

CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA
4600 Kietzke Lane, Suite M-245
Reno, NV 89502

APPLICATION FOR 2021-22 RENEWAL OF ACTIVE NEVADA LICENSE

Paper Renewal by Mail:

- Complete this form
- Mail to the above address by December 31, 2020
- Include check for \$725.00* made payable to:
Chiropractic Physicians' Board of Nevada

* Processing fee of \$25.00 included for paper renewal

Online Renewal:

- Renew **online** with payment of \$700.00 by credit or debit card at <http://chirobd.nv.gov>

- If you obtained your initial license between January 1, 2020 and May 31, 2020 your renewal fee is \$350.00.
- If you obtained your initial license between June 1, 2020 and December 31, 2020 your renewal fee is waived.

Your certificate will be renewed for **TWO (2) years** through December 31, 2022

DCs are required to submit **36 hours** of continuing education.

DCs who hold a certificate in Dry Needling are required to submit **4 hours** of continuing education.

Exception: DCs renewing for the **first time only** are **EXEMPT** from the continuing education requirement

**Applicant's Name
and
Billing Address**

License No.

Soc Sec No.

Cell Ph No.

Email Address(s)

Please indicate any change of address or contact information below:

Practice/Business Address

Telephone

City, State, Zip

Fax

Residence Address

Telephone

City, State, Zip

Fax

Regarding child support, ONE of the following blocks MUST BE MARKED:

- 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.

Regarding Nevada Business License, ONE of the following MUST BE MARKED:

- I have a Nevada business license number assigned by the Secretary of State upon compliance with the provisions of NRS Chapter 76.
My Nevada business license number is: _____ My Nevada business license name is: _____
- I have applied for a Nevada business license with the Nevada Secretary of State upon compliance with the provision of NRS Chapter 76 and my application is pending.
- I do NOT have a Nevada business license number.

If you answer "yes" to the next two questions, provide a written explanation of each occurrence. For each incident state: the date, case number, the nature of the charge, and the disposition of the matter. You MUST provide copies of any arrest or conviction, along with any probationary terms, and/or plea agreements entered into felony(ies) or misdemeanor(s).

Since your last renewal last renewal or recent licensure, have you ever had a judgement, ruling, or settlement of a claim, court case, administrative proceeding, or other adjudication based upon a claim of malpractice, negligence, incompetence, unprofessional conduct, or sexual misconduct? Yes No

Since your last renewal last renewal or recent licensure, have you ever been charged or convicted (including any plea of no contest, deferred sentencing, or deferred prosecution) of any felony, crime involving or related to your practice of chiropractic medicine, or any crime involving moral turpitude? Yes No

Initial Here:

Date:

I certify that I have completed 36 hours of continuing education between January 1, 2019 and December 31, 2020.

Initial Here:	Date:	I hold a dry needling certification and certify that I have completed 4 hours of continuing education between January 1, 2019 and December 31, 2020.
---------------	-------	--

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 which 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.
---------------	-------	---

Regarding **Veteran status (optional)**:

Do you ask each new patient who is 18 years of age or older if he or she is a veteran and document the response in the record of the patient? Yes No

Do you provide the contact information for the Department of Veterans Services to any such patient who indicates that he or she is a veteran? Yes No

Date: Signature:

ALL FEES ARE NON-REFUNDABLE
Nevada has no grace period. License renewal fee and the certification of continuing education are due and must be received by the Board office on or before December 31st. Failure to comply will result in automatic suspension of your license. The reinstatement fee is an additional \$500.00. The fee for returned checks is \$25.00 plus bank charges.

For Board Use ONLY: DO NOT WRITE BELOW THIS LINE

RCVD FROM:	CK NO.	AMT.
-------------------	---------------	-------------