC PHYSICIANS BOARD OF  
NEVADA

Business Address of Affiliate:

City, State, ZIP:

Nature of Relationship(s):

**C. INFORMATION  
REPORTED**

Type of Adverse Action: STATE LICENSURE

Basis for Action: PRACTICING WITHOUT A VALID LICENSE (A4)

Name of Agency or Program

That Took the Adverse Action

Specified in This Report: COLORADO BOARD OF CHIROPRACTIC EXAMINERS

Adverse Action

Classification Code(s): OTHER LICENSURE ACTION - NOT CLASSIFIED, SPECIFY (1199)

Other, as Specified: CEASE &amp; DESIST ORDER

Date Action Was Taken: 05/28/2014

Date Action Became Effective: 05/28/2014

Length of Action: INDEFINITE

Total Amount of Monetary Penalty,

Assessment and/or Restitution:

Is Subject Automatically Reinstated After

Adverse Action Period Is Completed?: NO

Description of Subject's Act(s) or Omission(s) or Other

Reasons for Action(s) Taken and Description of Action(s) Taken

by Reporting Entity:

RESPONDENT HAS BEEN ORDERED TO CEASE AND DESIST ANIMAL  
CHIROPRACTIC UNLESS HE HAS THE DIRECT, ON-PREMISES  
SUPERVISION OF A LICENSED VETERINARIAN, MEDICAL  
CLEARANCE FROM A LICENSED VETERINARIAN AND IS IN  
COMPLIANCE WITH COLORADO STATUTES. RESPONDENT DOES NOT  
HAVE ANIMAL CHIROPRACTIC CREDENTIAL/AUTHORITY AS PART OF  
HIS CHIROPRACTIC LICENSE TO PRACTICE.☐ Subject identified in Section B has appealed the reported adverse action.**D. SUBJECT  
STATEMENT**

If the subject identified in Section B of this report has submitted a statement, it appears in this section.

**E. REPORT STATUS**

Unless a box below is checked, the subject of this report identified in Section B has not contested this report.

☐ This report has been disputed by the subject identified in Section B.☐ At the request of the subject identified in Section B, this report is being reviewed by the Secretary of the U.S. Department of Health and Human Services to determine its accuracy and/or whether it complies with reporting requirements. No decision has been reached.☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services and a decision was reached. The subject has requested that the Secretary reconsider the original decision.☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services. The Secretary's decision is shown below:

**NPDB**

P.O. Box 10832  
Chantilly, VA 20153-0832

<https://www.npdb.hrsa.gov>

**DCN:** 5500000090164268

**Process Date:** 06/24/2014

**Page:** 3 of 3

MCCLURE, DANIEL JOSEPH

**For authorized use by:**

CHIROPRACTIC PHYSICIANS BOARD OF  
NEVADA

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Date of Original Submission: 06/24/2014

Date of Most Recent Change: 06/24/2014

---

**This report is maintained under the provisions of:** Section 1921

The information contained in this report is maintained by the National Practitioner Data Bank for restricted use under the provisions of Section 1921 of the Social Security Act, and 45 CFR Part 60. All information is confidential and may be used only for the purpose for which it was disclosed. Disclosure or use of confidential information for other purposes is a violation of federal law. For additional information or clarification, contact the reporting entity identified in Section A.

---

**END OF REPORT**

---



**NPDB**P.O. Box 10832  
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>

DCN: 5500000083536623

Process Date: 07/29/2013

Page: 1 of 3

MC CLURE, DANIEL J

For authorized use by:

CHIROPRACTIC PHYSICIANS BOARD OF  
NEVADA**MC CLURE, DANIEL J****NCMIC INSURANCE COMPANY****MEDICAL MALPRACTICE PAYMENT REPORT****Date of Action: 07/12/2013****Initial Action****Basis for Initial Action**

- SETTLEMENT

- IMPROPER TECHNIQUE

**A. REPORTING  
ENTITY**

Entity Name: NCMIC INSURANCE COMPANY \*

Address: 14001 UNIVERSITY AVENUE

City, State, Zip: CLIVE, IA 50325-8258

Country:

Name or Office: MICHELLE GOULD

Title or Department: CLAIMS ADMINISTRATOR

Telephone: (515) 313-4500 Ext. 4558

Entity Internal Report Reference:

Type of Report: INITIAL

\*The reporting entity has changed its name or address on file with the NPDB. The following is the entity's most recent contact information reported to the NPDB on 05/23/2017:

Entity Name: NCMIC INSURANCE COMPANY

Address: 14001 UNIVERSITY AVE

City, State, Zip: CLIVE, IA 50325-8258

Country:

**B. SUBJECT  
IDENTIFICATION  
INFORMATION  
(INDIVIDUAL)**

Subject Name: MC CLURE, DANIEL J

Other Name(s) Used:

Gender:

Date of Birth:

Organization Name:

Work Address: P O BOX 738

City, State, ZIP: BAYFIELD, CO 81122-0738

Home Address:

City, State, ZIP:

Deceased: NO

Social Security Numbers (SSN):

Professional School(s) &amp; Year(s) of Graduation: PALMER COLLEGE OF CHIROPRACTIC (1982)

Occupation/Field of Licensure (Code): CHIROPRACTOR

State License Number, State of Licensure: 196300000, CO

Drug Enforcement Administration (DEA) Numbers:

Hospital Affiliation(s):

**C. INFORMATION  
REPORTED**

Date of Report: 07/29/2013

Relationship of Entity to

This Practitioner: INSURANCE COMPANY - PRIMARY INSURER

**PAYMENTS BY THIS PAYER FOR THIS PRACTITIONER**

Amount of This Payment

for This Practitioner: \$ 10,000.00

Date of This Payment: 07/12/2013

This Payment Represents: A SINGLE FINAL PAYMENT

**NPDB**P.O. Box 10832  
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>

DCN: 5500000083536623

Process Date: 07/29/2013

Page: 2 of 3

MC CLURE, DANIEL J

For authorized use by:

CHIROPRACTIC PHYSICIANS BOARD OF  
NEVADA

Total Amount Paid or to Be Paid by  
This Payer for This Practitioner: \$ 10,000.00  
Payment Result of: SETTLEMENT  
Date of Judgment or Settlement, if Any: 07/08/2013  
Adjudicative Body Case Number:  
Adjudicative Body Name:  
Court File Number:

Description of Judgment or Settlement and Any  
Conditions, Including Terms of Payment: FULL AND FINAL SETTLEMENT, NO ADMISSION OF NEGLIGENCE OF  
LIABILITY. SETTLED TO AVOID THE UNCERTAINTY OF A JURY  
TRIAL.

**PAYMENTS BY THIS PAYER FOR OTHER PRACTITIONERS IN THIS CASE**

Total Amount Paid or to Be Paid by This Payer for All  
Practitioners in This Case: \$ 10,000.00  
Number of Practitioners for Whom This Payer Has Paid  
or Will Pay in This Case: 1

**PAYMENTS BY OTHERS FOR THIS PRACTITIONER**

Has a State Guaranty Fund or State Excess Judgment Fund  
Made a Payment for This Practitioner in This Case, or Is Such a  
Payment Expected to Be Made?: NO

Amount Paid or Expected to Be Paid by the State Fund:

Has a Self-Insured Organization and/or Other Insurance  
Company/Companies Made Payment(s) for This Practitioner in  
This Case, or Is/Are Such Payment(s) Expected to Be Made?: NO

Amount Paid or Expected to Be Paid by Self-Insured  
Organization(s) and/or Other Insurance Company/Companies:

**CLASSIFICATION OF ACT(S) OR OMISSION(S)**

Patient's Age at Time of Initial Event: 64 YEARS

Patient's Gender: MALE

Patient's Type: OUTPATIENT

Description of the Medical Condition With Which the Patient  
Presented for Treatment:

SEVERE PAIN IN NECK AND LOWER BACK

Description of the Procedure Performed:

CHIROPRACTIC ADJUSTMENT CMT 3-4, L5 PUSH

Nature of Allegation: TREATMENT RELATED (060)

Specific Allegation: IMPROPER TECHNIQUE (311)

Date of Event Associated With Allegation or Incident: 11/10/2011

Outcome: MINOR TEMPORARY INJURY (03)

Description of the Allegations and Injuries or Illnesses Upon  
Which the Action or Claim Was Based:

PATIENT ALLEGES LUMBAR ADJUSTMENT WAS FORCEFUL AND  
RESULTED IN CHRONIC PAIN. PATIENT RATED HIS PAIN AN 8  
OUT OF 10 PRIOR TO THE ADJUSTMENT AND RETURNED TO THE  
PRACTITIONER FOR TWO ADDITIONAL TREATMENTS AFTER THE  
ALLEGED INJURY REPORTING IMPROVEMENT IN HIS PAIN.  
PATIENT RECEIVED CONSERVATIVE CARE, NON-SURGICAL  
TREATMENT ONLY AS A RESULT OF THE ALLEGED INJURY.  
EXPERT OPINIONS WERE FAVORABLE TO THE DOCTOR AND  
SUPPORTED THAT THE CARE AND TREATMENT WERE APPROPRIATE  
AND WITHIN THE STANDARD OF CARE.

**D. SUBJECT  
STATEMENT**

If the subject identified in Section B of this report has submitted a statement, it appears in this section.

**NPDB**P.O. Box 10832  
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>

DCN: 5500000083536623

Process Date: 07/29/2013

Page: 3 of 3

MC CLURE, DANIEL J

For authorized use by:

CHIROPRACTIC PHYSICIANS BOARD OF  
NEVADA**E. REPORT STATUS**

Unless a box below is checked, the subject of this report identified in Section B has not contested this report.

- ☐ This report has been disputed by the subject identified in Section B.
- ☐ At the request of the subject identified in Section B, this report is being reviewed by the Secretary of the U.S. Department of Health and Human Services to determine its accuracy and/or whether it complies with reporting requirements. No decision has been reached.
- ☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services and a decision was reached. The subject has requested that the Secretary reconsider the original decision.
- ☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services. The Secretary's decision is shown below:

Date of Original Submission: 07/29/2013

Date of Most Recent Change: 07/29/2013

**This report is maintained under the provisions of: Title IV**

The information contained in this report is maintained by the National Practitioner Data Bank for restricted use under the provisions of Title IV of Public Law 99-660, as amended, and 45 CFR Part 60. All information is confidential and may be used only for the purpose for which it was disclosed. Disclosure or use of confidential information for other purposes is a violation of federal law. For additional information or clarification, contact the reporting entity identified in Section A.

**END OF REPORT**

**NPDB**P.O. Box 10832  
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>

DCN: 5500000022063660

Process Date: 07/09/2001

Page: 1 of 2

MC CLURE, DANIEL J

For authorized use by:  
CHIROPRACTIC PHYSICIANS BOARD OF  
NEVADA**MC CLURE, DANIEL J****NCMIC INSURANCE COMPANY****MEDICAL MALPRACTICE PAYMENT REPORT****Date of Action: 07/05/2001****Initial Action****Basis for Initial Action**

- SETTLEMENT

- UNKNOWN

**A. REPORTING  
ENTITY**

Entity Name: NCMIC INSURANCE COMPANY \*

Address: 1452 29TH ST., STE. 102

City, State, Zip: W. DES MOINES, IA 50266-1307

Country:

Name or Office: MICHELLE GOULD

Title or Department: CLAIMS ADMINISTRATOR

Telephone: (515) 313-4500 Ext. 4558

Entity Internal Report Reference:

Type of Report: INITIAL

\*The reporting entity has changed its name or address on file with the NPDB. The following is the entity's most recent contact information reported to the NPDB on 05/23/2017:

Entity Name: NCMIC INSURANCE COMPANY

Address: 14001 UNIVERSITY AVE

City, State, Zip: CLIVE, IA 50325-8258

Country:

**B. SUBJECT  
IDENTIFICATION  
INFORMATION  
(INDIVIDUAL)**

Subject Name: MC CLURE, DANIEL J

Other Name(s) Used:

Gender:

Date of Birth:

Organization Name:

Work Address: P O BOX 739

City, State, ZIP: BAYFIELD, CO 81122-0738

Home Address:

City, State, ZIP:

Deceased: NO

Social Security Numbers (SSN):

Professional School(s) &amp; Year(s) of Graduation: PALMER COLLEGE OF CHIROPRACTIC (1982)

Occupation/Field of Licensure (Code): CHIROPRACTOR

State License Number, State of Licensure: 196300000, CO

Drug Enforcement Administration (DEA) Numbers:

Hospital Affiliation(s):

**C. INFORMATION  
REPORTED**

Date of Report: 07/09/2001

Act/Omission Code: DIAGNOSIS: FAILURE TO DIAGNOSE (010)

Date of Act/Omission: 12/01/1999

Payment Date: 07/05/2001

Multiple or Single Payment: SINGLE

Amount of This Payment: \$ 22,500.00

Total Amount of Judgment or Settlement: \$ 22,500.00

**NPDB**P.O. Box 10832  
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>

DCN: 5500000022063660

Process Date: 07/09/2001

Page: 2 of 2

MC CLURE, DANIEL J

For authorized use by:

CHIROPRACTIC PHYSICIANS BOARD OF  
NEVADA

Payment Result of: SETTLEMENT  
Number of Practitioners for Whom Payment is Made: 1  
Relationship of Entity to the Practitioner: INSURANCE COMPANY  
Date of Judgment/Settlement: 07/05/2001  
Adjudicative Case Number:  
Adjudicative Body Name:  
Court File Number:  
Reporter's Description of Act or Omission: 39 YEAR OLD FEMALE ALLEGES DOCTOR FAILED TO DIAGNOSE A MEDICAL CONDITION.  
Reporter's Description of the Judgment or Settlement: CLAIM WAS SETTLED FOR \$22,500.00 TO AVOID THE EXPENSE AND INCONVENIENCE OF LITIGATION.

**D. SUBJECT  
STATEMENT**

If the subject identified in Section B of this report has submitted a statement, it appears in this section.

Date Submitted: 12/21/2001

PRO-BONO PATIENT TREATED 8 TIMES BY DR. MCCLURE ALLEGED FAILURE TO DIAGNOSE A SPINAL STAPH INFECTION. PATIENT WAS TREATED BY MULTIPLE PHYSICIANS AND RESPONDED WELL TO CHIROPRACTIC CARE FOR BACK PAIN; SHE WAS REFERRED OUT BY DR. MCCLURE FOR FURTHER STUDIES, WHICH RESULTED IN HER DIAGNOSIS OF STAPH. AS SEVERAL PRACTITIONERS WERE TO BE NAMED IN THIS SUIT, THE COST OF LITIGATION WOULD LIKELY HAVE EXCEEDED THE SETTLEMENT AMOUNT OF \$22,500. AFTER CONSULTATION WITH HIS MALPRACTICE INSURER, DR. MCCLURE AGREED TO SETTLE SOLELY IN ORDER TO AVOID THE EXPENSE AND INCONVENIENCE OF LITIGATION. DR. MCCLURE ADMITS NO LIABILITY OR NEGLIGENCE IN THIS CASE.

**E. REPORT STATUS**

Unless a box below is checked, the subject of this report identified in Section B has not contested this report.

- ☐ This report has been disputed by the subject identified in Section B.
- ☐ At the request of the subject identified in Section B, this report is being reviewed by the Secretary of the U.S. Department of Health and Human Services to determine its accuracy and/or whether it complies with reporting requirements. No decision has been reached.
- ☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services and a decision was reached. The subject has requested that the Secretary reconsider the original decision.
- ☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services. The Secretary's decision is shown below:

Date of Original Submission: 07/09/2001

Date of Most Recent Change: 07/09/2001

**This report is maintained under the provisions of: Title IV**

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**END OF REPORT**

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  
Fax (775) 688-1920

CHIROPRACTIC PHYSICIANS'  
BOARD OF NEVADA

Telephone (775) 688-1921  
Website: <http://chirobd.nv.gov>

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

OCT 03 2017

CERTIFICATE OF SERVICE AND

RECEIVED  
RENO, NEVADA 89502

WAVIER OF THE 21-DAY PERIOD

I hereby certify that I have received a copy of the foregoing letter regarding my appearance before the Board at its October 12, 2017 meeting related to my application for temporary licensure and that I understand that by signing this Certificate of Service I acknowledge that I have received valid service and notice of the same and that the Board may proceed to consider and rule upon my matter pursuant to the Nevada Open Meeting Law.

Signed this 30<sup>th</sup> day of September, 2017.

A handwritten signature in dark ink, appearing to read "Daniel J. McClure", written over a horizontal line.  
DANIEL J. MCCLURE

Fax signed form to (775) 688-1920 or e-mail to [chirobd@chirobd.nv.gov](mailto:chirobd@chirobd.nv.gov).

SAID BOARD MEETING TO BE HELD at the following date, time, and place:

October 12, 2017

Hearing to be conducted between 1:00 p.m. & 2:00 p.m.

Public Utilities Commission

Room B

9075 W. Diablo Drive, Suite 250

Las Vegas, NV 89148

**CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA**

**AGENDA ACTION SHEET**

**TITLE: Agenda Item 13 Consideration for the CPBN to contract or hire former Board member to assist with investigations or management of investigations – For possible action.**

**RECOMMENDED MOTION: No recommendation.**

**PRESENTED BY: Ben Lurie, DC**

**MEETING DATE: October 12, 2017**

**TIME REQUIRED: 10 minutes**

**BACKGROUND INFORMATION:**

**REVIEWED BY:   X   President   X   Secretary   X   Executive Director**

**ACTION:        Approved        Approved w/Modifications        Denied        Continued**

**Agenda Item 13**



# CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA

## AGENDA ACTION SHEET

**TITLE: Agenda Item 14 Status report regarding anonymous profiles of possible disciplinary actions. Board action will be limited to either dismissing the matter if the Board determines there is no violation, it has no jurisdiction over the subject, or providing direction to pursue the matter further – For possible action.**

- |     |                  |            |
|-----|------------------|------------|
| A.  | Complaint 16-08S | (Jaeger)   |
| B.  | Complaint 16-11S | (Colucci)  |
| C.  | Complaint 16-12S | (Colucci)  |
| D.  | Complaint 16-13S | (Lurie)    |
| E.  | Complaint 17-02S | (Lurie)    |
| F.  | Complaint 17-04N | (Rovetti)  |
| G.  | Complaint 17-05N | (Jaeger)   |
| H.  | Complaint 17-06S | (Lurie)    |
| I.  | Complaint 17-07S | (Jaeger)   |
| J.  | Complaint 17-08S | (Lurie)    |
| K.  | Complaint 17-09S | (Lurie)    |
| L.  | Complaint 17-10S | (Jaeger)   |
| M.  | Complaint 17-11S | (Colucci)  |
| N.  | Complaint 17-12S | (Colucci)  |
| O.  | Complaint 17-13S | (Rovetti)  |
| P.  | Complaint 17-14S | (Martinez) |
| Q.  | Complaint 17-15S | (Rovetti)  |
| R.  | Complaint 17-16S | (Jaeger)   |
| S.  | Complaint 17-18S | (Jaeger)   |
| T.  | Complaint 17-20S | (Lurie)    |
| U.  | Complaint 17-21S | (Rovetti)  |
| V.  | Complaint 17-22N | (Rovetti)  |
| W.  | Complaint 17-23S | (Colucci)  |
| X.  | Complaint 17-24S | (Jaeger)   |
| Y.  | Complaint 17-25S | (Martinez) |
| Z.  | Complaint 17-26S | (Colucci)  |
| AA. | Complaint 17-27S | (Jaeger)   |
| BB. | Complaint 17-28S | (Lurie)    |
| CC. | Complaint 17-29S | (Lurie)    |

**RECOMMENDED MOTION: No recommendation**

**PRESENTED BY: Ben Lurie, DC**

**MEETING DATE: October 12, 2017**

**TIME REQUIRED: 45 minutes**

**BACKGROUND INFORMATION:**

REVIEWED BY:      X   President     X   Secretary     X   Executive Director

ACTION:        Approved        Approved w/Modifications        Denied        Continued

**Agenda Item 14**

**CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA**

**AGENDA ACTION SHEET**

**TITLE: Agenda Item 14A Status report regarding anonymous profiles of possible disciplinary actions. Board action will be limited to either dismissing the matter if the Board determines there is no violation, it has no jurisdiction over the subject, or providing direction to pursue the matter further – For possible action:**

**A. Complaint 16-08S (Dr. Jaeger)**

**RECOMMENDED MOTION: No recommendation**

**PREPARED BY: Jason O. Jaeger, DC**

**MEETING DATE: October 12, 2017**

**TIME REQUIRED: 5 minutes**

**BACKGROUND INFORMATION: The complainant alleges that a DC is conducting an unethical practice and not performing proper standard of care. The complainant was referred to a pain specialist by the DC who was also unprofessional. It is possible that there is a partnership between the DC and the pain specialist.**

**The complainant has also filed a complaint with the Medical Board against the Pain Specialist.**

**REVIEWED BY:      X   President   X   Secretary   X   Executive Director**

**ACTION:        Approved        Approved w/Modifications        Denied        Continued**

**Agenda Item 14A**

**CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA**

**AGENDA ACTION SHEET**

**TITLE: Agenda Item 14B Status report regarding anonymous profiles of possible disciplinary actions. Board action will be limited to either dismissing the matter if the Board determines there is no violation, it has no jurisdiction over the subject, or providing direction to pursue the matter further – For possible action:**

**B. Complaint 16-11S (Dr. Colucci)**

**RECOMMENDED MOTION: No recommendation.**

**PREPARED BY: Maggie Colucci, DC**

**MEETING DATE: October 12, 2017**

**TIME REQUIRED: 5 minutes**

**BACKGROUND INFORMATION: The Board received copies of two depositions involving an Associate DC who, under the direction of another DC allegedly utilized a template for all patients which identified the same treatment codes, x-rays, etc. for all patients.**

**REVIEWED BY:   X   President   X   Secretary   X   Executive Director**

**ACTION:        Approved        Approved w/Modifications        Denied        Continued**

**Agenda Item 14B**

**CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA**

**AGENDA ACTION SHEET**

**TITLE: Agenda Item 14C Status report regarding anonymous profiles of possible disciplinary actions. Board action will be limited to either dismissing the matter if the Board determines there is no violation, it has no jurisdiction over the subject, or providing direction to pursue the matter further – For possible action:**

**C. Complaint 16-12S (Dr. Colucci)**

**RECOMMENDED MOTION: No recommendation.**

**PREPARED BY: Maggie Colucci, DC**

**MEETING DATE: October 12, 2017**

**TIME REQUIRED: 5 minutes**

**BACKGROUND INFORMATION: The complainant alleges that a Chiropractic office is referring to their own MRI clinic, but only for auto accidents. Possible conflict of interest.**

**REVIEWED BY:    \_\_\_X\_\_\_ President \_\_\_X\_\_\_ Secretary \_\_\_X\_\_\_ Executive Director**

**ACTION: \_\_\_\_\_ Approved \_\_\_\_\_ Approved w/Modifications \_\_\_\_\_ Denied \_\_\_\_\_ Continued**

**Agenda Item 14C**

**CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA**

**AGENDA ACTION SHEET**

TITLE: **Agenda Item 14D** Status report regarding anonymous profiles of possible disciplinary actions. Board action will be limited to either dismissing the matter if the Board determines there is no violation, it has no jurisdiction over the subject, or providing direction to pursue the matter further – For possible action:

**D. Complaint 16-13S (Dr. Lurie)**

RECOMMENDED MOTION: **No recommendation.**

PREPARED BY: **Ben Lurie, DC**

MEETING DATE: **October 12, 2017**

TIME REQUIRED: **5 minutes**

BACKGROUND INFORMATION: **The Complainant stated that the DC conducted inappropriate sexual behavior during their exam.**

REVIEWED BY:   X   President   X   Secretary   X   Executive Director

ACTION:        Approved        Approved w/Modifications        Denied        Continued

**Agenda Item 14D**

**CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA**

**AGENDA ACTION SHEET**

**TITLE: Agenda Item 14E Status report regarding anonymous profiles of possible disciplinary actions. Board action will be limited to either dismissing the matter if the Board determines there is no violation, it has no jurisdiction over the subject, or providing direction to pursue the matter further – For possible action:**

**E. Complaint 17-02S (Dr. Lurie)**

**RECOMMENDED MOTION: No recommendation.**

**PREPARED BY: Ben Lurie, DC**

**MEETING DATE: October 12, 2017**

**TIME REQUIRED: 5 minutes**

**BACKGROUND INFORMATION: The supervising DC allegedly allowed an applicant to perform chiropractic adjustments prior to having an approved DC application on file with the Board.**

**REVIEWED BY:      X   President     X   Secretary     X   Executive Director**

**ACTION:        Approved        Approved w/Modifications        Denied        Continued**

**Agenda Item 14E**

**CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA**

**AGENDA ACTION SHEET**

**TITLE: Agenda Item 14F Status report regarding anonymous profiles of possible disciplinary actions. Board action will be limited to either dismissing the matter if the Board determines there is no violation, it has no jurisdiction over the subject, or providing direction to pursue the matter further – For possible action:**

**F. Complaint 17-04N (Dr. Rovetti)**

**RECOMMENDED MOTION: No recommendation.**

**PREPARED BY: Morgan Rovetti, DC**

**MEETING DATE: October 12, 2017**

**TIME REQUIRED: 5 minutes**

**BACKGROUND INFORMATION: The Board was notified by the National Practitioner Data Bank that a DC settled a malpractice claim, which is to be reported to the Board by the DC within 15 days pursuant to NAC 634.018.**

**REVIEWED BY:      X   President   X   Secretary   X   Executive Director**

**ACTION:        Approved        Approved w/Modifications        Denied        Continued**

**Agenda Item 14F**



**CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA**

**AGENDA ACTION SHEET**

**TITLE: Agenda Item 14G Status report regarding anonymous profiles of possible disciplinary actions. Board action will be limited to either dismissing the matter if the Board determines there is no violation, it has no jurisdiction over the subject, or providing direction to pursue the matter further – For possible action:**

**G. Complaint 17-05N (Dr. Jaeger)**

**RECOMMENDED MOTION: No recommendation.**

**PREPARED BY: Jason O. Jaeger, DC**

**MEETING DATE: October 12, 2017**

**TIME REQUIRED: 5 minutes**

**BACKGROUND INFORMATION: The complainant stated that the DC caused her to have a stroke following treatment.**

**REVIEWED BY:      X   President   X   Secretary   X   Executive Director**

**ACTION:        Approved        Approved w/Modifications        Denied        Continued**

**Agenda Item 14G**

**CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA**

**AGENDA ACTION SHEET**

**TITLE: Agenda Item 14H Status report regarding anonymous profiles of possible disciplinary actions. Board action will be limited to either dismissing the matter if the Board determines there is no violation, it has no jurisdiction over the subject, or providing direction to pursue the matter further – For possible action:**

**H. Complaint 17-06S (Dr. Lurie)**

**RECOMMENDED MOTION: No recommendation.**

**PREPARED BY: Ben Lurie, DC**

**MEETING DATE: October 12, 2017**

**TIME REQUIRED: 5 minutes**

**BACKGROUND INFORMATION: The complainant stated that the DC billed them for services not rendered.**

**REVIEWED BY:   X   President   X   Secretary   X   Executive Director**

**ACTION:        Approved        Approved w/Modifications        Denied        Continued**

**Agenda Item 14H**

**CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA**

**AGENDA ACTION SHEET**

**TITLE: Agenda Item 14I Status report regarding anonymous profiles of possible disciplinary actions. Board action will be limited to either dismissing the matter if the Board determines there is no violation, it has no jurisdiction over the subject, or providing direction to pursue the matter further – For possible action:**

**I. Complaint 17-07S (Dr. Jaeger)**

**RECOMMENDED MOTION: No recommendation.**

**PREPARED BY: Jason O. Jaeger, DC**

**MEETING DATE: October 12, 2017**

**TIME REQUIRED: 5 minutes**

**BACKGROUND INFORMATION: Complainant stated that a DC conducted unprofessional behavior.**

**REVIEWED BY:    \_\_\_X\_\_\_ President \_\_\_X\_\_\_ Secretary \_\_\_X\_\_\_ Executive Director**

**ACTION: \_\_\_\_\_ Approved \_\_\_\_\_ Approved w/Modifications \_\_\_\_\_ Denied \_\_\_\_\_ Continued**

**CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA**

**AGENDA ACTION SHEET**

**TITLE: Agenda Item 14J Status report regarding anonymous profiles of possible disciplinary actions. Board action will be limited to either dismissing the matter if the Board determines there is no violation, it has no jurisdiction over the subject, or providing direction to pursue the matter further – For possible action:**

**J. Complaint 17-08S (Dr. Lurie)**

**RECOMMENDED MOTION: No recommendation.**

**PREPARED BY: Ben Lurie, DC**

**MEETING DATE: October 12, 2017**

**TIME REQUIRED: 5 minutes**

**BACKGROUND INFORMATION: The complainant stated that they were becoming uncomfortable with the DC's aggressive behavior of pushing expensive procedures, without consideration of the individual's health or the benefits to their recovery.**

**REVIEWED BY:   X   President   X   Secretary   X   Executive Director**

**ACTION:        Approved        Approved w/Modifications        Denied        Continued**

**Agenda Item 14J**

**CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA**

**AGENDA ACTION SHEET**

**TITLE: Agenda Item 14K Status report regarding anonymous profiles of possible disciplinary actions. Board action will be limited to either dismissing the matter if the Board determines there is no violation, it has no jurisdiction over the subject, or providing direction to pursue the matter further – For possible action:**

**K. Complaint 17-09S (Dr. Lurie)**

**RECOMMENDED MOTION: No recommendation.**

**PREPARED BY: Ben Lurie, DC**

**MEETING DATE: October 12, 2017**

**TIME REQUIRED: 5 minutes**

**BACKGROUND INFORMATION: Complainant alleges that the DC is billing for services not rendered.**

**REVIEWED BY:    \_\_\_X\_\_\_ President \_\_\_X\_\_\_ Secretary \_\_\_X\_\_\_ Executive Director**

**ACTION: \_\_\_ Approved \_\_\_ Approved w/Modifications \_\_\_ Denied \_\_\_ Continued**

**Agenda Item 14K**

**CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA**

**AGENDA ACTION SHEET**

**TITLE: Agenda Item 14L Status report regarding anonymous profiles of possible disciplinary actions. Board action will be limited to either dismissing the matter if the Board determines there is no violation, it has no jurisdiction over the subject, or providing direction to pursue the matter further – For possible action:**

**L. Complaint 17-10S (Dr. Jaeger)**

**RECOMMENDED MOTION: No recommendation.**

**PREPARED BY: Jason O. Jaeger, DC**

**MEETING DATE: October 12, 2017**

**TIME REQUIRED: 5 minutes**

**BACKGROUND INFORMATION: The complainant stated that while they were on vacation with the DC the DC became intoxicated and very abusive. The complainant was taken to the hospital for injuries.**

**REVIEWED BY:      X   President   X   Secretary   X   Executive Director**

**ACTION:        Approved        Approved w/Modifications        Denied        Continued**

**Agenda Item 14L**

**CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA**

**AGENDA ACTION SHEET**

**TITLE: Agenda Item 14M Status report regarding anonymous profiles of possible disciplinary actions. Board action will be limited to either dismissing the matter if the Board determines there is no violation, it has no jurisdiction over the subject, or providing direction to pursue the matter further – For possible action:**

**M. Complaint 17-11S (Dr. Colucci)**

**RECOMMENDED MOTION: No recommendation.**

**PREPARED BY: Maggie Colucci, DC**

**MEETING DATE: October 12, 2017**

**TIME REQUIRED: 5 minutes**

**BACKGROUND INFORMATION: The complainant stated that the DC does not use sanitary measures in their office.**

**REVIEWED BY:      X   President   X   Secretary   X   Executive Director**

**ACTION:        Approved        Approved w/Modifications        Denied        Continued**

**Agenda Item 14M**

**CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA**

**AGENDA ACTION SHEET**

**TITLE: Agenda Item 14N Status report regarding anonymous profiles of possible disciplinary actions. Board action will be limited to either dismissing the matter if the Board determines there is no violation, it has no jurisdiction over the subject, or providing direction to pursue the matter further – For possible action:**

**N. Complaint 17-12S (Dr. Colucci)**

**RECOMMENDED MOTION: No recommendation.**

**PREPARED BY: Maggie Colucci, DC**

**MEETING DATE: October 12, 2017**

**TIME REQUIRED: 5 minutes**

**BACKGROUND INFORMATION: The complainant alleges that two DC's are practicing outside the scope of chiropractic.**

**REVIEWED BY:      X   President   X   Secretary   X   Executive Director**

**ACTION:        Approved        Approved w/Modifications        Denied        Continued**

**Agenda Item 14N**



**CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA**

**AGENDA ACTION SHEET**

**TITLE: Agenda Item 14O Status report regarding anonymous profiles of possible disciplinary actions. Board action will be limited to either dismissing the matter if the Board determines there is no violation, it has no jurisdiction over the subject, or providing direction to pursue the matter further – For possible action:**

**O. Complaint 17-13S (Dr. Rovetti)**

**RECOMMENDED MOTION: No recommendation.**

**PREPARED BY: Morgan Rovetti, DC**

**MEETING DATE: October 12, 2017**

**TIME REQUIRED: 5 minutes**

**BACKGROUND INFORMATION: This is an advertising complaint that failed to identify the chiropractor and allegedly provided misleading information.**

**REVIEWED BY:      X   President   X   Secretary   X   Executive Director**

**ACTION:        Approved        Approved w/Modifications        Denied        Continued**

**Agenda Item 14O**

**CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA**

**AGENDA ACTION SHEET**

**TITLE: Agenda Item 14P Status report regarding anonymous profiles of possible disciplinary actions. Board action will be limited to either dismissing the matter if the Board determines there is no violation, it has no jurisdiction over the subject, or providing direction to pursue the matter further – For possible action:**

**P. Complaint 17-14S (Dr. Martinez)**

**RECOMMENDED MOTION: No recommendation.**

**PREPARED BY: Xavier Martinez, DC**

**MEETING DATE: October 12, 2017**

**TIME REQUIRED: 5 minutes**

**BACKGROUND INFORMATION: The complainant alleges that the DC caused injury to their ribs and fabricated information about them.**

**REVIEWED BY:      X   President   X   Secretary   X   Executive Director**

**ACTION:        Approved        Approved w/Modifications        Denied        Continued**

**Agenda Item 14P**

**CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA**

**AGENDA ACTION SHEET**

**TITLE: Agenda Item 14Q Status report regarding anonymous profiles of possible disciplinary actions. Board action will be limited to either dismissing the matter if the Board determines there is no violation, it has no jurisdiction over the subject, or providing direction to pursue the matter further – For possible action:**

**Q. Complaint 17-15S (Dr. Rovetti)**

**RECOMMENDED MOTION: No recommendation.**

**PREPARED BY: Morgan Rovetti, DC**

**MEETING DATE: October 12, 2017**

**TIME REQUIRED: 5 minutes**

**BACKGROUND INFORMATION: The complainant alleges false or misleading advertisement since the infrared therapy failed to alleviate their neuropathy pain.**

**REVIEWED BY:      X   President   X   Secretary   X   Executive Director**

**ACTION:        Approved        Approved w/Modifications        Denied        Continued**

**Agenda Item 14Q**

**CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA**

**AGENDA ACTION SHEET**

**TITLE: Agenda Item 14R Status report regarding anonymous profiles of possible disciplinary actions. Board action will be limited to either dismissing the matter if the Board determines there is no violation, it has no jurisdiction over the subject, or providing direction to pursue the matter further – For possible action:**

**R. Complaint 17-16S (Dr. Jaeger)**

**RECOMMENDED MOTION: No recommendation**

**PREPARED BY: Jason O. Jaeger, DC**

**MEETING DATE: October 12, 2017**

**TIME REQUIRED: 5 minutes**

**BACKGROUND INFORMATION: The complainant stated they were referred to the DC for shoulder pain. The complainant alleges that the DC ignored the intake assessment, and the patient's explanation for the visit and provided an alternate method of treatment that injured his back and has left him in pain.**

**REVIEWED BY:    \_\_\_X\_\_\_ President \_\_\_X\_\_\_ Secretary \_\_\_X\_\_\_ Executive Director**

**ACTION: \_\_\_ Approved \_\_\_ Approved w/Modifications \_\_\_ Denied \_\_\_ Continued**

**Agenda Item 14R**

**CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA**

**AGENDA ACTION SHEET**

TITLE: **Agenda Item 14S** Status report regarding anonymous profiles of possible disciplinary actions. Board action will be limited to either dismissing the matter if the Board determines there is no violation, it has no jurisdiction over the subject, or providing direction to pursue the matter further – For possible action:

**S. Complaint 17-18S (Dr. Jaeger)**

RECOMMENDED MOTION: **No recommendation**

PREPARED BY: **Jason O. Jaeger, DC**

MEETING DATE: **October 12, 2017**

TIME REQUIRED: **5 minutes**

BACKGROUND INFORMATION: **The complainant alleges unprofessional conduct and possible over-billing.**

REVIEWED BY:   X   President   X   Secretary   X   Executive Director

ACTION:        Approved        Approved w/Modifications        Denied        Continued

**Agenda Item 14S**

**CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA**

**AGENDA ACTION SHEET**

**TITLE: Agenda Item 14T Status report regarding anonymous profiles of possible disciplinary actions. Board action will be limited to either dismissing the matter if the Board determines there is no violation, it has no jurisdiction over the subject, or providing direction to pursue the matter further – For possible action:**

**T. Complaint 17-20S (Dr. Lurie)**

**RECOMMENDED MOTION: No recommendation.**

**PREPARED BY: Ben Lurie, DC**

**MEETING DATE: October 12, 2017**

**TIME REQUIRED: 5 minutes**

**BACKGROUND INFORMATION: The complainant is questioning the billing practices and business operations of the DC.**

**REVIEWED BY:      X   President   X   Secretary   X   Executive Director**

**ACTION:        Approved        Approved w/Modifications        Denied        Continued**

**Agenda Item 14T**

# CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA

## AGENDA ACTION SHEET

TITLE: Agenda Item 14U Status report regarding anonymous profiles of possible disciplinary actions. Board action will be limited to either dismissing the matter if the Board determines there is no violation, it has no jurisdiction over the subject, or providing direction to pursue the matter further – For possible action:

U. Complaint 17-21S (Dr. Rovetti)

RECOMMENDED MOTION: Settlement Agreement/Go to hearing

PREPARED BY: Morgan Rovetti, DC

MEETING DATE: October 12, 2017

TIME REQUIRED: 5 minutes

BACKGROUND INFORMATION:

Board received complaint that a chiropractor's radio ads do not identify him/herself as a chiropractor. I reviewed recorded ads from the radio station which confirmed this.

Usually, this would be dismissed with the advertising violation letter. However, the following is his/her complaint history (all of which were dismissed):

5/28/15 – Failing to identify him/herself as a chiropractor (radio ad)

8/11/08 – Letter of Instruction: Untimely registration of CA's

2/18/04 – Failing to identify him/herself as a chiropractor –Social Register of Las Vegas

5/18/95 – Failing to release medical records in a timely fashion

5/10/93 – Failing to identify him/herself as a chiropractor in a printed advertisement

REVIEWED BY:   X   President   X   Secretary   X   Executive Director

ACTION:        Approved        Approved w/Modifications        Denied        Continued

**CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA**

**AGENDA ACTION SHEET**

**TITLE: Agenda Item 14V Status report regarding anonymous profiles of possible disciplinary actions. Board action will be limited to either dismissing the matter if the Board determines there is no violation, it has no jurisdiction over the subject, or providing direction to pursue the matter further – For possible action:**

**V. Complaint 17-22N (Dr. Rovetti)**

**RECOMMENDED MOTION: No recommendation.**

**PREPARED BY: Morgan Rovetti, DC**

**MEETING DATE: October 12, 2017**

**TIME REQUIRED: 5 minutes**

**BACKGROUND INFORMATION: The complainant alleges that the DC billed their insurance company for services paid by the patient.**

**REVIEWED BY:      X   President   X   Secretary   X   Executive Director**

**ACTION:        Approved        Approved w/Modifications        Denied        Continued**



**CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA**

**AGENDA ACTION SHEET**

TITLE: **Agenda Item 14W** Status report regarding anonymous profiles of possible disciplinary actions. Board action will be limited to either dismissing the matter if the Board determines there is no violation, it has no jurisdiction over the subject, or providing direction to pursue the matter further – For possible action:

**W. Complaint 17-23S (Dr. Colucci)**

RECOMMENDED MOTION: **No recommendation.**

PREPARED BY: **Maggie Colucci, DC**

MEETING DATE: **October 12, 2017**

TIME REQUIRED: **5 minutes**

BACKGROUND INFORMATION: **The complainant alleges the DC is fee splitting.**

REVIEWED BY:   X   President   X   Secretary   X   Executive Director

ACTION:        Approved        Approved w/Modifications        Denied        Continued

**Agenda Item 14W**

**CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA**

**AGENDA ACTION SHEET**

**TITLE: Agenda Item 14X Status report regarding anonymous profiles of possible disciplinary actions. Board action will be limited to either dismissing the matter if the Board determines there is no violation, it has no jurisdiction over the subject, or providing direction to pursue the matter further – For possible action:**

**X. Complaint 17-24S (Dr. Jaeger)**

**RECOMMENDED MOTION: No recommendation.**

**PREPARED BY: Jason O. Jaeger, DC**

**MEETING DATE: October 12, 2017**

**TIME REQUIRED: 5 minutes**

**BACKGROUND INFORMATION: The complainant alleges that the DC conducted chiropractic outside the hours of operation of the clinic to which the services have not been documented in the point of sale system or patient record system, so there is no evidence that payment was made. In addition, the DC is allegedly solicited patients under a no compete clause to visit another practice which the DC has a vested interest.**

**REVIEWED BY:      X   President   X   Secretary   X   Executive Director**

**ACTION:        Approved        Approved w/Modifications        Denied        Continued**

**CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA**

**AGENDA ACTION SHEET**

**TITLE: Agenda Item 14Y Status report regarding anonymous profiles of possible disciplinary actions. Board action will be limited to either dismissing the matter if the Board determines there is no violation, it has no jurisdiction over the subject, or providing direction to pursue the matter further – For possible action:**

**Y. Complaint 17-25S (Dr. Martinez)**

**RECOMMENDED MOTION: No recommendation.**

**PREPARED BY: Xavier Martinez, DC**

**MEETING DATE: October 12, 2017**

**TIME REQUIRED: 5 minutes**

**BACKGROUND INFORMATION: The complainant alleged that they were sold a package and treated by the DC in January 2017, however upon this visit they were told by the DC that they could not treat them and referred them to another DC.**

**REVIEWED BY:    \_\_\_X\_\_\_ President    \_\_\_X\_\_\_ Secretary    \_\_\_X\_\_\_ Executive Director**

**ACTION: \_\_\_\_\_ Approved \_\_\_\_\_ Approved w/Modifications \_\_\_\_\_ Denied \_\_\_\_\_ Continued**

**Agenda Item 14Y**

**CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA**

**AGENDA ACTION SHEET**

**TITLE: Agenda Item 14Z Status report regarding anonymous profiles of possible disciplinary actions. Board action will be limited to either dismissing the matter if the Board determines there is no violation, it has no jurisdiction over the subject, or providing direction to pursue the matter further – For possible action:**

**Z. Complaint 17-26S (Dr. Colucci)**

**RECOMMENDED MOTION: No recommendation.**

**PREPARED BY: Maggie Colucci, DC**

**MEETING DATE: October 12, 2017**

**TIME REQUIRED: 5 minutes**

**BACKGROUND INFORMATION: The complainant is questioning the billing practices and business operations of the DC.**

**REVIEWED BY:      X   President   X   Secretary   X   Executive Director**

**ACTION:        Approved        Approved w/Modifications        Denied        Continued**

**Agenda Item 14Z**

**CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA**

**AGENDA ACTION SHEET**

**TITLE: Agenda Item 14AA Status report regarding anonymous profiles of possible disciplinary actions. Board action will be limited to either dismissing the matter if the Board determines there is no violation, it has no jurisdiction over the subject, or providing direction to pursue the matter further – For possible action:**

**AA. Complaint 17-27S (Dr. Jaeger)**

**RECOMMENDED MOTION: No recommendation.**

**PREPARED BY: Jason O. Jaeger, DC**

**MEETING DATE: October 12, 2017**

**TIME REQUIRED: 5 minutes**

**BACKGROUND INFORMATION: The complainant alleges that the DC showed unprofessional conduct.**

**REVIEWED BY:    \_\_\_X\_\_\_ President \_\_\_X\_\_\_ Secretary \_\_\_X\_\_\_ Executive Director**

**ACTION: \_\_\_ Approved \_\_\_ Approved w/Modifications \_\_\_ Denied \_\_\_ Continued**

**Agenda Item 14AA**

**CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA**

**AGENDA ACTION SHEET**

**TITLE: Agenda Item 14BB Status report regarding anonymous profiles of possible disciplinary actions. Board action will be limited to either dismissing the matter if the Board determines there is no violation, it has no jurisdiction over the subject, or providing direction to pursue the matter further – For possible action:**

**BB. Complaint 17-28S (Dr. Lurie)**

**RECOMMENDED MOTION: No recommendation.**

**PREPARED BY: Ben Lurie, DC**

**MEETING DATE: October 12, 2017**

**TIME REQUIRED: 5 minutes**

**BACKGROUND INFORMATION: The Board was notified by the National Practitioners Data Bank that a DC settled a malpractice claim, which is to be reported to the Board by the DC within 15 days pursuant to NAC 634.425. To date the DC has not notified the Board of this action.**

**REVIEWED BY:      X   President   X   Secretary   X   Executive Director**

**ACTION:        Approved        Approved w/Modifications        Denied        Continued**

**CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA**

**AGENDA ACTION SHEET**

**TITLE: Agenda Item 14CC Status report regarding anonymous profiles of possible disciplinary actions. Board action will be limited to either dismissing the matter if the Board determines there is no violation, it has no jurisdiction over the subject, or providing direction to pursue the matter further – For possible action:**

**CC. Complaint 17-29S (Dr. Lurie)**

**RECOMMENDED MOTION: No recommendation.**

**PREPARED BY: Ben Lurie, DC**

**MEETING DATE: October 12, 2017**

**TIME REQUIRED: 5 minutes**

**BACKGROUND INFORMATION: Complainant alleges that the credit card used to pay for an online continuing education course may have been mis-used since the charges have been disputed and reversed from the continuing education provider**

**REVIEWED BY:      X   President   X   Secretary   X   Executive Director**

**ACTION:        Approved        Approved w/Modifications        Denied        Continued**

**Agenda Item 14CC**

**CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA**

**AGENDA ACTION SHEET**

TITLE: **Agenda Item 15** Committee Reports - For possible action

- A. Continuing Education Committee (Dr. Martinez) – No action**
- B. Legislative Committee (Dr. Lurie) – No action**
- C. Preceptorship Committee (Dr. Rovetti) – No action**
- D. Test Committee (Dr. Colucci) – For possible action**

RECOMMENDED MOTION: **No recommendation**

PRESENTED BY: **Ben Lurie, DC**

MEETING DATE: **October 12, 2017**

TIME REQUIRED: **10 minutes**

BACKGROUND INFORMATION: **The Committee Chairs will report on their committee's activities since the last meeting.**

REVIEWED BY:   X   President   X   Secretary   X   Executive Director

ACTION:        Approved        Approved w/Modifications        Denied        Continued

**Agenda Item 15**



**CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA**

**AGENDA ACTION SHEET**

TITLE: **Agenda Item 16** Board Counsel Report – For possible action.

RECOMMENDED MOTION: **No recommendation.**

PREPARED BY: **Louis Ling**

MEETING DATE: **October 12, 2017**

TIME REQUIRED: **20 minutes**

BACKGROUND INFORMATION:

REVIEWED BY: ☒ President ☒ Secretary ☒ Executive Director

ACTION: ☐ Approved ☐ Approved w/Modifications ☐ Denied ☐ Continued

**CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA**

**AGENDA ACTION SHEET**

TITLE: **Agenda Item 17** Legislative Matters – For possible action

RECOMMENDED MOTION: **No recommendation.**

PRESENTED BY: **Dan Musgrove**

MEETING DATE: **October 12, 2017**

TIME REQUIRED: **10 minutes**

BACKGROUND INFORMATION:

REVIEWED BY:      X   President   X   Secretary   X   Executive Director

ACTION:        Approved        Approved w/Modifications        Denied        Continued

**Agenda Item 17**

**CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA**

**AGENDA ACTION SHEET**

TITLE: **Agenda Item 18** NCA Report – No action

RECOMMENDED MOTION: **Non-Action item.**

PRESENTED BY: **James Overland, DC**

MEETING DATE: **October 12, 2017**

TIME REQUIRED: **10 minutes**

BACKGROUND INFORMATION:

REVIEWED BY:      X   President   X   Secretary   X   Executive Director

ACTION:        Approved        Approved w/Modifications        Denied        Continued

**CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA**

**AGENDA ACTION SHEET**

TITLE: **Agenda Item 19** NCC Report – No action

RECOMMENDED MOTION: **Non-Action item.**

PRESENTED BY: **To Be Determined**

MEETING DATE: **October 12, 2017**

TIME REQUIRED: **10 minutes**

BACKGROUND INFORMATION:

REVIEWED BY:      X   President   X   Secretary   X   Executive Director

ACTION:        Approved        Approved w/Modifications        Denied        Continued

**CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA**

**AGENDA ACTION SHEET**

TITLE: **Agenda Item 20** – Executive Director Reports:

- A. Status of Pending Complaints – No action**
- B. Status of Current Disciplinary Actions – No action**
- C. Legal/Investigatory Costs – No action**

RECOMMENDED MOTION: **Non-Action item.**

PRESENTED BY: **Julie Strandberg**

MEETING DATE: **October 12, 2017**

TIME REQUIRED: **5 minutes**

BACKGROUND INFORMATION:

REVIEWED BY:      X   President   X   Secretary   X   Executive Director

ACTION:        Approved        Approved w/Modifications        Denied        Continued

## STATUS OF PENDING COMPLAINTS – October 12, 2017

<u>Complaint No.</u>	<u>Date Received</u>	<u>Investigator</u>	<u>Nature of Complaint</u>	<u>Current Status</u>	<u>Costs To Date</u>
16-08S	8/31/2016	Jaeger	Alleged malpractice/misconduct	Under investigation	
16-11S	9/7/2016	Colucci	Erroneous records and billings	Under investigation	
16-12S	10/12/2016	Colucci	Alleged invalid use of MRI machine	Under investigation	
16-13S	10/20/2016	Lurie	Possible sexual misconduct	Pending Settlement Agreement	
17-02S	1/13/2017	Lurie	634.227-Treating without a license	Under investigation	
17-04N	2/22/2017	Rovetti	Failure to report malpractice claim	Under investigation	
17-05N	2/22/2017	Jaeger	Alleged malpractice	Under investigation	
17-06S	2/23/2017	Lurie	Allegedly billing for services not rendered	Pending Settlement Agreement	
17-07S	2/27/2017	Jaeger	Alleged misconduct and employing any person as a CA unless issued a certificate or has applied for a certificate	Under investigation	
17-08S	3/3/2017	Lurie	Alleged misconduct	Under investigation	
17-09S	3/13/171	Lurie	Allegedly billing for services not rendered	Pending Settlement Agreement	
17-10S	4/3/2017	Jaeger	Alleged unprofessional conduct	Under investigation	
17-11S	4/10/2017	Colucci	Alleged unsanitary measures	Under investigation	
17-12S	4/27/2017	Jaeger	Alleged unprofessional conduct	Under investigation	
17-13S	4/25/2017	Rovetti	Advertising complaint	Under investigation	
17-14S	5/26/2017	Martinez	Alleged unprofessional conduct	Under investigation	

<u>Complaint No.</u>	<u>Date Received</u>	<u>Investigator</u>	<u>Nature of Complaint</u>	<u>Current Status</u>	<u>Costs To Date</u>
17-15S	6/12/2017	Rovetti	Alleged false or misleading advertisement	Under investigation	
17-16S	6/15/2017	Jaeger	Alleged malpractice.	Under investigation	
17-18S	6/21/2017	Jaeger	Alleged unprofessional conduct and over-billling	Under investigation	
17-20S	7/28/2017	Lurie	Alleged fraudulent billing	Under investigation	
17-21S	7/28/2017	Rovetti	Allegedly failing to identify yourself as a chiropractor.	Under investigation	
17-22N	7/31/2017	Martinez	Allegedly billing the insurance complany for services paid by the patient.	Under investigation	
17-23S	8/1/2017	Colucci	Alleged unprofessional conduct-fee splitting	Under investigation	
17-24S	8/9/2017	Jaeger	Alleged unprofessional conduct	Under investigation	
17-25S	8/10/2017	Martinez	Alleged unprofessional conduct	Under investigation	
17-26S	8/10/2017	Colucci	Alleged unprofessional conduct	Under investigation	
17-27S	9/5/2017	Jaeger	Alleged unprofessional conduct	Under investigation	
17-28S	9/12/2017	Lurie	Failure to report malpractice claim	Under investigation	
17-29S	9/21/2017	Lurie	Alleged misuse of credit card to purchase a continuing education course.	Under investigation	
<b>DORMANT COMPLAINTS:</b>					
11-23S	11/7/2011	Rovetti	Unredeemable "nsf" check written on Doctor's business account	To be held in abeyance; to be addressed if the licensee requests reinstatement in the future	
13-23N	9/30/2013	Rovetti	Possible malpractice	To be held in abeyance; to be addressed if the licensee requests reinstatement in the future	

**STATUS OF CURRENT DISCIPLINARY ACTIONS at August 31, 2017****Disciplinary Action with Probation****1. Alan Bader, DC, License No. 567**

On April 21, 2017 Dr. Bader entered into a Settlement Agreement and Order with the Board. Dr. Bader will be on probation for two years with a practice monitor who will assure compliance with the terms and conditions of the settlement agreement. Dr. Bader shall take and pass the Ethics and Boundaries exam as well as the Nevada jurisprudence examination. Dr. Bader shall take and pass four hours of continuing education relating to ethics and boundaries and four hours related to the making and keeping of patient records. Dr. Bader was ordered to pay a fine in the amount of \$5,000.00 and the Boards' costs in the amount of \$1,629.80, which was satisfied on May 17, 2017. Dr. Bader is in compliance with the Board Order.

**2. Daniel Brady, DC, License No. B1391**

By Settlement Agreement, Dr. Brady shall comply with all terms and conditions of the California Board's Decision and Order dated April 24, 2012 (eff. May 24, 2012) which placed him on probation for five years with certain terms and conditions. He reimbursed the Board's \$325.00 costs on November 12, 2012 and passed the Board's jurisprudence examination with a score of 81%. **Dr. Brady returned to Active status and is no longer tolling as of February 2015. He is currently in compliance with the requirements of his probation.**

**3. Timothy Francis, DC, License No. B309**

Pursuant to the Board Order Dr. Francis is on probation for three years effective August 21, 2015 and shall pay the costs incurred in the investigation and prosecution within the three years in the amount of **\$60,484.16**. Dr. Francis passed the Ethics and Boundaries Assessment Services (EBAS) Essay Examination on October 22, 2015 and passed the Board's jurisprudence exam on October 9, 2015. Dr. Francis submitted the written correction plan to address policies, procedures, and steps he intends to take regarding teaching and chiropractic practices to assure that he maintains proper and distinct professional boundaries between his students, his mentees, his personal friends, his paramours, and his patients, which is in the process of review and approval. The IBM may speak to Dr. Francis at his discretion to ensure Dr. Francis is following the correction plan that was agreed to.

**4. Casey D. Robinson, DC, License No. B1263**

Dr. Robinson was granted a license on September 14, 2007 under the condition that he comply with all of the terms and conditions of his Agreement on Conditions for Licensure with California and monitoring of his practice by Board-appointed Compliance Monitor, Dr. Jeff Andrews. Dr. Robinson's 5-year probation with California commenced on February 14, 2006. He was required to reimburse the California Board's costs of \$3,103.75 and serve 4 hours per month of community service for 2-1/2 years of his probation. It was subsequently determined that Dr. Robinson did not comply with the terms and conditions of his agreement with California. This was addressed at the June 4, 2011 meeting and a new Agreed Settlement was approved that extends his probation for another five years concurrent with and under the same terms and conditions as his settlement agreement with California. **Dr. Robinson was placed in tolling status effective November 18, 2015 and has a five year tolling limit. Dr. Robinson is current and in compliance with the terms and conditions of his California probation per the California Board.**

**5. Paul Rovetti, DC, License No. B328**

On April 7, 2016 the Board ordered Dr. Rovetti's license be suspended for three months, but the suspension shall be stayed pending successful completion of the following terms: The term of probation shall be from the effective date of this Order until December 31, 2018. Take and pass the Board's jurisprudence exam and the EBAS within 90 days of the effective date of this Order. Provide written evidence of completion of at least 4.5 hours of continuing education every 90 days throughout the period of



probation. Pay the Boards' fees and costs totaling \$1,718.90 and pay a fine of \$1,000.00. Dr. Rovetti's failure to comply with the Board's order within 90 days has resulted in suspension of his license effective July 28, 2016.

**6. Mark Rubin, DC, License No. B753**

On September 10, 2016 Dr. Rubin entered into a Settlement Agreement and Order with the Board. Dr. Rubin will be on probation for three years with a practice monitor who will assure compliance with the terms and conditions of the settlement agreement. Dr. Rubin shall provide documentation as noted in the Settlement Agreement and Order to the Investigating Board Member within the time frames identified. Dr. Rubin was ordered to pay a fine and the Boards' costs in the amount of \$4,000.00. Dr. Rubin's failure to comply with the Boards' order has resulted in suspension of his license effective April 17, 2017.

**Disciplinary Actions with No Probation**

**7. Francis Raines, DC, License No. B0187**

Under the March 12, 2013 Board Order, Dr. Raines shall be monitored by the Investigating Board Member, a chiropractic physician, and a mental health monitor for 24 months from the date he begins practicing, which occurred on December 8, 2015. Dr. Raines' wife is serving as the business and financial manager and is currently the only employee. Dr. Raines was ordered to pay a fine in the amount of \$20,000.00 and has been making monthly payments of \$75.00 per month since May 30, 2013 and continues to do so. **The current balance is \$16,696.00.** Dr. Raines is in compliance with the terms of the Order.

**8. Heriberto "Eddie" Soltero, NVMT.3862**

Under the December 8, 2015 settlement agreement, Mr. Soltero was found in violation of performing chiropractic without a valid license. Mr. Soltero shall pay a fine totaling \$500 and pay board costs totaling \$2,295.55. Effective August 14, 2017 Mr. Soltero satisfied his agreement with the Board.

**This is the final reporting for Mr. Soltero.**

**Probation Only**

**1. Bret Brown, DC, License No. B01639**

The Board approved Dr. Brown's application for DC licensure at the January 13, 2017 meeting subject to the following conditions: #1 Take and pass the Ethics & Boundaries Examination and #2 pay a fine in the amount of \$1,500.00. Upon successfully completing #1 and #2 Dr. Brown shall take and pass the Nevada jurisprudence exam, which have been completed. Dr. Brown was granted his license on February 28, 2017 under the condition that his license be on probation and he will have a practice monitor for three years effective February 28, 2017. Dr. Brown must submit twelve hours of continuing education related to chiropractic ethics and boundary issues by December 1, 2017. Dr. Brown may be asked to provide lab testing and must provide the requested sample within four hours of any such request. Failure to comply with any term of this probation shall result in the automatic suspension of Dr. Brown's license. Upon complying his license will automatically be reinstated. Dr. Brown is in compliance with this order.

IAN YAMANE, D.C.  
2851 N. TENAYA WAY, STE. 103  
LAS VEGAS, NEVADA 89128  
(702) 309-4878  
(702)309-4879 fax

## QUARTERLY REPORT

August 18, 2017

Ben Lurie, D.C.  
Chiropractic Physician's Board of Nevada  
4600 Kietzke Lane, M-245  
Reno, NV 89502

RE: Brett Brown, D.C.

Probationary Period: 4/2017-4/2020

Dear Dr. Lurie:

### Facility Inspection

On August 15<sup>th</sup> of 2017 I conducted a quarterly inspection at Dr. Brown's place of employment. He is employed by Dr. Albert Simoncelli with Mountainwest Chiropractic. Since my last visit, Dr. Brown has made no changes to his office layout.

### Record Keeping

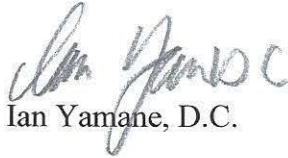
I reviewed a random selection of patient charts (VH, CC, EH, KG) to assure their compliance with NAC 634.435. Evaluation forms were utilized for the initial and subsequent evaluations. There was no signature on the form to indicate who performed the evaluation. All other notes were inputted directly into the EMR software system. Re-evaluations were performed on a regular basis however the diagnosis' from the initial evaluation was not updated. There was also a phrase that indicated that "Diagnosis is

Tentative" on all SOAP notes. Back office therapies were performed by chiropractic assistants but was not indicated on the chart notes. The objective section of the report showed evaluations from the past and current. The organization and layout of the objective findings section remains confusing. There was no documentation as to the brand of the laser or therapeutic frequency utilized on the patient. Chart KG indicated that interferential therapy and LLLT were performed. However, the statement ledger had none of the charges listed. This occurred for 4 dates of service.

#### Conclusion

I discussed the above mentioned issues with Dr. Brown. He did not correct any of the template changes in the EMR system as he was still unsure of some of the items that we addressed from the initial compliance visit. After our discussion he now understands what he needs to do to take care of the template issues. He understands that the chiropractic assistant applying the therapies needs to be indicated on the notes. He will look into the reasoning as to why there was a discrepancy between his note and the billing ledger on chart KG. He again agreed that he would improve each of these areas of concern and that these issues would be corrected by the next time I return for the next compliance visit. My next visit will be in November of 2017.

Sincerely,

A handwritten signature in dark ink, appearing to read "Ian Yamane", with a stylized flourish at the end.

Ian Yamane, D.C.

Cc: Brett Brown, D.C.  
CPBN Office

**Dr. Jo Briggs**  
9555 So. Eastern Ave., Suite 240  
Las Vegas, NV 89123  
(702) 385-3090

September 26, 2017

Chiropractic Physicians' Board of Nevada  
4600 Kietzke Lane  
Suite M-245  
Reno, NV 89502

**REPORT OF LAST REVIEW**

RE: Francis L Raines

Probationary Period: December 8, 2015 to November 30, 2017

I visited with Dr. Raines on August 17, 2017 and spoken with him by phone since my last report. His office continues to be clean. He is still has space for another doctor to share space with him but has had no one interested yet.

Dr. Raines is still communicating with his therapist, Dr. Roitman. and in compliance with his monitoring. I have asked him to have Dr. Roitman write a letter to the board on his evaluation. I have not received any letter yet but perhaps you have. I emailed Francis to follow up on this. His wife continues to be his only assistant in the office.

Dr. Raines remains in compliance of his agreement with the board dated March 12, 2013. I reviewed all his certifications and licenses. He is up to date for Clark County Business License expires on 3/31/2018, Radiation Control Program -12/31/17, Chiropractic Physicians' License – 12-31-2017, Confirmation of insurance (Medical Professional Liability – Claims Made)– 11/10/2017

Dr Raines continues to be excited about being in practice and taking care of his patients. Unless requested by the board this is my last update.

Sincerely,

Dr. Jo Briggs  
Chiropractic Physician  
Compliance Monitor

**Norton A. Roitman, MD, DFAPA**

*Distinguished Fellow of  
the American Psychiatric Association*

BOARD CERTIFIED SPECIALIST  
- CHILD AND ADOLESCENT  
- GENERAL PSYCHIATRY  
FORENSIC TESTIMONY

CLINICAL PROFESSOR OF PSYCHIATRY  
UNIVERSITY OF NEVADA RENO SCHOOL OF MEDICINE  
ROSEMAN COLLEGE OF MEDICINE  
[www.NRoitmanMD.com](http://www.NRoitmanMD.com)

September 28, 2017

Nevada Chiropractic Physician's Board  
4600 Kietzke Lane, Ste. M245  
Reno, Nevada 89502-5000

CHIROPRACTIC PHYSICIANS'  
BOARD OF NEVADA

OCT 04 2017

RECEIVED  
RENO, NEVADA 89502

Regarding status of Dr. Francis Raines

To Whom it May Concern:

I have been monitoring Dr. Raines since July 25, 2013, and participated in his adjudication and care before he served his penalty. He is being monitored in conjunction with his practice supervisor.

Dr. Raines has not violated any terms of his monitorship, to my ability to discern. He exhibits signs of good mental health. He has been compliant with his psychiatric maintenance plan. He does not need any mental health services, and has not needed any over the last several years.

To a reasonable degree of medical certainty, based on my monitorship and repeat psychiatric examinations, I find Dr. Francis Raines no longer needs to be under psychiatric review and is safe to practice independently from a mental health perspective.

Respectfully,



**Norton A. Roitman, MD, DFAPA**

Board Certified in Child, Adolescent and General Psychiatry  
Clinical Professor of Psychiatry at the University of Nevada Reno School of Medicine  
Clinical Professor of Psychiatry Roseman College of Medicine  
Distinguished Fellow of the American Psychiatric Association

cc: Dr. Jo Briggs  
9555 S. Eastern Ave., Ste. 240  
Las Vegas, NV 89123

**CHIROPRACTIC PHYSICIANS' BOARD****Legal/Investigatory Costs**

<b>Costs Incurred</b>	<b>Since Last Report June 30, 2017</b>	<b>Year-To-Date Fiscal Year 2017/2018</b>
Advantage Group	82.50	2,478.10
Attorney General	-	370.45
Sub-Total	82.50	2,848.55
Staff Attorney	806.00	10,137.00
<b>Total</b>	<b>\$ 888.50</b>	<b>\$ - \$ 12,985.55</b>

<b>Costs Reimbursed</b>		
Alan Bader, DC	\$ 1,629.80	\$ 1,629.80
Stacy Bone-Rapp, DC	\$ 130.00	\$ 130.00
Timothy Francis, DC	-0-	\$ -
Heriberto "Eddie Soltero	\$ 195.55	\$ 1,795.55
Paul Rovetti, DC	-0-	\$ -
Mark Rubin, DC	-0-	\$ 500.00
<b>Totals</b>	<b>\$ 1,955.35</b>	<b>\$ 4,055.35</b>

<b>No Activity</b>		
Corazon Murillo, DC	-0-	\$ 10,024.21
Obteen Nassiri, DC	-0-	\$ 114,614.24
	<b>\$ -</b>	<b>\$ 124,638.45</b>

<b>Deemed Uncollectible</b>	<b>Date Assessed</b>	<b>Amount Due</b>
<u>Assigned to the State Controller for collection 4/1/10:</u>		
Verl Bel	7/16/2009	\$ 14,240.00
David Buanno	6/27/2008	\$ 19,439.00
James T. Overland, Jr.	8/1/2007	\$ 64,427.36
Sub-Total		\$ 98,106.36
<u>Assigned to the State Controller for collection 12/14/11:</u>		
Charles Musich	3/13/2009	\$ 3,757.34
Reginald Profant	9/11/2009	\$ 4,843.11
Sub-Total		\$ 8,600.45
<b>Total assigned to the State Controller for collection</b>		<b>106,706.81</b>

Debt Written Off @ 6/30/13		
Edward Johnson, DC (deceased)	\$	28,653.56

**CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA**

**AGENDA ACTION SHEET**

TITLE: **Agenda Item 21** Financial Status Reports– No action

- A. Current cash position & projections**
- B. Accounts Receivable Summary**
- C. Accounts Payable Summary**
- D. Employee Accrued Compensation**
- E. Income/Expense Actual to Budget Comparison as of August 31, 2017**
- F. Income/Expense Actual to Budget Comparison for Fiscal Year 2017 – No action.**

RECOMMENDED MOTION: **Non-Action item.**

PRESENTED BY: **Julie Strandberg**

MEETING DATE: **October 12, 2017**

TIME REQUIRED: **10 minutes**

BACKGROUND INFORMATION:

REVIEWED BY:    \_\_X\_\_ President \_\_X\_\_ Secretary \_\_X\_\_ Executive Director

ACTION: \_\_\_\_ Approved \_\_\_\_ Approved w/Modifications \_\_\_\_ Denied \_\_\_\_ Continued

**CHIROPRACTIC PHYSICIANS' BOARD  
BANK BALANCE REPORT  
As of August 31, 2017**

**AGENDA ITEM 21A**

CHECKING ACCOUNT	85,547.80
SAVINGS ACCOUNT(S)	260,297.41
Paypal	887.58
Total Cash Balance @ 05/31/17	\$346,732.79

**ACCOUNTS RECEIVABLE SUMMARY AS OF August 31, 2017**

**AGENDA ITEM 21B**

A/R	0.00
Fines	64,195.55
Cost Reimbursements	181,177.30
Total A/R	\$245,372.85

**ACCOUNTS PAYABLE SUMMARY  
As of August 31, 2017**

**AGENDA ITEM 21C**

State Treasurer - Fines collected/payable	3,804.00
 Total Accounts Payable	 \$ 3,804.00

**AGENDA ITEM 21D**

**\*Employee Accrued Compensation as of 08/31/17**

	Vacation Hours	Sick-Leave Hours	Comp-Time Hours
Julie Standberg	89.32	849.97	-
Brett Canady	10.00	3.50	-



**Chiropractic Physicians' Board of Nevada  
Income/Expense Report To Budget - CASH BASIS  
For the Period Ending August 31, 2017**

**AGENDA ITEM 21E**

	<b>Actual July 1, 2017 thru August 31, 2017</b>	<b>Budget FY 06/30/18</b>	<b>Variance</b>
<b>Revenue</b>			
License & Fees	2,241.06	270,250.00	268,008.94
Application & Fees	4,365.00	26,450.00	22,085.00
Interest/Gain Loss on Invest	24.21	1,000.00	975.79
Exam Fees	4,999.06	9,375.00	4,375.94
Reinstatement Fees	-	7,500.00	7,500.00
Miscellaneous	3,209.50	21,875.00	18,665.50
Reimbursement Income	195.55	34,018.00	33,822.45
<b>TOTAL REVENUE</b>	<b>\$ 15,034.38</b>	<b>\$ 370,468.00</b>	<b>355,433.62</b>
<b>Expenses</b>			
Background Checks	1,282.75	7,000.00	5,717.25
Banking Expenses	921.59	7,720.00	6,798.41
Dues & Registration	589.98	4,000.00	3,410.02
Equipment Repair	-	-	-
COMPUTER: Equipment/Software/Websites	2,699.37	12,500.00	9,800.63
Insurance	-	1,500.00	1,500.00
Legal & Professional	1,216.00	81,800.00	80,584.00
Operating Supplies	417.17	4,000.00	3,582.83
Printing & Copying	460.99	3,500.00	3,039.01
Postage	1,148.14	5,000.00	3,851.86
Casual Labor - Clerical	-	5,000.00	4,000.00
Personnel	-		
Office Salaries	19,529.04	126,000.00	106,470.96
Board Salaries	900.00	10,000.00	9,100.00
Workman's Compensation	-	5,750.00	5,750.00
Retirement - PERS	3,335.30	31,857.00	28,521.70
Employee Insurance - PEBP	5,013.95	21,000.00	15,986.05
Unemployment	278.68	2,275.00	1,996.32
Medicare & Social Security	362.16	4,965.00	4,602.84
Payroll Processing	402.00	450.00	48.00
Rent	2,367.40	14,205.00	11,837.60
Telephone	340.18	4,000.00	3,659.82
Travel	-		-
In State	-	10,000.00	10,000.00
Out State	-	10,000.00	10,000.00
<b>TOTAL EXPENSES</b>	<b>\$ 41,264.70</b>	<b>\$ 372,522.00</b>	<b>\$ 82,333.76</b>
<b>NET RESULT</b>	<b>\$ (26,230.32)</b>	<b>\$ (2,054.00)</b>	
<b>BEGINNING CASH BALANCE 07/01/17</b>	<b>374,958.53</b>		
<b>NET OPERATING RESULT</b>	<b>348,728.21</b>		
Equipment Purchases		2,000.00	

**Chiropractic Physicians' Board of Nevada**  
**Income/Expense Report - CASH BASIS**  
**For the Period July 1, 2017 thru August 31, 2017**

**AGENDA ITEM 21E**

	Actual July 1, 2017 thru August 31, 2017	Actual July 1, 2016 thru August 31, 2016
<b>Revenue</b>		
License & Fees	2,241.06	50.00
Application & Fees	4,365.00	4,512.25
Interest/Gain Loss on Invest	24.21	4.51
Exam Fees	4,999.06	4,225.00
Reinstatement Fees	-	-
Miscellaneous	3,209.50	3,618.25
Reimbursement Income	195.55	200.00
<b>TOTAL REVENUE</b>	<b>\$ 15,034.38</b>	<b>\$ 12,610.01</b>
<b>Expenses</b>		
Background Checks	1,282.75	1,168.50
Banking Expenses	921.59	405.53
Dues & Registration	589.98	700.00
Equipment Repair	-	-
COMPUTER: Equipment/Software/Websites	2,699.37	2,843.50
Insurance	-	-
Legal & Professional	1,216.00	3,900.00
Operating Supplies	417.17	943.83
Printing & Copying	460.99	496.00
Postage	1,148.14	1,298.04
Casual Labor - Clerical	-	-
Personnel	-	-
Office Salaries	19,529.04	20,100.22
Board Salaries	900.00	1,050.00
Workman's Compensation	-	1,113.00
Retirement - PERS	3,335.30	3,451.56
Employee Insurance - PEBP	5,013.95	4,866.38
Unemployment	278.68	256.68
Medicare & Social Security	362.16	380.11
Payroll Processing	402.00	400.93
Rent	2,367.40	2,314.00
Telephone	340.18	336.31
Travel	-	-
In State	-	1,598.50
Out State	-	-
<b>TOTAL EXPENSES</b>	<b>\$ 41,264.70</b>	<b>\$ 47,623.09</b>
<b>NET RESULT</b>	<b>\$ (26,230.32)</b>	<b>\$ (35,013.08)</b>
<b>BEGINNING CASH BALANCE 07/01/17</b>	<b>374,958.53</b>	
<b>NET OPERATING RESULT</b>	<b>87,932.31</b>	

**Chiropractic Physicians' Board of Nevada  
Income/Expense Report To Budget - CASH BASIS  
For the Period Ending June 30, 2017**

**AGENDA ITEM 21F**

	<b>Actual July 1, 2016 thru June 30, 2017</b>	<b>Budget FY 06/30/17</b>	<b>Variance</b>
<b>Revenue</b>			
License & Fees	261,380.25	488,750.00	227,369.75
Application & Fees	28,505.00	26,450.00	(2,055.00)
Interest/Gain Loss on Invest	1,970.62	1,200.00	(770.62)
Exam Fees	12,082.00	9,375.00	(2,707.00)
Reinstatement Fees	10,250.04	7,500.00	(2,750.04)
Miscellaneous	25,757.46	22,125.00	(3,632.46)
Reimbursement Income	3,859.80	12,582.00	8,722.20
<b>TOTAL REVENUE</b>	<b>\$ 343,805.17</b>	<b>\$ 567,982.00</b>	<b>224,176.83</b>
<b>Expenses</b>			
Background Checks	7,074.00	7,000.00	(74.00)
Banking Expenses	18,504.32	4,000.00	(14,504.32)
Dues & Registration	4,340.38	4,000.00	(340.38)
Equipment Repair	-	-	-
COMPUTER: Equipment/Software/Websites	17,009.19	12,500.00	(4,509.19)
Insurance	1,043.98	1,500.00	456.02
Legal & Professional	45,267.40	59,800.00	14,532.60
Operating Supplies	2,897.33	4,000.00	1,102.67
Printing & Copying	3,461.14	3,500.00	38.86
Postage	4,771.76	5,000.00	228.24
Casual Labor - Clerical	0.00	4,000.00	4,000.00
Personnel			
Office Salaries	129,552.16	170,000.00	40,447.84
Board Salaries	4,564.67	10,000.00	5,435.33
Workman's Compensation	2,923.70	5,750.00	2,826.30
Retirement - PERS	20,186.48	21,810.00	1,623.52
Employee Insurance - PEBP	19,374.39	21,818.00	2,443.61
Unemployment	2,315.71	4,550.00	2,234.29
Medicare & Social Security	3,399.76	10,002.00	6,602.24
Payroll Processing	459.89	162.00	(297.89)
Rent	14,380.54	13,937.00	(443.54)
Telephone	2,010.54	4,000.00	1,989.46
Travel			-
In State	4,793.05	10,000.00	5,206.95
Out State	4,077.40	10,000.00	5,922.60
<b>TOTAL EXPENSES</b>	<b>\$ 312,407.79</b>	<b>\$ 387,329.00</b>	<b>\$ 74,921.21</b>
<b>NET RESULT</b>	<b>\$ 31,397.38</b>	<b>\$ 180,653.00</b>	
<b>BEGINNING CASH BALANCE 07/01/16</b>	<b>144,738.94</b>		
<b>NET OPERATING RESULT</b>	<b>176,136.32</b>		
Equipment Purchases		1,000.00	

**CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA**

**AGENDA ACTION SHEET**

TITLE: **Agenda Item 22** Consideration of potential additions, deletions, and/or amendments to NRS 634 and NAC 634 – For possible action

RECOMMENDED MOTION: **No recommendation**

PRESENTED BY: **Ben Lurie, DC**

MEETING DATE: **October 12, 2017**

TIME REQUIRED: **5 minutes**

BACKGROUND INFORMATION:

- A. Mandatory Self-Inspection report
- B. Fines for not meeting deadlines. i.e. Self-Inspection
- C. Automatic suspension for late renewal
- D. Fine for untimely submission of a CA's second application

REVIEWED BY:   X   President   X   Secretary   X   Executive Director

ACTION:        Approved        Approved w/Modifications        Denied        Continued

**CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA**

**AGENDA ACTION SHEET**

TITLE: **Agenda Item 23** Discussion of healthcare radiation standards – For possible action

RECOMMENDED MOTION: **No recommendation.**

PRESENTED BY: **Jason O. Jaeger, DC**

MEETING DATE: **October 12, 2017**

TIME REQUIRED: **10 minutes**

BACKGROUND INFORMATION: **Please see the attached article**

REVIEWED BY:      X   President   X   Secretary   X   Executive Director

ACTION:        Approved        Approved w/Modifications        Denied        Continued

**Agenda Item 23**

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## Subjecting Radiologic Imaging to the Linear No-Threshold Hypothesis: A Non Sequitur of Non-Trivial Proportion

Authors

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### Abstract

Radiologic imaging is claimed to carry an iatrogenic risk of cancer, based on an uninformed commitment to the 70-y-old linear no-threshold hypothesis (LNT). Credible evidence of imaging-related low-dose (<100 mGy) carcinogenic risk is nonexistent; it is a hypothetical risk derived from the demonstrably false LNT. On the contrary, low-dose radiation does not cause, but more likely helps prevent, cancer. The LNT and its offspring, ALARA (as low as reasonably achievable), are fatally flawed, focusing only on molecular damage while ignoring protective, organismal biologic responses. Although some grant the absence of low-dose harm, they nevertheless advocate the "prudence" of dose optimization (i.e., using ALARA doses); but this is a radiophobia-centered, not scientific, approach. Medical imaging studies achieve a diagnostic purpose and should be governed by the highest science-based principles and policies. The LNT is an invalidated hypothesis, and its use, in the form of ALARA dosing, is responsible for misguided concerns promoting radiophobia, leading to actual risks far greater than the hypothetical carcinogenic risk purportedly avoided. Further, the myriad benefits of imaging are ignored. The present work calls for ending the radiophobia caused by those asserting the need for dose optimization in imaging: the low-dose radiation of medical imaging has no documented pathway to harm, whereas the LNT and ALARA most assuredly do.

### Keywords

[radiological imaging](#) [linear no-threshold](#) [ALARA](#) [hormesis](#) [adaptive response](#) [radiophobia](#)

The linear no-threshold hypothesis (LNT) has been applied to low-dose and low-dose-rate ionizing radiation for more than 70 y but, lacking valid scientific foundation, remains a hypothesis. Nonetheless, this hypothesis is the orthodox foundation of radiation protection science, in turn forming the basis of regulations and public policy.

The LNT derives from incomplete, early-20th-century genetic-experimental observations yielding inaccurate conclusions, undetected by other scientists until quite recently ( 1 ). Hermann Muller, in his 1946 Nobel Lecture, asserted that a no-harm threshold was nonexistent, since linearity had been demonstrated for doses down to 4,000 mGy, a stunning non sequitur. Nor has any evidence since validated the carcinogenicity of low doses. The LNT extrapolation from evidence-supported, high-dose effects to putative low-dose responses claims that all acute ionizing radiation exposure down to zero is harmful proportionally to dose and that it yields cumulative harm throughout life, regardless of how low the dose rate. Both claims are demonstrably false and harmful, leading to LNT-derived regulations and policies that are not protective ( 2 , 3 ); for example, more than 1,600 deaths resulted from the LNT-based evacuation policy for nearby residents after the Fukushima nuclear accident ( 3 ).

Throughout time, we have been bathed in low-dose radiation from land, sky, and our own bodies. Today's average annual natural background exposure ranges from 1 to 260 mSv in some places on the planet. No associated adverse health effects have been documented anywhere ( 4 ). For comparison, typical CT and combined whole-body <sup>18</sup>F-FDG PET/CT scan doses delivered acutely are 10 and 14 mSv, respectively. This radiation-rich history implies that extant life-forms must have developed adaptive, biologic repair and/or removal responses to radiation damage. The primary LNT fallacy is it excludes this evolutionary biology, ignoring the body's differing responses to high versus low radiation doses ( 5 ). Low doses stimulate protective responses; high doses overwhelm and inhibit such protections.



Herein are offered dissenting views on subjecting medical imaging to the LNTH, as this hypothesis is characterized by its one-sided failure to incorporate experimental research findings and its support by erroneous mathematic and statistical maneuvers that merely confirm a priori assumptions through circular reasoning. Our heterodoxy maintains that this one-sidedness is twofold: first, it focuses on unquestioned radiogenic cellular damage while ignoring the organism's proven biologic responses to mitigate that damage plus the endogenous damage (due to normal metabolism) several orders of magnitude greater; second, it focuses on only the hypothetical risks of imaging while ignoring its myriad benefits and the actual risks associated with its alternatives ( 6 – 8 ). The hypothetical risks of medical imaging pale in comparison to these actual risks.

Unwarranted fear of low-dose radiation leads to the misguided doctrine of “prudence” in dosing—ALARA (as low as reasonably achievable)—that, by often diminishing image quality, increasingly produces suboptimal and even nondiagnostic CT scans ( 9 , 10 ). Thus, today, 70 y after Muller's Nobel speech, another non sequitur advances, this time within the field of radiologic imaging. This article provides a scientific rebuttal of the key errors within the LNTH orthodoxy to rehabilitate and restore low-dose radiation's position of respect within science and medicine and to help undo needless public and professional radiophobia.

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## FAILURE OF THE LNTH GOLD STANDARD

The atomic-bomb survivor cohort of the Life Span Study (LSS) is the single most important dataset—the gold standard—for estimating radiation effects in humans ( 5 , 11 ). The 1958–1998 LSS data for acute exposure to low-dose, low linear-energy-transfer radiation, such as the x- and  $\gamma$ -rays used in medical imaging, were reported by the Biologic Effects of Ionizing Radiation (BEIR) VII Committee in 2006 ( 11 ) to be consistent with the LNTH dose–response relationship for development of solid cancers. The BEIR Committee operates under the auspices of the National Academy of Sciences, receiving significant financial support from various regulatory and other government agencies; thousands of government and private industry jobs depend on the conclusions of the BEIR Report, which promotes acceptance of the LNTH. The 2005 French Academy of Sciences Report ( 12 ), however, reached very different conclusions. Providing evidence for protective adaptive responses and finding no valid evidence for harm below 100 mGy, the report questioned the validity of the LNTH in that range.

The BEIR VII Committee, seeking putative low-dose cancer-risk (<100 mGy) reductions but unwilling to forgo linearity, introduced the artifice of the “dose and dose-rate effectiveness factor.” A factor of 1.5 was chosen to reduce the slope of the LNTH-derived result, though the LSS data are not linear at doses lower than 100 mGy ( 3 , 13 ). Rather, linearity is forced by the linear no-threshold model from high-dose extrapolation. Independent analyses of LSS data indicate an apparent threshold as high as 55 mGy, comparable to a threshold of 60 mSv reported by others ( 3 ).

Using updated LSS data, Ozasa et al. ( 14 ) reported that 0–180 mGy was the lowest dose range exhibiting no significant, acute-dose, excess relative risk (ERR) for all-solid-cancer mortality. In this dose range, the ERR uncertainty (from their Fig. 4) overwhelms its dose dependence, with the 95% confidence intervals including negative ERR values, consistent with a beneficial, as well as a harmful, effect. This uncertainty is not reflected in the linear dose response or its confidence range because that linear fit was estimated by extrapolation from dose levels of 1 Gy or higher ( 15 ).

Ozasa et al. used Poisson regression methods to mathematically derive background mortality rates at zero dose, which effectively enables the lowest-dose cohorts to determine this rate by linear extrapolation to zero dose. Other studies show reduced mortality rates in low-dose cohorts ( 16 ), compared with cohorts experiencing no radiation above natural background; therefore, Poisson regression introduces negative bias in the background mortality rate, which artificially elevates the reported ERR values.

Correcting this bias, ERR values become negative for doses below approximately 0.6 Gy, beneficially reducing cancer risk relative to background cancer rates ( 16 ). Another LSS reanalysis ( 17 ) exhibits negative ERRs below a threshold at 200 mSv, again consistent with radiation-induced benefit.

## CONTRARY TO THE LNTH, BIOLOGY RESPONDS ADAPTIVELY

The LSS data do not support the LNTH; rather, the observed thresholds and negative ERRs agree with experimental evidence for adaptive cancer protection after low-dose radiation exposure. These data are more consistent with a radiation hormetic (protective) model than with the linear no-threshold (harm at any dose) model. Yet, John Boice, president of the National Council on Radiation Protection and Measurements, continues to assert that the LNTH is the most plausible hypothesis ( 18 ) (this council is a congressionally chartered, private corporation that receives financial support from federal radiation regulators and other governmental agencies).

Whether or not low-dose damage is linear, the body's defensive response is nonlinear, leaving the net result nonlinear ( 19 ). The body deals with this damage through a set of proven mechanisms, collectively called the adaptive response ( 3 , 20 , 21 ), which offers cancer protection through DNA repair involving more than 150 genes, antioxidant production, apoptosis on the cellular level, bystander effects on the tissue level, and immune-system removal of surviving damaged cells on the organismal level. Double-strand-break repair occurs even after low-dose CT scans ( 22 ). Numerous studies demonstrate at least 6 mechanisms for reducing cancer rates and increasing longevity, stimulated by low-dose damage ( 23 ).

BEIR VII ( 11 ) grants the existence of "incomplete" repair, but because imperfect repair of initial DNA damage is assumed, the BEIR Committee dismisses a low-dose threshold for carcinogenicity, ignoring additional mechanisms of defense against radiation-caused damage when DNA repair fails. The report cites a paper by Rothkamm and Löbrich ( 24 ) but proceeds to misrepresent their findings ( 23 ). The paper provides evidence for mechanisms reducing both spontaneous and radiation-induced damage below spontaneous levels (a hormetic effect), by directly measuring the progression of double-strand-break foci at low doses. Postirradiation counts of cultured cells with double-strand breaks were found to decrease to preirradiation counts, constituting evidence of repair or cell-destroying apoptosis—a finding not mentioned in the BEIR VII report.

The LNTH asserts that radiation damage is cumulative, no matter the dose or dose rate. But this is directly contradicted by the practice of fractionation of high-dose radiation therapy, demonstrating that recovery occurs between treatments ( 25 ). More importantly, because low doses stimulate repair or removal of radiogenic damage in excess of that immediate damage, they provide enhanced protections against additional damage over time, including damage from subsequent higher radiation exposures, infections, endogenous production of reactive oxygen species, and other nonradiogenic damage. The net result is reduction of damage below spontaneous levels ( 21 , 26 ), likely contributing to a lifetime-cancer-risk reduction.

Further, spontaneous levels of DNA alteration resulting from a cell's normal metabolic processes dwarf those due to low-dose radiation ( 3 , 27 ). For example, the average annual U.S. background of 3 mSv produces 3–30 DNA alterations per cell per year, and an acute-dose CT scan about 10–100 alterations per cell, whereas mutation rates due to the body's normal metabolic chemistry are a million times higher. Thus, the LNTH extrapolation of high-dose levels (which are inhibitory of protective mechanisms) down to low-dose levels falsely predicts detrimental effects at a low dose.

Another study, involving radiation exposures to interventional cardiologists (median of 4 mSv/y), compared them with unexposed controls. Low-dose, chronic exposure was associated with two adaptive cellular responses: enhanced antioxidant defense and increased apoptotic response ( 28 ). These likely compensate for increased reactive oxygen species production and contribute to maintaining cellular homeostasis. An accompanying editorial noted that these data confirm low-dose protective responses ( 29 ).

Mutations are necessary, but not sufficient, to produce clinically overt cancer. The immune system generally keeps cancers in check, and cancers develop mainly when the immune system is suppressed. The role of the immune system in cancer development now replaces the outdated "one mutation = one cancer" model. Recent research shows the inaccuracy in mechanistic models of radiation-induced cancer suggesting that double-strand breaks lead to chromosome aberrations resulting in cancer. Low-dose radiation has been shown to stimulate the immune system, causing a reduction in cancer rates ( 30 ). Furthermore, residents in areas with a higher background radiation level (3.3 mSv/y) were found to have higher frequencies of chromosome aberrations than lower-background control populations (1.1 mSv/y) yet had lower all-cancer



mortality, indicating that the frequency of chromosomal aberrations may not be suitable as a surrogate for cancer mortality ( 31 ).

The evidence for the biologic-response/cancer-reduction paradigm of low-dose radiation continues to mount. The 2015 Nobel Prize in Chemistry was awarded for research by Tomas Lindahl, Paul Modrich, and Aziz Sancar showing how cells safeguard genetic information, preventing it from disintegrating into chaos, through a host of molecular systems that continuously monitor and repair DNA.

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## ABSENCE OF ACUTE, LOW-DOSE RADIATION CARCINOGENESIS /S EVIDENCE

As previously noted with the revised Ozasa et al. ( 14 ) data, most ERRs in the low-dose range have confidence intervals that include negative values. Negative values suggest that imaging doses reduce rather than increase cancer risk compared with a valid baseline.

The most widely used estimate for the slope of the radiation-induced cancer-mortality dose–response relationship is about 5% per gray for an all-age population. This estimate is primarily derived from LSS data at 1 Gy or higher using a linearity-preserving artifice, the dose and dose-rate effectiveness factor, with a value of 2 ( 15 , 32 ), and from the added nonempiric assumption that there is no threshold. This may be verified by a point-estimate calculation at 1 Gy (i.e., 5% at 1 Gy) based on the LSS data ( 14 ), but it is not a valid predictor of risk at lower doses; for example, a 10-mGy CT dose would represent a hypothetical 0.05% risk estimate (corresponding to an ERR of 0.004). As can be seen from these same data, below about 200 mGy the dose–response relationship is not an extrapolated line from higher doses but instead is roughly horizontal. Therefore, both the “L” and the “NT” components of “LNT” are false. Since LNTH-derived, low-dose-risk estimates have huge uncertainties and are not validated by observed LSS data (from which they are derived), these risk estimates are not merely notional but flatly false.

Advocates excuse their inability to provide low-dose and low-dose-rate evidence for the LNTH, claiming this inability is because the ratio of radiogenic low-dose cancer risk (the “signal”) to the variation in spontaneous cancer risk (the “noise”) is too small to distinguish signal from noise. This explanation for radiogenic signal invisibility is a red herring for radiologic imaging, including for children irradiated by up to 200 mSv. Solid-cancer incidence rates among the Hiroshima and Nagasaki atomic bomb survivors who were younger than 6 y when the bombings occurred were examined by Preston et al. ( 33 ). Their reported relative risk values and our analyses of the raw data in their Table 3 indicate no significant difference between the adult-onset solid-cancer incidence of the control group and that of subjects who had received exposures of up to 200 mSv as children; this agrees with Ozasa’s adult results ( 14 ) and therefore suggests that children are not more radiosensitive to harmful effects at low doses.

Hundreds of studies have demonstrated the health benefits of low-dose radiation exposure, and not just absence of harm. These include, for example, reduced cancer incidence and reduced all-cause mortality, that is, increased longevity ( 12 , 21 , 23 ). Since these demonstrated benefits, unlike the LNTH-predicted harms, are not rendered invisible by noise, LNTH advocates simply ignore or distort the evidence for benefit.

Nonetheless, these studies show radiogenic cancer-signal invisibility has some validity, but for a different reason. Adaptive responses likely negate a significant portion of the radiogenic signal, forcing the signal-to-noise ratio toward zero. But science cannot observe pure radiogenic signals separately from spontaneous cancer noise because they may be inseparable. According to Ozasa ( 15 ) it is difficult to estimate radiogenic risk at low doses because acute A-bomb low doses must be calculated on top of an uncertain background dose and these two values can overlap, becoming indistinguishable.

Although this discussion applies to acute doses (such as CT imaging), the total dose from nuclear medicine procedures is protracted, which is known to reduce risk compared with acute exposure of the same total dose ( 34 ). Studies involving thousands of children younger than 20 y who received <sup>131</sup>I for diagnostic purposes (<3.7 MBq; small children, <0.37 MBq) have been reported by Siegel and Silberstein ( 35 ). These children,

some followed for 40 y, received mean thyroid doses of about 1 Gy. No evidence of increased risk of thyroid cancer due to childhood intake of  $^{131}\text{I}$  was found.

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## EVALUATION OF THE PRESENTED EVIDENCE

The evidence presented shows a reduced, not increased, cancer risk at radiologic imaging doses, and the LSS data show the LNTH-predicted, low-dose carcinogenicity is invalid up to approximately 200 mGy. Thus, the much lower doses from medical imaging of children and adults should not be feared or avoided for radiophobic reasons. A typical CT scan effective dose is about 10 mSv; a PET/CT brain scan, 5–7 mSv; and a routine whole-body  $^{18}\text{F}$ -FDG PET/CT scan, 12–15 mSv ( 36 ). In general, epidemiologic studies that focus on providing direct low-dose LNTH-consistent risk estimates fail to address the basic sciences (e.g., biology and chemistry) and use often-hidden circular reasoning (assuming that which must be demonstrated empirically), thereby rendering their conclusions false and indefensible ( 23 ).

Although recent large epidemiologic studies—Pearce et al. ( 37 ) and Mathews et al. ( 38 )—suggested an increased low-dose cancer risk associated with pediatric CT scans, these results have been effectively rebutted. Major flaws are their willingness to draw causal conclusions from mere association and their failure to consider that the association is likely due to reverse causation (i.e., cancer or illness gives rise to CT, not the reverse). Additionally, inaccurate dosimetry and implausible risk estimates are apparent. Other recent large-scaled cohort studies examining pediatric CT cancer risk—Journy et al. ( 39 ) and Krille et al. ( 40 )—concluded that confounding by indication and reverse causation must be ruled out completely, or observed excess cancer risk may be falsely, and facily, attributed to CT exposure.

Radiologic imaging, nuclear medicine procedures, and, therefore, cumulative public radiation doses have increased dramatically over several decades, but their contributions to reduced morbidity and improved longevity have also increased. Concomitantly, concerns have arisen that radiation produces a higher radiogenic cancer risk. The dose-optimization movement of pediatric imaging led to the “Image Gently” campaign, which seeks to lower doses. Consensus guidelines for administered activity for pediatric nuclear medicine studies have been developed ( 41 ) that advise lower doses, based on the LNTH: “A reasonable assumption is to apply the linear no-threshold hypothesis for radiation-induced carcinogenesis when making judgments about the relative radiation-associated risks of different imaging studies” ( 42 ). Yet, as demonstrated herein, assuming the LNTH accurately assesses risk in the face of voluminous evidence to the contrary can never be called “reasonable.”

The usual justification for this assumption is that it errs on the side of caution—the precautionary principle, which may be useful if action to control the feared agent has no, or less harmful, side effects. However, for radiologic imaging, significant collateral negative consequences of lowering dose arise. Reducing patient doses to mitigate purely hypothetical cancer risks increases other well-known risks resulting from fear of imaging ( 7 ). These include imaging avoidance, nondiagnostic image quality, and use of alternative imaging procedures, such as a longer-duration MRI study, requiring risk-incurring sedation for young children ( 6 – 8 ). The risks of misdiagnoses from inadequate dose could be much higher than the cancer risks that the LNTH falsely predicts and that are putatively avoided by ALARA-based dose-reduction strategies ( 9 ).

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## A NON SEQUITUR: MEDICAL IMAGING SHOULD BE INFLUENCED BY THE LNTH

Discussing potential risks and ignoring corresponding benefits is improper and even harmful ( 43 ); unfortunately, quantitative estimates demonstrating relative and absolute benefits of diagnostic imaging are uncommon ( 6 , 8 ). Further, comparing long-term cancer risks with the present benefit from an imaging study is not a like-to-like comparison. For example, in a CT study in young adults, underlying medical morbidity, rather than CT-induced cancer, was shown as the much greater driver of adverse patient outcomes; the

observed risk of a patient dying within 5 y from the underlying disease was at least 1–2 orders of magnitude greater than the hypothetical LNTH-derived risk of dying from CT-induced cancer ( 44 ).

The very concept of dose “optimization” (ALARA dosing), is one-sided and therefore flawed, ignoring much greater, fear-driven risks, along with the likely dual benefits of imaging: first, the diagnostic information provided, including more accurate and rapid diagnoses, lives saved, quality-of-life improvements, reduced hospital stays, and cost reduction ( 8 ) (e.g., we know that CT scans strengthen confidence in prior diagnoses, often leading to better treatments or more accurate diagnoses ( 45 )); and second, the far more likely lifetime-cancer-risk reduction resulting from the radiation itself ( 21 , 23 , 26 , 30 ).

A recent study demonstrated a substantial benefit from the use of PET/CT scans to assess response to chemoradiotherapy for primary treatment of patients with squamous-cell head and neck carcinoma with advanced nodal disease ( 46 ). The trial assessed the noninferiority of PET/CT-guided surveillance of planned neck dissection performed only if imaging showed an incomplete or equivocal response. The primary endpoint was overall survival. Survival was similar between patients undergoing PET/CT-guided surveillance and patients undergoing neck dissection, but surveillance resulted in considerably fewer operations (~80% of patients avoided neck dissection), which was additionally more cost-effective. Dissection is generally a 3-h operation, involving both considerable morbidity and potentially long hospital stays. Early and accurate diagnosis through medical imaging reduces mortality, the need for treatment, and costs.

Brenner et al. ( 47 ) perhaps started the frenzy over CT dose and cancer risk. On the basis of an LNTH calculation involving unsupported parameters with significant uncertainties, they projected that approximately 500 children under the age of 15 y would die of cancer attributable to CT radiation. The irresponsibility of this projection was underscored by International Commission on Radiological Protection Publication 103 ( 48 ) and others stressing that the low-dose risk uncertainties of the LNTH show it should not be used to calculate hypothetical cancers from small radiation doses received by large populations. According to Lauriston Taylor ( 25 ), this type of calculation is based on a literal application of the LNTH, treating it as fact even though there is no statistical or other verification of this calculation. Such claims, he said, are “deeply immoral uses of our scientific knowledge.” Estimating future CT-caused cancers on the basis of the unsupportable assumptions of the linear no-threshold model (e.g., the fallacious 5%/Sv cancer risk) results in a purely fictitious prediction serving only to generate fear-based negative consequences.

The goal of dose management should be aimed at achieving diagnostic-quality images, not reducing dose in the hormetic imaging-dose ranges. It has been suggested that 1 in 20 pediatric abdominal CT scans may be inadequate for diagnostic purposes because of radiation-dose-reduction efforts. This will negatively influence the care of some patients because of misguided treatment ( 7 ). Importantly, doses cited for nuclear medicine and CT examinations do not even represent patient-specific doses, but rather doses resulting from various models ( 49 ). In nuclear medicine, dose optimizers look to lower administered activities, and dosing guidelines for diagnostic-quality images, based on body weight, are available that propose to have a positive impact on uniform pediatric dosing. But approaches based solely on administered activity are insufficient because they ignore interpatient biokinetics, which are highly variable, significantly affecting dose estimates and image quality. For example, in some patients, radiopharmaceutical clearance is quicker than average, and the result may be a suboptimal image resulting in lower counts and increased image noise from inappropriately reduced administered activity. Recently, a methodology incorporating adjustment for body morphometry, use of age-specific biokinetics, and more detailed phantom modeling has been described as a first step in reducing pediatric absorbed dose while maintaining image quality; but although image quality has objective, measurable properties, its subjective properties (i.e., radiologist or nuclear physician interpretability) are not easily quantified ( 50 ).

The goal of the Image Gently Alliance ( 51 ) is to lower the potential risk of CT-caused cancer in children, but this risk is hypothetical, lacking credible evidence. Furthermore, on the basis of the LSS data, children are not more radiosensitive than adults in the imaging dose range. The Alliance mainly addresses pediatric, ALARA-based CT optimization, but without knowledge of actual patient doses and without demonstrated harm at diagnostic imaging doses, this unintentionally misleads and frightens the public.

All medical procedures require justification in the form of medical indication, but radiation exposure levels have no place in that process. There is no excuse for policies and warnings leading to nondiagnostic scans, fear-driven avoidance of medically indicated imaging, or selection of less optimal alternative procedures. The problem is radiophobia, not radiation. Optimization—using doses that are ALARA—is, thus, without justification, only multiplying illnesses, injuries, and deaths. Therefore, the International Commission on

Radiological Protection—recommended fundamental principles of radiation protection—justification and optimization—are mutually contradictory and without merit for radiologic imaging and other sources of low-dose radiation exposure as well.

Many grant the absence of low-dose harm yet nevertheless advocate lower imaging dose as a prudent approach; but this conflates actual prudence, restricting medical procedures to those clinically indicated, with the prejudice-based false prudence of limiting clinically indicated imaging doses. This unjustified, radiophobia-centered approach falsely vilifies beneficial imaging without confirmatory data and entails extremely harmful consequences. The declaration that the LNTH provides “known” cancer risks due to imaging must stop. The use of the LNTH and the advocacy for ALARA dosing by various groups (e.g., Image Wisely and Image Gently) are misguided and not science- or evidence-based. These groups serve only to frighten rather than to educate, further enhancing the probability of negative outcomes; we therefore recommend that the imaging community come together to decide whether the activities of such groups should be terminated.

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## MEDICAL IMAGING AND THE FAILURE OF LNTH ORTHODOXY

Medical imaging is said to carry an iatrogenic risk of cancer from radiation exposure. But credible evidence of cancer risk from imaging, particularly CT and PET/CT scans, is nonexistent; this risk is an imaginary prediction derived from the demonstrably false LNTH. Low-dose radiation from these scans does not cause, but more likely helps prevent, cancer. Actual risk arises from radiophobia through patients’ fear-driven imaging avoidance and physician-recommended substitution of alternative procedures. Furthermore, true iatrogenic risk arises not only from such alternative procedures but also from misdiagnoses that are secondary either to patient refusal of medically indicated imaging or to nondiagnostic scans resulting from insufficient exposure. Obtaining correct diagnoses and avoiding riskier alternatives should be paramount; medical imaging is intended to achieve a diagnostic purpose; thus, exposure should not be reduced below the required level to achieve this purpose.

Imaging is a medical procedure that should be governed by the highest, science-based principles and policies (use of proper procedures, appropriately calibrated equipment, etc.). Yet, many believe imaging should be managed by LNTH principles. Herein is the logical and medical fallacy of this conclusion: the LNTH is an invalidated hypothesis, spawning the ALARA principle. It is responsible for misguided concerns promoting dose optimization, leading to risks far greater than even the imaginary low-dose carcinogenic risk it purports to avoid while ignoring the benefits of medical imaging.

With no evidence supporting the LNTH, and much evidence to support hormesis at imaging doses, LNTH advocates are blindly responsible for promoting radiophobia with all its negative consequences. The LNTH and its offspring, ALARA, do not err on the side of caution. Radiophobia can no longer be ignored: proper low-dose radiation exposure has no documented pathway to harm, whereas the LNTH and ALARA most assuredly do.

The only rational and public-health-protective conclusion is that subjecting the life-saving practice of medical imaging to the LNTH is a non sequitur. Medical imaging must no longer suffer in the longstanding thrall of the LNTH. It is incumbent on the medical imaging community to finally and unambiguously denounce the LNTH and, unencumbered by false beliefs, act as advocates for the safety and life-saving benefits of medical imaging.

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### Footnotes

Published online Aug. 4, 2016.

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Received for publication June 24, 2016.

Accepted for publication July 18, 2016.

### We recommend

Dose Optimization to Minimize Radiation Risk for Children Undergoing CT and Nuclear Medicine Imaging is Misguided and Detrimental  
Jeffrey A. Siegel et al., *J Nucl Med*, 2017

Letter: Subjecting Radiologic Imaging to the Linear No-Threshold Hypothesis: A Non Sequitur!  
Edward B Silberstein, *J Nucl Med*, 2017

Regarding: Subjecting Radiologic Imaging to the Linear No-Threshold Hypothesis: A Non Sequitur of Non-Trivial Proportion  
Joseph John Bevelacqua, *J Nucl Med*, 2017

Fear of diagnostic low-dose radiation exposure is overstated, experts assert  
Society of Nuclear Medicine, *ScienceDaily*, 2017

Diagnostic radiation exposure safe for children, experts state  
Society of Nuclear Medicine, *ScienceDaily*, 2017

Reducing Radiation Exposure of Children in Electrophysiology  
Linda Brookes, MSc, et al., *Medscape*

'No evidence that CT scans, X-rays cause cancer'  
Catharine Paddock PhD, *Medical News Today*



Determining the minimal required radioactivity of <sup>18</sup>F-FDG for reliable semi-quantification in PET-CT imaging: a phantom study.

Ming-Kai Chen et al., J Nucl Med Technol, 2016

CTA vs Calcium in Predicting Coronary Events

Hossein Jadvar, MD, PhD, MPH, MBA,  
Medscape

Review of common occupational hazards and safety concerns for nuclear medicine technologists.

Norman E Bolus, J Nucl Med Technol, 2008

Powered by

## Related Articles

Invited Perspectives:

Wolfgang Weber and Pat Zanzonico

The Controversial Linear No-Threshold Model *J Nucl Med* 2017 **58**:7-8 published ahead of print October 6, 2016 (10.2967/jnumed.116.182667).

[Full Text](#)

[Full Text \(PDF\)](#)

This Month in JNM: This Month in JNM *J Nucl Med* 2017 **58**:8A

[Full Text](#)

[Full Text \(PDF\)](#)

1. First published August 4, 2016, doi: 10.2967/jnumed.116.180182 *J Nucl Med* **January 1, 2017** vol. 58 no. 1 **1-6**

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  - b. 58/1/1 most recent

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**CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA**

**AGENDA ACTION SHEET**

TITLE: **Agenda Item 24** Chiropractors Assistant Application – For possible action

RECOMMENDED MOTION: **No recommendation.**

PRESENTED BY: **Julie Strandberg**

MEETING DATE: **October 12, 2017**

TIME REQUIRED: **10 minutes**

BACKGROUND INFORMATION: **At the Boards' July 14, 2017 meeting the Board discussed revisions to the CA application. Please note there are two examples of the CA application to review. The differences are questions #3 and #4 at the top of page 2.**

REVIEWED BY:   X   President   X   Secretary   X   Executive Director

ACTION:        Approved        Approved w/Modifications        Denied        Continued

**Agenda Item 24**

2" x 2"  
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4600 KIETZKE LANE, SUITE M-245  
RENO, NEVADA 89502  
(775) 688-1921

## DO NOT FAX APPLICATIONS

### APPLICATION FOR CERTIFICATION OF CHIROPRACTOR'S ASSISTANT

**THE FOLLOWING MUST ACCOMPANY THIS APPLICATION:**

- 1 \$136.25 Check, Money Order or Pay by Phone with Credit Card
- 2 One (1) completed fingerprint cards
- 3 Signed and dated civil applicant 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	WORK EMAIL:	SEX: ____M ____F
CURRENT RESIDENCE ADDRESS				
CITY/STATE/ZIP				TELEPHONE
SOCIAL SECURITY NUMBER	DATE OF BIRTH	US CITIZEN?	YES NO	BIRTH PLACE

**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 Chiropractor's Assistant, the result of each application, and the current status of each application:

---

2. If you have ever been certified as a Chiropractor's 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 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, name the state and give 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. 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.

9. 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 CHIROPRACTOR'S ASSISTANT TRAINING**

EMPLOYER/SUPERVISING DC:		DATE OF HIRE
ADDRESS		
CITY/STATE/ZIP		TELEPHONE

**INDICATE PREVIOUS TRAINING OR CERTIFICATION:**1. ☐ 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 CHIROPRACTOR'S ASSISTANT AND COMPLETED NO. 1, SKIP NOS. 2 AND 3 AND SIGN AT THE BOTTOM OF THIS PAGE IN THE PRESENCE OF A NOTARY.****NOTE: TO APPLICANTS WHO ARE APPLYING FOR CERTIFICATION UNDER THE PROVISION FOR ON-THE-JOB TRAINING - APPLICATIONS MUST BE SUBMITTED WITHIN 15 DAYS OF BEGINNING OF TRAINING.**2. ☐ ON-THE-JOB TRAINING IN CHIROPRACTIC FACILITY3. ☐ ON-THE-JOB TRAINING IN A HEALTH CARE FACILITY OTHER THAN CHIROPRACTIC**IF 2 OR 3 ABOVE APPLY, PLEASE COMPLETE THE FOLLOWING:**

NAME OF PERSON RESPONSIBLE FOR YOUR TRAINING

ADDRESS

CITY/STATE/ZIP

TELEPHONE

DATES OF TRAINING: BEGINNING: ENDING:

**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 chiropractic 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 will abide by the provisions of NRS and NAC 634 including that he/she will not perform chiropractic adjustments or any other act prohibited by NAC 634.460 and that he/she has read and understands this affidavit.

DATE

APPLICANT'S SIGNATURE

COUNTY OF

STATE OF

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

NOTARY PUBLIC

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 CHIROPRACTOR'S ASSISTANT

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- 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	WORK EMAIL:	SEX: ____M ____F
CURRENT RESIDENCE ADDRESS				
CITY/STATE/ZIP				TELEPHONE
SOCIAL SECURITY NUMBER	DATE OF BIRTH	US CITIZEN?	YES NO	BIRTH PLACE

**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 Chiropractor's Assistant, the result of each application, and the current status of each application:

---

2. If you have ever been certified as a Chiropractor's 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 questions above, name the state and give 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 \_\_\_\_\_

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☐

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.

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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 CHIROPRACTOR'S ASSISTANT TRAINING**

EMPLOYER/SUPERVISING DC:

DATE OF HIRE

ADDRESS

CITY/STATE/ZIP

TELEPHONE

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

**IF YOU HAVE ALREADY RECEIVED FORMAL TRAINING AS A CHIROPRACTOR'S ASSISTANT AND COMPLETED NO. 1, SKIP NOS. 2 AND 3 AND SIGN AT THE BOTTOM OF THIS PAGE IN THE PRESENCE OF A NOTARY.**

**NOTE: TO APPLICANTS WHO ARE APPLYING FOR CERTIFICATION UNDER THE PROVISION FOR ON-THE-JOB TRAINING - APPLICATIONS MUST BE SUBMITTED WITHIN 15 DAYS OF BEGINNING OF TRAINING.**

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

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



**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 chiropractic 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 will abide by the provisions of NRS and NAC 634 including that he/she will not perform chiropractic adjustments or any other act prohibited by NAC 634.460 and that he/she has read and understands this affidavit.

_____ DATE	_____ APPLICANT'S SIGNATURE
COUNTY OF _____ STATE OF _____	
SIGNED AND SWORN TO BEFORE ME ON THIS _____ DAY OF _____ 20____	

\_\_\_\_\_  
NOTARY PUBLIC

**CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA**

**AGENDA ACTION SHEET**

**TITLE: Agenda Item 25 Consideration to revise the Board policies to allow rental car reimbursement – For possible action.**

**RECOMMENDED MOTION: Allow all reasonable forms of transportation to and from Board meetings to be reimbursed by the Board.**

**PREPARED BY: Morgan Rovetti, DC**

**MEETING DATE: October 12, 2017**

**TIME REQUIRED: 5 minutes**

**BACKGROUND INFORMATION:**

**Two meetings ago, I rented a car for transportation to and from the airport, hotel, and Board meeting in Las Vegas. After submitting my expenses to Julie, she informed me that Dr. Lurie told her the rental car could not be reimbursed by the Board. This is despite the rental car being more affordable than what it would cost to get a taxi, and the fact that I picked up Julie and Mr. Ling from the airport and then took Julie, Mr. Ling, and Dr. Martinez back to the airport after the meeting.**

**After reviewing the Board policy on travel expenses, it is clear to me that all reasonable forms of transportation to and from Board meetings should be reimbursed by the Board. Also clear in the policy is that the treasurer and executive director are the sole people responsible for approving or denying expenses.**

**Taxis and rental cars have been approved in the past and have never been denied.**

**REVIEWED BY:    \_\_X\_\_ President \_\_X\_\_ Secretary \_\_X\_\_ Executive Director**

**ACTION: \_\_\_\_Approved \_\_\_\_Approved w/Modifications \_\_\_\_Denied \_\_\_\_Continued**



## Chapter 3

### **COMPENSATION OF SALARY TO BOARD MEMBERS AND PER DIEM ALLOWANCE AND TRAVEL EXPENSES TO BOARD MEMBERS AND EMPLOYEES**

- I. Board members will receive a salary while engaged in the business of the Board.
  - A. Board members will receive \$150 for a full day or any portion of a day for attending a physical meeting, including national and regional conferences and conventions, and videoconferences.
  - B. Board members will receive \$18.75 for each hour or any portion of an hour for participating in a conference call meeting or for any work approved by the Board.
- II. Board members and staff will receive a per diem allowance and will be reimbursed for travel expenses incurred while engaged in the business of the Board approved by the Board at the current rate provided for state officers and employees provided the following criteria for travel is met:
  - A. Mileage will be paid for travel in personal vehicle except for attendance at Board meetings held within a 30 mile radius of the work location of the Board member or staff.
  - B. Meals will be reimbursed if travel occurs outside of a 30 mile radius of the work location of the Board member or staff as follows:
    - 1. Breakfast: Travel status must begin before 6:30 AM.
    - 2. Dinner: Travel status must end after 6:30 PM.
  - C. Air travel will be on the least expensive flights available; whenever possible, flight arrangements will be made 30 days or more in advance to obtain the least expensive flights.
  - D. Hotel room and a meal will be paid for the night before a regularly scheduled meeting for those traveling out of town.
    - 1. The \$150 Board member salary will not be paid for the day before a meeting.
    - 2. Hotel room will be paid if no flight is available on the same calendar day after the end of the meeting or event.

- E. Excess lodging rates will be reimbursed if previously approved on the appropriate form.
  - F. No more than two Board members may represent the Board at an out of state event at the Board's expense.
  - G. If additional Board members request to attend an event at Board expense, the request must be formally approved by the Board prior to the event.
  - H. A Board member may travel outside the 30 mile requirement of their principle station at the Board's expense upon approval of the Board.
  - I. The Board's staff may attend a Board-related event at the Board's expense upon prior approval of the Board.
  - J. The Board's staff will receive flex-time off and be reimbursed for mileage and per diem expenses incurred while attending Board meetings or other Board-related events on regularly scheduled days off.
- III. Payment of salaries, per diem allowances and travel expenses.
- A. Board members will receive at the meeting a check for \$150 salary for each day of attendance at a physical Board meeting.
  - B. Board members will receive a check for salary for attendance at all other official meetings, including national and regional conferences and conventions, and any time spent performing work for the Board upon receipt of an Expense Reimbursement Claim form.
  - C. Board members and staff will receive a check for per diem allowances and travel expenses upon receipt of an Expense Reimbursement Claim form and required receipts.
  - D. Payment of expenses that require receipts will be denied if the receipts do not accompany Expense Reimbursement Claim form.
  - E. Expense Reimbursement Claim forms may combine salary, per diem allowance, and travel expenses.
  - F. Expense Reimbursement Claim forms must be submitted to the Board office for payment within 30 days of the date incurred.
- IV. Requests for Board salaries and reimbursement for expenses shall be approved by the Board Secretary-Treasurer and the Executive Director.

Approved: July 23, 2005 with all Board member in favor.

Ratified: January 28, 2006  
Motion: Potts  
Second: Beyer  
Passed: Unanimously

Revised: November 29, 2007  
Motion: Yamane  
Second: Potts  
Passed: Unanimously

Revised: October 10, 2008  
Motion: Youngblood  
Second: Yamane  
Passed: Unanimously

Revised: September 26, 2015  
Motion: Rovetti  
Second: Davis  
Passed: Unanimous

Amended: January 13, 2017  
Motion: Jaeger  
Second: Lurie  
Passed: Unanimous

**CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA**

**AGENDA ACTION SHEET**

TITLE: **Agenda Item 26** FCLB/NBCE Matters/Updates – For possible action.

RECOMMENDED MOTION: **No recommendation**

PRESENTED BY: **Ben Lurie, DC**

MEETING DATE: **October 12, 2017**

TIME REQUIRED: **10 minutes**

BACKGROUND INFORMATION:

1. Update from the FCLB District I and IV meeting in Portland, OR-October 5-8, 2017
2. Other FCLB/NBCE Matters

REVIEWED BY:   X   President   X   Secretary   X   Executive Director

ACTION:        Approved        Approved w/Modifications        Denied        Continued

## NBCE Attends Evidence-Informed Practice Conference

**Greeley, Colo.**—The National Board of Chiropractic Examiners (NBCE) participated in the recent Process of Integrating Evidence (PIE) Conference and Workshop in Minneapolis. This interactive program (hosted by Northwestern Health Sciences University) addressed the many aspects of teaching and performing evidence-informed practice. More than 150 faculty and administrators from chiropractic colleges and several complementary and alternative medicine institutions attended.

Chief Technical Advisor Dr. John Hyland and Senior Chiropractic Specialist Dr. Margaret Seron represented the NBCE at the conference. Their presence at the event is part of NBCE's commitment to keep up-to-date on changes to the curricula at chiropractic institutions as they incorporate the concepts of evidence-informed practice. Drs. Hyland and Seron will also be assisting Director of Practical Testing and Research Dr. Paul Townsend in hosting the NBCE's Evidence-Informed Practice Workshop in Greeley on October 6 and 7.

Headquartered in Greeley, Colo., the NBCE is the international testing organization for the chiropractic profession, with the mission of ensuring professional competency through excellence in testing. Established in 1963, the NBCE develops, administers and scores legally defensible, standardized written and practical examinations for candidates seeking chiropractic licensure throughout the United States and in several foreign countries.

**CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA**

**AGENDA ACTION SHEET**

TITLE: **Agenda Item 27** FARB Forum – For possible action.

RECOMMENDED MOTION: **No recommendation**

PRESENTED BY: **Ben Lurie, DC**

MEETING DATE: **October 12, 2017**

TIME REQUIRED: **10 minutes**

BACKGROUND INFORMATION: **Determine whether anyone is interested in attending the FARB Forum in Coronado, California January, 25-28, 2018.**

REVIEWED BY:   X   President   X   Secretary   X   Executive Director

ACTION:        Approved        Approved w/Modifications        Denied        Continued

**CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA**

**AGENDA ACTION SHEET**

TITLE: **Agenda Item 28** Establish dates for future Board meeting(s) – For possible action.

RECOMMENDED MOTION: **No recommendation.**

PREPARED BY: **Ben Lurie, DC**

MEETING DATE: **October 12, 2017**

TIME REQUIRED: **5 minutes**

BACKGROUND INFORMATION:

REVIEWED BY: ☒ President ☒ Secretary ☒ Executive Director

ACTION: ☐ Approved ☐ Approved w/Modifications ☐ Denied ☐ Continued

**CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA**

**AGENDA ACTION SHEET**

TITLE: **Agenda Item 29** Discussion/approval of the Nevada Deferred Compensation Program  
– For possible action.

RECOMMENDED MOTION: **Recommend approval.**

PREPARED BY: **Ben Lurie, DC**

MEETING DATE: **October 12, 2017**

TIME REQUIRED: **5 minutes**

BACKGROUND INFORMATION: The Nevada Deferred Compensation Program is a voluntary retirement savings program for employees of the State and other local government employers. In order for Board staff to participate the Board must approve the attached interlocal contract. There is no cost to the Board.

REVIEWED BY: ☒ President ☒ Secretary ☒ Executive Director

ACTION: ☐ Approved ☐ Approved w/Modifications ☐ Denied ☐ Continued





Brian Sandoval, Governor

COMMITTEE  
Mark Stevens, Chair, Retired  
Kent Ervin, Vice, Chair, NSHE  
Karen Oliver, GCB  
Steve Woodbury, GOED  
Todd Myler, ADSD

STAFF  
Rob Boehmer, Program Coordinator  
Micah Salerno, Administrative Assistant

Dawn Buoncristiani, Deputy Attorney General

August 30, 2017

Julie Strandberg  
Executive Director  
Chiropractic Physicians' Board of Nevada  
4600 Kietzke Lane, M245  
Reno, Nevada 89502

CHIROPRACTIC PHYSICIANS'  
BOARD OF NEVADA

SEP 01 2017

RECEIVED  
RENO, NEVADA 89502

Dear Ms. Strandberg:

Thank you for your recent interest in becoming a political subdivision with the Nevada Public Employees' Deferred Compensation Program (NDC). In order to be able to offer deferred compensation benefits to your employees, we are requesting that you complete and return the following enclosed documents:

1. Interlocal Contract Between Public Agencies (2 copies of signature page);
2. Program Certification; and
3. Contact information form.

Copies of the program's Plan Document, Summary Plan Document, Investment Policy, and Administrative Manual are contained on the enclosed CD-ROM, and are for your information.

Once you have signed the Interlocal Contract and returned it to our office along with the certification and contact information, your application will be added to the NDC Committee's next regularly scheduled meeting agenda on December 6, 2017, for approval. If the Committee approves your participation, we will provide you with contact information for our recordkeeper, Voya Financial, so that procedures can be put into place for electronic transfer of your employees' contributions. Also, a fully executed copy of the Interlocal Contract will be returned to you for your files.

In the meantime, please visit our website at <http://defcomp.nv.gov> which contains a great deal of information about the program, the investment options, cost to participants, and other information and news that you will find beneficial.

If you have questions about any of the above, please do not hesitate to contact our office.

Regards,

A handwritten signature in blue ink, appearing to read 'Rob Boehmer', is written over a light blue circular stamp.

Robert R. Boehmer  
Program Coordinator  
Email: [rboehmer@defcomp.nv.gov](mailto:rboehmer@defcomp.nv.gov)

## INTERLOCAL CONTRACT BETWEEN PUBLIC AGENCIES

A Contract Between the State of Nevada  
Acting By and Through Its

State of Nevada Public Employees' Deferred Compensation Committee  
(Committee)  
100 North Stewart Street, Suite 100  
Carson City, NV 89701

and

Chiropractic Physicians' Board of Nevada  
(Political Subdivision)  
4600 Kietzke Lane, Suite M245  
Reno, NV 89502-5000

WHEREAS, NRS 277.180 authorizes any one or more public agencies to contract with any one or more other public agencies to perform any governmental service, activity or undertaking which any of the public agencies entering into the contract is authorized by law to perform;

WHEREAS, NRS 287.250 to 287.370, inclusive, authorize the Committee to create a program for deferred compensation, and whereas NRS 287.381 to 287.480, inclusive, authorize the political subdivision to create a program for deferred compensation;

WHEREAS, The Committee has created a deferred compensation program and pursuant to that program has entered into contracts with contracted Recordkeeper(s) with whom participants in the program may invest their deferred compensation;

WHEREAS, The investment options and fee and rate structure of the contracted Recordkeeper(s) in their contract with the Committee are considered by the Political Subdivision to be generally more favorable than that which would be available to the Political Subdivision if the Political Subdivision were to independently contract with the Recordkeeper(s);

WHEREAS, the Political Subdivision desires to join the program created by the Committee in order to obtain the more favorable investment options, fees and rates;

WHEREAS, the Committee desires to have the Political Subdivision participate in the Committee's program subject to the same terms and conditions as apply to state employee participants, except for limitations expressly provided below;

WHEREAS, the Committee has secured the consent of the contracted Recordkeeper to enroll the Political Subdivision's employees as participants in the Committee's program subject to the same terms and conditions as apply to state employee participants, except for limitations expressly provided below;

NOW, THEREFORE, in consideration of the aforesaid premises, the parties mutually agree as follows:

1. REQUIRED APPROVAL. This Contract shall not become effective until and unless approved by appropriate official action of the governing body of each party.
2. DEFINITIONS. "State" means the State of Nevada and any state agency identified herein (the Committee), its officers, employees and immune contractors as defined in

NRS 41.0307. Unless the context otherwise requires, "program" is synonymous with "plan" and "state of Nevada deferred compensation committee plan".

3. CONTRACT TERM. This Contract shall be effective upon approval of the NDC Committee and when the Contract is signed by the appropriate individuals with no termination date, unless sooner terminated by either party as set forth in this Contract.

4. TERMINATION. This Contract may be terminated without cause by either party prior to the terms set forth in paragraph (3), provided that a termination shall not be effective until 60 days after a party has served written notice upon the other party. This Contract may be terminated by mutual consent of both parties or unilaterally by either party without consent of the other. The parties expressly agree that this Contract shall be terminated immediately if for any reason federal and/or State Legislature funding ability to satisfy this Contract is withdrawn, limited, or impaired. Benefits accrued by participating employees of the Political Subdivision upon termination of participation in the plan shall remain in the plan until such are otherwise eligible for distribution under the terms of the plan.

5. NOTICE. All notices or other communications required or permitted to be given under this Contract shall be in writing and shall be deemed to have been duly given if delivered personally in hand, by telephonic facsimile with simultaneous regular mail, or mailed certified mail, return receipt requested, postage prepaid on the date posted, and addressed to the other party at the address set forth above.

6. INCORPORATED DOCUMENTS. The parties agree that the services to be performed shall be specifically described; this Contract incorporates the following attachments in descending order of constructive precedence:

ATTACHMENT A: The State of Nevada Deferred Compensation Committee Plan Document.

7. ASSENT.

- a. The parties agree that the terms and conditions listed on incorporated attachments of this Contract are also specifically a part of this Contract and are limited only by their respective order of precedence and any limitations expressly provided.
- b. Except as agreed otherwise in paragraphs 3 and 4, the Political Subdivision agrees:
  - 1) To participate in the Committee's deferred compensation program subject to all contract terms and conditions as set forth by the State of Nevada Public Employees' Deferred Compensation Committee;
  - 2) To be bound by all current and any future State of Nevada Public Employees' Deferred Compensation Committee "Plan Documents" and "Investment Policies and Procedures";
  - 3) To cooperate with the contracted Recordkeeper(s) and to provide all necessary and appropriate administrative services to enable Political Subdivision employees to participate in the Committee's deferred compensation program; and
  - 4) To provide an appeal process to Political Subdivision employees for denials of requests by Political Subdivision employees to make unforeseen emergency withdrawals from the program and to abide by any guidelines established by the Committee for this purpose.

- c. The Political subdivision agrees that it has made its decision to participate in the program based on its own independent analysis and that neither the State of Nevada nor the Committee are fiduciaries with regard to its decision to participate in the program.
- d. The Committee agrees to authorize the contracted Recordkeeper(s) to enroll employees of the Political Subdivision on terms and conditions consistent with this agreement. Execution of this agreement by the Committee constitutes such authorization.

8. INSPECTION & AUDIT.

- a. Books and Records. Each party agrees to keep and maintain under general accepted accounting principles full, true and complete records, agreements, books, and documents as are necessary to fully disclose to the State or United States Government, or their authorized representatives, upon audits or reviews, sufficient information to determine compliance with all state and federal regulations and statutes.
- b. Inspection & Audit. Each party agrees that the relevant books, records (written, electronic, computer related or otherwise), including but not limited to relevant accounting procedures and practices of the party, financial statements and supporting documentation, and documentation related to the work product shall be subject, at any reasonable time, to inspection, examination, review, audit, and copying at any office or location where such records may be found, with or without notice by the State Auditor, Employment Security, the Department of Administration, Budget Division, the Nevada State Attorney General's Office or its Fraud Control Units, the State Legislative Auditor, and with regard to any federal funding, the relevant federal agency, the Comptroller General, the General Accounting Office, the Office of the Inspector General, or any of their authorized representatives.
- c. Period of Retention. All books, records, reports, and statements relevant to this Contract must be retained a minimum three years and for five years if any federal funds are used in this Contract. The retention period runs from the date of termination of this Contract. Retention time shall be extended when an audit is scheduled or in progress for a period reasonably necessary to complete an audit and/or to complete any administrative and judicial litigation which may ensue.

9. BREACH; REMEDIES. Failure of either party to perform any obligation of this Contract shall be deemed a breach. Except as otherwise provided for by law or this Contract, the rights and remedies of the parties shall not be exclusive and are in addition to any other rights and remedies provided by law or equity, including but not limited to actual damages, and to a prevailing party reasonable attorneys' fees and costs. It is specifically agreed that reasonable attorneys' fees shall include without limitation \$125 per hour for State-employed attorneys.

10. LIMITED LIABILITY. The parties will not waive and intend to assert available NRS chapter 41 liability limitations in all cases. Contract liability of both parties shall not be subject to punitive damages. Actual damages for any State breach shall never exceed the amount of funds which have been appropriated for payment under this Contract, but not yet paid, for the fiscal year budget in existence at the time of the breach.

11. FORCE MAJEURE. Neither party shall be deemed to be in violation of this Contract if it is prevented from performing any of its obligations hereunder due to strikes, failure of public



transportation, civil or military authority, act of public enemy, accidents, fires, explosions, or acts of God, including, without limitation, earthquakes, floods, winds, or storms. In such an event the intervening cause must not be through the fault of the party asserting such an excuse, and the excused party is obligated to promptly perform in accordance with the terms of the Contract after the intervening cause ceases.

12. INDEMNIFICATION.

- a. To the fullest extent of limited liability as set forth in paragraph (10) of this Contract, each party shall indemnify, hold harmless and defend, not excluding the other's right to participate, the other from and against all liability, claims, actions, damages, losses, and expenses, including but not limited to reasonable attorneys' fees and costs, arising out of any alleged negligent or willful acts or omissions of the party, its officers, employees and agents. Such obligation shall not be construed to negate, abridge, or otherwise reduce any other right or obligation of indemnity which would otherwise exist as to any party or person described in this paragraph.
- b. The indemnification obligation under this paragraph is conditioned upon receipt of written notice by the indemnifying party within 30 days of the indemnified party's actual notice of any actual or pending claim or cause of action. The indemnifying party shall not be liable to hold harmless any attorneys' fees and costs for the indemnified party's chosen right to participate with legal counsel.

13. INDEPENDENT PUBLIC AGENCIES. The parties are associated with each other only for the purposes and to the extent set forth in this Contract, and in respect to performance of services pursuant to this Contract, each party is and shall be a public agency separate and distinct from the other party and, subject only to the terms of this Contract, shall have the sole right to supervise, manage, operate, control, and direct performance of the details incident to its duties under this Contract. Nothing contained in this Contract shall be deemed or construed to create a partnership or joint venture, to create relationships of an employer-employee or principal-agent, or to otherwise create any liability for one agency whatsoever with respect to the indebtedness, liabilities, and obligations of the other agency or any other party.

14. WAIVER OF BREACH. Failure to declare a breach or the actual waiver of any particular breach of the Contract or its material or nonmaterial terms by either party shall not operate as a waiver by such party of any of its rights or remedies as to any other breach.

15. SEVERABILITY. If any provision contained in this Contract is held to be unenforceable by a court of law or equity, this Contract shall be construed as if such provision did not exist and the non-enforceability of such provision shall not be held to render any other provision or provisions of this Contract unenforceable.

16. ASSIGNMENT. Neither party shall assign, transfer or delegate any rights, obligations or duties under this Contract without the prior written consent of the other party.

17. OWNERSHIP OF PROPRIETARY INFORMATION. Unless otherwise provided by law any reports, histories, studies, tests, manuals, instructions, photographs, negatives, blue prints, plans, maps, data, system designs, computer code (which is intended to be consideration under this Contract), or any other documents or drawings, prepared or in the course of preparation by either party in performance of its obligations under this Contract shall be the joint property of both parties.

18. PUBLIC RECORDS. Pursuant to NRS 239.010, information or documents may be open to public inspection and copying. The parties will have the duty to disclose unless a particular record is made confidential by law or a common law balancing of interests.

19. CONFIDENTIALITY. Each party shall keep confidential all information, in whatever form, produced, prepared, observed or received by that party to the extent that such information is confidential by law or otherwise required by this Contract.

20. PROPER AUTHORITY. The parties hereto represent and warrant that the person executing this Contract on behalf of each party has full power and authority to enter into this Contract and that the parties are authorized by law to perform the services set forth in paragraph 6.

21. GOVERNING LAW; JURISDICTION. This Contract and the rights and obligations of the parties hereto shall be governed by, and construed according to, the laws of the State of Nevada. The parties consent to the jurisdiction of the Nevada district courts for enforcement of this Contract.

22. ENTIRE AGREEMENT AND MODIFICATION. This Contract and its integrated attachment(s) constitute the entire agreement of the parties and such are intended as a complete and exclusive statement of the promises, representations, negotiations, discussions, and other agreements that may have been made in connection with the subject matter hereof. Unless an integrated attachment to this Contract specifically displays a mutual intent to amend a particular part of this Contract, general conflicts in language between any such attachment and this Contract shall be construed consistent with the terms of this Contract. Unless otherwise expressly authorized by the terms of this Contract, no modification or amendment to this Contract shall be binding upon the parties unless the same is in writing and signed by the respective parties hereto, approved by the Office of the Attorney General.

IN WITNESS WHEREOF, the parties hereto have caused this Contract to be signed and intend to be legally bound thereby.

**Chiropractic Physicians' Board of Nevada**  
(Political Subdivision)

By: \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Attorney for (Political Subdivision) (optional)

\_\_\_\_\_  
Date

**Nevada Public Employees' Deferred Compensation Program**

\_\_\_\_\_  
State of Nevada Employees' Deferred Compensation  
Program Coordinator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chairperson  
Nevada Deferred Compensation Program

\_\_\_\_\_  
Date

Approved as to form by:

\_\_\_\_\_  
Deputy Attorney General for Attorney General

\_\_\_\_\_  
Date

Amended 7/2017

**CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA**

**AGENDA ACTION SHEET**

TITLE: **Agenda Item 30** Discussion regarding proposed revisions to the CCE Accreditation Standards – For possible action

RECOMMENDED MOTION: **No recommendation**

PRESENTED BY: **Ben Lurie, DC**

MEETING DATE: **October 12, 2017**

TIME REQUIRED: **5 minutes**

BACKGROUND INFORMATION:

REVIEWED BY:   X   President   X   Secretary   X   Executive Director

ACTION:        Approved        Approved w/Modifications        Denied        Continued

**Agenda Item 30**





THE COUNCIL ON CHIROPRACTIC EDUCATION

# CCE Accreditation Standards

Principles, Processes & Requirements  
for Accreditation

Section 1, pages 5-10 only

October 1, 2017 Proposed Revision  
(Track Changes)

#### D. Additional Reports and Visits

In accordance with CCE policies and procedures, the Council may require additional reports from, and/or visits to, a DCP to confirm its continued compliance with the accreditation requirements. The DCP must critically evaluate its efforts in the area(s) of concern, initiate measures that address those concerns, and provide evidence of the degree of its success in rectifying the area(s) of concern. Failure on the part of a DCP to furnish a requested report or host a site visit on the date specified by the Council constitute cause for sanctions or ~~revocation of accreditation~~ adverse action. These actions are at the discretion of the Council, following appropriate notification.

##### 1. Program Characteristics Report (PCR)

Biennial PCRs must be submitted to the Council in accordance with the CCE policies and procedures. PCRs are required as one of the reporting requirements the Council utilizes to continue its monitoring and reevaluation of its accredited programs, at regularly established intervals, to ensure the programs remain in compliance with the CCE Accreditation Standards.

##### 2. Program Enrollment and Admissions Report (PEAR)

Annual PEARs must be submitted to the Council in accordance with the CCE policies and procedures. PEARs are required as one of the reporting requirements the Council utilizes to continue its monitoring and reevaluation of its accredited programs, at regularly established intervals, to ensure the programs remain in compliance with the CCE Accreditation Standards.

##### 3. Progress Reports

Progress Reports must be submitted to the Council, on a date established by the Council. Progress reports address previously identified areas of non-compliance with accreditation requirements or ~~concerns arising from review of the DCP Program Characteristics Report~~ areas that require monitoring.

##### 4. Substantive Change Reports

Accreditation is granted or reaffirmed according to curricula, services and conditions existing at the time of that action. Substantive Change applications must be submitted to the Council to provide evidence that any substantive change to the educational mission, curriculum or program/institutional location, control or legal status, does not adversely affect the capacity of the program/institution to continually comply with the CCE Accreditation Standards. The program/institution must obtain Council approval of the substantive change request prior to implementing the change in accordance with CCE Policy 1.

##### 5. Interim Site Visits

Interim Site Visits focus on institutional progress since the last self-study, and provide an opportunity for institutional dialogue with the Council. At the discretion of the Council, visits are normally conducted at the midway point of the eight-year accreditation cycle in accordance with CCE policies and procedures.

## 6. Focused Site Visits

At the discretion of the Council, Focused Site Visits are conducted ~~based upon previous concerns not yet satisfactorily addressed for the DCP to be in compliance with accreditation requirements, requirements established as a result of a substantive change, or extraordinary circumstances in which violation of accreditation requirements may prompt action to protect the interests of the public~~ in order to review progress of identified areas that require monitoring; compliance with accreditation standards or policies; or, circumstances that may prompt action to protect the interests of the public.

A Progress Review Meeting is conducted by the Council to review any additional reports submitted as outlined in sections 1-6 above. The Council determines the adequacy of ongoing progress, the sufficiency of evidence provided regarding progress on areas of concern, whether any other significant concerns have emerged, and what, if any, subsequent interim reporting activities are required. If a site visit was made, the site team report is discussed.

The Council determines if an appearance, or if participation via conference call, is necessary by DCP representatives at the next Council meeting. The Council then sends a follow-up letter to the DCP identifying the status of previous concerns (if any), and/or a substantive change application, and the requirements for any additional interim activities. The DCP must continue to submit PCRs in accordance with CCE policies and procedures.

## E. Withdrawal from Accreditation

### 1. Voluntary Withdrawal of Initial Application

A DCP/Institution may withdraw its application for accreditation at any time prior to the Council decision regarding initial accreditation by notifying the CCE Council of its desire to do so.

### 2. Voluntary Withdrawal from Accredited Status

An accredited DCP/Institution desiring to withdraw from CCE accreditation forfeits its accredited status when the Council receives a certified copy of the sponsoring institution's governing board's resolution clearly stating its desire to withdraw.

### 3. Default Withdrawal from Accredited Status

When a DCP/Institution fails to submit a timely application for reaffirmation of accredited status, the Council acts at its next meeting to remove the DCP's/Institution's accredited status. This meeting of the Council normally occurs within six months of the date when the DCP/Institution application for reaffirmation was due. Involuntary withdrawal of accreditation is an adverse action that is subject to appeal (see CCE Policy 8).

### 4. Notification

In cases of voluntary withdrawal and default withdrawal CCE makes appropriate notification in accordance with CCE Policy 111.

F. Reapplication for Accreditation

A DCP/Institution seeking CCE accreditation that has previously withdrawn its accreditation or application for accreditation, or had its accreditation revoked or terminated, or had its application for accreditation denied, follows the process for initial accreditation.

III. Accreditation ~~Decisions and~~ Actions

A. ~~CCE~~ Decisions and Actions

Based on evidence, when considering the accreditation status of a program, the Council may take any of the following actions at any time: The Council makes a decision regarding the application for initial accreditation or reaffirmation of accreditation following the Status Review Meeting. Council decisions may include:

1. ~~To a~~ Award or reaffirm accreditation
2. ~~To d~~ Defer the ~~accreditation~~ decision
- 2.3. Continue accreditation
4. ~~To i~~ Impose Warning a sanction
- 3.5. Impose Probation
6. ~~To d~~ Deny or revoke accreditation
7. Withdraw accreditation

In addition to regular reporting requirements and scheduled evaluation visits, the Council may also require one or more follow-up activities (site visits, reports, and/or appearance); if, a) the Council has identified areas that require monitoring where the final outcome could result in noncompliance with accreditation standards or policies; or, b) the Council determines that the program is not in compliance with accreditation standards or policies.

B. CCE Notifications

The CCE makes notifications of Council accreditation decisions and actions in accordance with CCE Policy 111.

C. Enforcement ~~of Standards~~ and Time Frames for Noncompliance Actions

1. The U.S. Department of Education requires the enforcement of standards for all recognized accrediting agencies. If the Council's review of a program or institution regarding any accreditation standard and/or policy indicates that the program or institution is not in compliance with that accreditation standard and/or policy, ~~it becomes an area of concern,~~ ~~and~~ the Council must:
  - a. Immediately initiate adverse action against the program or institution; or,
  - b. Require the program or institution to take appropriate action to bring itself into compliance with the accreditation standards and/or policy within a time period that must not exceed two years. NOTE: If the program, or the longest program offered by the institution, is at least two years in length.

2. If the program/institution does not bring itself into compliance within the initial two-year time limit, the Council must take immediate adverse action unless the Council extends the period for achieving compliance for “good cause”. Such extensions are only granted in unusual circumstances and for limited periods of time not to exceed two years in length. The program/institution must address the three (3) conditions for “good cause” listed below.
  - a. the program/institution has demonstrated significant recent accomplishments in addressing non-compliance (e.g., the program’s/institution’s cumulative operating deficit has been reduced significantly and its enrollment has increased significantly), *and*
  - b. the program/institution provides evidence that makes it reasonable for the Council to assume it will remedy all non-compliance items within the extended time defined by the Council, *and*
  - c. the program/institution provides assurance to the Council that it is not aware of any other reasons, other than those identified by the Council, why the program/institution should not be continued for “good cause.”
3. The Council may extend accreditation for “good cause” for a maximum of one year at a time (not to exceed two years in total). If accreditation is extended for “good cause,” the program/institution must be placed or continued on sanction (~~Warning, Probation or Show Cause~~) and may be required to host a site visit. At the conclusion of the extension period, the program/institution must appear before the Council at a meeting to provide further evidence if its period for remedying non-compliance items should be extended again for “good cause.”
4. Adverse accrediting action or adverse action means the denial, withdrawal, ~~suspension~~, revocation, or termination of accreditation, or any comparable accrediting action the Council may take against the program or institution.

In all cases, the program/institution bears the burden of proof to provide evidence why the Council should not remove its accreditation. The Council reserves the right to either grant or deny an extension when addressing good cause.

#### **IV. Deferral**

In cases where additional information is needed in order to make a decision, for programs seeking initial accreditation or reaffirmation of accreditation, the Council may choose to defer a final decision regarding accreditation status. The additional information must be linked to insufficient evidence submitted by the site team in the final site team report; failure of the site team to follow established CCE policies or procedures; or, consideration of additional information submitted by the program following the on-site evaluation.

The Council may require the DCP/Institution to submit a report, host a site visit and/or make an appearance before the Council to provide such information. When a decision is deferred, the program retains its current accreditation status until a final decision is made. Deferral shall not exceed twelve (12) months. Deferral is not a final action and is not subject to appeal.

#### **VIV. Non-Compliance ~~Decisions and Actions/Appeals~~**

When the Council determines that a DCP/Institution is not in compliance with CCE Accreditation Standards, including eligibility and accreditation requirements, and policies and related procedures, the Council may apply any of the following actions. In all instances, each action is included in the 24-month time limit as specified in Section 1.III.C., Enforcement and Time Frames for Noncompliance Actions.

##### **A. ~~Required Follow-up~~**

~~In addition to regular reporting requirements and scheduled evaluations, the Council may require a DCP/Institution to provide additional follow-up information, reports, host focused site visits, and/or make an appearance before the Council to provide evidence of compliance. Required follow-up is a procedural action which is not subject to appeal.~~

##### **B. ~~Deferral~~**

~~In cases where additional information is needed in order to make a final decision, the Council may choose to defer a final decision regarding accreditation status. The Council may require the DCP/Institution to submit a report, host a site visit and/or make an appearance before the Council to provide such information. A notice of deferral is confidential. Deferral may not exceed twelve (12) months. Deferral is not a final decision and is not subject to appeal.~~

##### **C. ~~A.~~ Warning**

The intent of issuing a ~~confidential~~ Warning is to alert the DCP/Institution of the need requirement to address specific Council concerns regarding its accreditation. The Council may decide to issue a ~~confidential~~ Warning if the Council concludes that a DCP/Institution:

1. Is in noncompliance with the accreditation standards or policies and the Council determines that the deficiency(ies) do not compromise the overall program integrity and can be corrected by the DCP/Institution within the permissible timeframe ~~in a short period of time~~; or
2. Has failed to comply and/or ~~has failed to~~ provide requested information.

Following a notice of Warning, the Council may require the DCP/Institution to submit a report, host a site visit and/or make an appearance before the Council to provide additional information and/or evidence of compliance. Warning is a sanction, that is not subject to appeal, and shall not exceed twelve (12) months. A notice of Warning is a confidential action. Warning may not exceed twelve (12) months. Warning is a procedural action which is not subject to appeal.

The Council will make notification of a final decision to impose Warning by notifying the DCP/Institution CEO/President and chairperson of the institution's governing body that a program has been placed on Warning in accordance with CCE policy and procedures.

##### **D. ~~B.~~ Probation**

Probation is an action reflecting the conclusion of the Council that a program is in significant noncompliance with accreditation standards or policy requirements. Such a determination may be based on the Council's conclusion that:

1. The noncompliance compromises program integrity; for example, the number of areas of noncompliance, institutional finances, or other circumstances ~~cause~~ reasonable doubt on whether compliance can be achieved in the permissible timeframe; or,
2. The noncompliance reflects recurrent noncompliance with one or more particular standard(s) and/or policy(ies); or,
3. The noncompliance reflects an area for which notice to the public is required in order to serve the best interests of students and prospective students.

~~Probation may be imposed at any time when the Council concludes that the DCP/Institution is in significant non-compliance with one or more eligibility requirements, accreditation requirements, or CCE policy requirements.~~ The Council may require the DCP/Institution to submit a report, host a site visit and/or make an appearance before the Council to provide evidence of compliance. Probation is a sanction, subject to appeal (see CCE Policy 8), and ~~may~~ shall not exceed twenty-four (24) months. The Council will make ~~a~~ public notice of a final decision to impose Probation by notifying the U.S. Department of Education, regional (institutional) accrediting agency, state licensing boards, and the public that a program has been placed on Probation in accordance with CCE policy and procedures.

#### ~~E.~~C. Show Cause Order

A Show Cause Order constitutes a demand that the DCP/Institution provide evidence to inform the Council and demonstrate why the program's accreditation should not be revoked. The Council may require the DCP/Institution to submit a report, host a site visit and/or make an appearance before the Council to provide such evidence. If the DCP/Institution does not provide evidence sufficient to demonstrate resolution of the Council's concerns within the time frame established by the Council, the DCP's/Institution's accreditation is revoked. A Show Cause Order is a sanction, subject to appeal (see CCE Policy 8), and ~~may~~ shall not exceed twelve (12) months. The Council makes public notice of a final decision to impose a Show Cause Order by notifying the U.S. Department of Education, regional (institutional) accrediting agency, state licensing boards, and the public that a program has been placed on Show Cause Order in accordance with CCE policy and procedures.

#### ~~F.~~D. Denial or Revocation

An application for initial accreditation or reaffirmation of accreditation may be denied if the Council concludes that the DCP/institution has significantly failed to comply and is not expected to achieve compliance within a reasonable time period. Denial of an application for Initial Accreditation or a Reaffirmation of Accreditation constitutes Initial Accreditation not being awarded or Revocation of Accreditation, respectively.

Denial or Revocation of accreditation is an Adverse Action and subject to appeal (see CCE Policy 8). A DCP/Institution seeking CCE accreditation that has previously withdrawn its accreditation or its application for accreditation, or had its accreditation revoked or terminated, or had its application for accreditation denied, follows the process for initial accreditation. The Council makes public notice of a final decision to deny or revoke accreditation by notifying the U.S. Department of Education, regional (institutional) accrediting agency, state licensing boards, and the public in accordance with CCE policy and procedures.

~~G.~~E. Accreditation is a privilege, not a right. Any of the above actions may be applied in any order, at any time, if the Council determines that DCP/Institutional conditions warrant them. If the Council imposes any of the following actions: Deferral; Warning; Probation; a Show Cause Order; or Revocation of

Accreditation, the Council provides a letter to the DCP/Institution stating the reason(s) for the action taken.

## **VI. Status Description**

A DCP or an institution accredited by the Council must describe its accreditation status in accordance with CCE Policy 22.

The Council updates the accredited status of the programs/institutions it currently accredits on its official website following each Council Meeting, to include:

- a. Month/Year of initial accreditation status awarded by CCE.
- b. The year the Council is scheduled to conduct its next comprehensive site visit review for reaffirmation of accreditation and the next scheduled Council Status Review Meeting regarding that comprehensive site visit review; and,
- c. Designation of any solitary-purpose institutions awarded institutional accreditation.

## **VII. Complaint and Contact Information**

Complaint procedures are established to protect the integrity of the CCE and to ensure the avoidance of improper behavior on the part of those individuals acting on behalf of the CCE, the Council and the CCE-accredited DCPs. By establishing formal complaint procedures, the CCE provides responsible complainants the opportunity to submit specific grievances and deal with them through a clearly defined process. CCE Policy 64 outlines the complaint procedures and may be obtained via the CCE website and/or through the CCE Administrative Office.

Information describing the organization and operation of the CCE and its Council may be obtained from the CCE Administrative Office, 8049 North 85th Way, Scottsdale, AZ 85258-4321, Telephone: 480-443-8877, Toll-Free: 888-443-3506, Fax: 480-483-7333, E-Mail: [cce@cce-usa.org](mailto:cce@cce-usa.org), or Website: [www.cce-usa.org](http://www.cce-usa.org).



**CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA**

**AGENDA ACTION SHEET**

TITLE: **Agenda Item 31** Correspondence Report – No action

RECOMMENDED MOTION: **Non-Action item.**

PREPARED BY: **Ben Lurie, DC**

MEETING DATE: **October 12, 2017**

TIME REQUIRED: **5 minutes**

BACKGROUND INFORMATION:

REVIEWED BY: ☒ President ☒ Secretary ☒ Executive Director

ACTION: ☐ Approved ☐ Approved w/Modifications ☐ Denied ☐ Continued

**Agenda Item 31**



8049 North 85th Way  
Scottsdale AZ 85258-4321  
480-443-8877 | [www.cce-usa.org](http://www.cce-usa.org)

PUBLIC DISCLOSURE NOTICE ON  
LIFE CHIROPRACTIC COLLEGE WEST  
Hayward, California  
Effective: July 15, 2017

In accordance with the Council on Chiropractic Education's (CCE) policy and U.S. Department of Education requirements, when an institution's governing board notifies CCE in writing of its decision to voluntarily withdraw its accreditation and the Council takes an accreditation action, CCE releases this decision to the U.S. Department of Education, Council for Higher Education Accreditation, appropriate institutional and specialized accrediting agencies, state licensing boards and the public.

**Recent Council Action**

Please be advised that the doctor of chiropractic degree program at Life Chiropractic College West (LCCW), Hayward, California, notified CCE in writing of its decision to voluntarily withdraw its institutional accreditation status only with CCE. At its July 15, 2017 Semi-Annual Meeting, the Council accepted the voluntary withdrawal from institutional accreditation by LCCW due to the college obtaining institutional accredited status with the WASC Senior College and University Commission (WSCUC) in March 2017. It is important to note that LCCW still maintains its programmatic accreditation status with CCE which was originally granted in July 1987 and most recently reaffirmed in January 2011.

**Next Steps**

In accordance with the CCE Schedule for Accreditation Activities, LCCW is currently scheduled to submit its programmatic Self-Study by May 1, 2018 in anticipation of a comprehensive site visit in the fall of 2018.

At its meeting in January 2019, the Council will review the Self-Study, Fall 2018 Final Site Team Report and the Program response to the Final Site Team Report in a status review meeting with the program.

**Contact Information**

You may contact the Council on Chiropractic Education (CCE) by email at [cce@cce-usa.org](mailto:cce@cce-usa.org) or by phone at 480-443-8877, if you have any questions regarding this notice.

***Distribution:***

CCE Councilors  
State Licensing Boards  
WASC Senior College and University Commission  
National, Regional & Specialized Accrediting Agencies  
U. S. Department of Education  
Council for Higher Education Accreditation

## **DCs Included in FAA BasicMed Flight Physical Program**

Earlier this spring, a new FAA Flight Physical became available to licensed private pilots. The new program allows private pilots to obtain a BasicMed Flight Physical in place of a 3rd Class Medical Certificate provided by an Aviation Medical Examiner.

The BasicMed Flight Physical can be performed by an Aviation Medical Examiner "or by a State-Licensed Physician." The FAA has determined that the BasicMed Flight Physical can be performed by a "State Licensed Specialty Physician" and recently provided clarification that doctors of chiropractic who are considered by their state licensing board as a "Chiropractic Physician" are eligible to perform the BasicMed exam. An additional requirement is that the state's chiropractic scope of practice allows performing all components of the BasicMed physical.

State licensing boards may be asked to determine if licensees are eligible to perform these examinations described above as there are at least 31 state boards that allow use of the phrase "chiropractic physician."

FCLB has been informed the BasicMed physical exam is slightly less comprehensive than the commercial driver physical. However, the decision-making protocol is significantly different as is the administrative procedure. As a matter of public protection, it is essential that those that perform the BasicMed Flight Physical do so in a complete and correct way.

Even those who perform CDL physicals for commercial drivers as National Registry Certified Medical Examiners may need preliminary training. DCs who are not National Registry Certified Medical Examiners may need additional training hours.

This unexpected but significant opportunity has the potential to be of great benefit for the chiropractic profession in performing physical exams in this and other Federal programs.

As we get updated information about this new opportunity for the chiropractic profession, we will pass it along to you. Please let us know if you have any questions.

**CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA**

**AGENDA ACTION SHEET**

TITLE: **Agenda Item 32 Board Member Comments – No action**

RECOMMENDED MOTION: **Non-Action item.**

PREPARED BY: **Ben Lurie, DC**

MEETING DATE: **October 12, 2017**

TIME REQUIRED: **5 minutes**

BACKGROUND INFORMATION: **Board members may comment on any topic but no action may be taken.**

REVIEWED BY: ☒ President ☒ Secretary ☒ Executive Director

ACTION: ☐ Approved ☐ Approved w/Modifications ☐ Denied ☐ Continued

**CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA**

**AGENDA ACTION SHEET**

TITLE: **Agenda Item 33** Public Interest Comments – No action

**This portion of the meeting is open to the public to speak on any topic NOT on today's agenda and may be limited to 3 minutes**

RECOMMENDED MOTION: **Non-Action item.**

PREPARED BY: **Ben Lurie, DC**

MEETING DATE: **October 12, 2017**

TIME REQUIRED: **3 minutes per person per topic**

BACKGROUND INFORMATION: **The public may speak to the Board about any topic not on the agenda but no action may be taken.**

REVIEWED BY: ☒ President ☒ Secretary ☒ Executive Director

ACTION: ☐ Approved ☐ Approved w/Modifications ☐ Denied ☐ Continued

**CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA**

**AGENDA ACTION SHEET**

TITLE: **Agenda Item 34** Adjournment – For possible action

RECOMMENDED MOTION: **Adjourn the meeting.**

PRESENTED BY: **Ben Lurie, DC**

MEETING DATE: **October 12, 2017**

TIME REQUIRED: **5 minutes**

BACKGROUND INFORMATION: **The meeting should be formally adjourned when all matters on the agenda have been addressed.**

REVIEWED BY:    \_\_X\_\_ President    \_\_X\_\_ Secretary    \_\_X\_\_ Executive Director

ACTION: \_\_\_\_\_Approved \_\_\_\_\_Approved w/Modifications \_\_\_\_\_Denied \_\_\_\_\_Continued