

**BUSINESS ENTITY RENEWAL FORM**

CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA

4600 Kietzke Lane, Suite M245, Reno, NV 89502

Telephone 775-688-1921 | E-mail: [chirobd@chirobd.nv.gov](mailto:chirobd@chirobd.nv.gov) [www.chirobd.nv.gov](http://www.chirobd.nv.gov)**BUSINESS ENTITY RENEWAL FORM****NOTICE: Business Entity Registration Expires Annually on June 1st.**

Type or print in blue or black ink. You must respond to each question. Answer "None" or "N/A" if applicable

To renew your Business Entity registration, you must complete and submit this application by May 31<sup>st</sup>.

**NOTE: If an explanation or attachment is not provided with corresponding changes below, the renewal application is incomplete.**

**1. Primary Contact Information**

Primary Contact Name					
Mailing Address					
City		State		Zip	
Phone		Email			

**2. Site Address(es)**

Use this space for primary address and addendum A for additional sites.

Business Entity Name			Registration #	Board Use	
Mailing Address					
City		State		Zip	
Phone		Fax			
	No changes to the primary and additional site address(es).				
	There are changes to the practice contact information and the updated information is provided in the space below. Attach additional pages if necessary.			The entity is no longer providing Chiropractic services.	

**3. Records Protocol Compliance**

*A Business Entity must establish a written protocol for the secure storage, transfer, and access of the medical records of the Business Entity's patients.*

This Business Entity complies with secure storage, transfer, and access of patient records. The written protocol is submitted with this renewal.

**4. Clinic Owner Information**

*A Business Entity must notify the Board in writing within 30 days of any change of owners, officers, or directors, to include any additions and/or deletions with the date of the change for each individual, and notice of any change in home address, office address, and phone numbers for owners, officers or directors with the date of the change for each individual.*

*If you require additional space please add a separate page.*

Indicate the number of owners, officers, and directors of the Business Entity registered with the Board.			
	There are no changes since the last renewal.		There are changes and the updated information is provided in the space below.
	Total Number of Owners/Officers/Directors.		
Name		Title	
Name		Title	
Name		Title	
Name		Title	
<b>5. Chiropractic Physicians</b> Enter the name and license number of each chiropractic physician employed, contracted, or otherwise affiliated with the Business Entity. Use addendum B for additional chiropractic physicians.			
Name		License No.	
Name		License No.	
Name		License No.	
Name		License No.	
Name		License No.	
<b>6. Disciplinary Action</b> Indicate below if an owner, officer, or director has been investigated, charged, and/or disciplined by a licensing board or agency in this or any other jurisdiction? <b>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.</b>			
	N/A		YES. A written explanation and, if applicable, a copy of the final order or settlement agreement is submitted with this renewal.
<b>7. Arrests, Indictment, Conviction</b> Indicate below if an owner, officer or director has been convicted of a crime other than a traffic violation (Include any DUI's)? <b>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.</b>			
	N/A		YES. A written explanation and, if applicable, a copy of the final order or settlement agreement is submitted with this renewal.
<b>8. Attachments</b> <p style="color: red; text-align: center;"><b>Be sure to submit applicable attachments for sections 2 &amp; 5</b></p> <p style="text-align: center;"><i>Please sign, date and submit the completed form</i></p> <p>I hereby certify and verify under penalty of perjury that all of the answers and information provided in the above application is truthful and complete, and I understand that if any answer or information is found to be otherwise, I will be subject to action by the Board.</p>			

Signature of Authorized Agent

Date

**Addendum A Additional Site Addresses**

Additional Site					
Clinic Address					
City		State		Zip	
Phone		Fax			

Additional Site					
Clinic Address					
City		State		Zip	
Phone		Fax			

Additional Site					
Clinic Address					
City		State		Zip	
Phone		Fax			

Additional Site					
Clinic Address					
City		State		Zip	
Phone		Fax			

Additional Site					
Clinic Address					
City		State		Zip	
Phone		Fax			

Additional Site					
Clinic Address					
City		State		Zip	
Phone		Fax			

**Addendum B    Chiropractic Physicians**

Name		License No.	
Name		License No.	
Name		License No.	
Name		License No.	
Name		License No.	
Name		License No.	
Name		License No.	
Name		License No.	
Name		License No.	
Name		License No.	
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