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

4600 Kietzke Lane, M-245 | Reno, Nevada 89502-5000

Phone: (775) 688-1921 | Fax: (775) 688-1920

Website: <http://chirobd.nv.gov> | Email: [chirobd@chirobd.nv.gov](mailto:chirobd@chirobd.nv.gov)

Dear Applicant for Temporary Nevada Licensure:

The enclosed application form must be completed in full. An application must be submitted at least **30** days in advance of the date you intend to begin temporary practice in Nevada.

The following must accompany the application:

\_\_\_\_\_ Payment – Note: If the temporary license is solely for the purpose of providing chiropractic services to patients in this State without remuneration you are not required to pay (1) the \$50.00 application and background fee. (The \$50 temporary license fee is still required.)

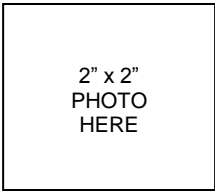
- (1) Payment for \$50.00 for the application fee and background check, and
- (2) Payment for \$50.00 for the issuance of the license certificate.

The \$50.00 fee for the application will be deposited upon receipt. The \$50.00 fee for the issuance of the temporary license certificate will be deposited upon approval of the application. If the application is denied, the \$50.00 check for issuance of the license certificate will be returned. There is no refund of the application fee.

\_\_\_\_\_ Two recent color photographs, approximately 2" x 2" in size, frontal view of applicant's face.

\_\_\_\_\_ A Certification of Good Standing (must include verification that there has been no disciplinary action taken or none currently pending) must be received directly from the state where the applicant is currently practicing at least 21 days prior to the beginning date of temporary practice in Nevada.

**Please Note:** a temporary license is valid for the period designated on the license, and no more than ten (10) days. The Board may not grant more than two temporary licenses to an applicant during any calendar year. A temporary license is not renewable.



2" x 2"  
PHOTO  
HERE

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

Telephone: 775-688-1921

**DO NOT FAX APPLICATION**

**APPLICATION FOR 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: \_\_\_\_\_ Telephone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Work Email: \_\_\_\_\_

Address where currently practicing: \_\_\_\_\_

Chiropractic College where your D.C. degree was obtained: \_\_\_\_\_

Date of Graduation: \_\_\_\_\_ DOB: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Current chiropractic license number: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

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

Current status of other licenses:

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

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

Event start date: \_\_\_\_\_ End date: \_\_\_\_\_

Event location (name & address): \_\_\_\_\_

Signed: \_\_\_\_\_, DC Date: \_\_\_\_\_

**OFFICE USE:**

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

Approved Denied Executive Director \_\_\_\_\_