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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

To change your status from Inactive to Active visit the Boards website at chirobd.nv.gov, select Licensee Portal, login and select Status Change Request under Requests.

Please review the following instructions before you complete and submit the application.

The following must be completed and uploaded to your portal:

- The application for Re-Activation of License to Practice Chiropractic.
- Copies of certificates of completion, confirming 36 hours of continuing education completed during the 24 months immediately preceding the reinstatement.
- Payment in the amount of \$325.00

The following must be received directly from the issuing institutions:

- Completed, signed and sealed "Certification of Good Standing"/License Verification issued from the chiropractic licensing board(s) of all states in which the applicant has ever been licensed.

If you have not maintained practice in another state, territory or country within the preceding 5 years the Board shall hold a hearing to determine the applicant's professional competency and fitness and may require the applicant to pass the National Special Purposes Examination for Chiropractic prepared by the National Board of Chiropractic Examiners before placing the license on active status.

General Application Information:

- The Application must be submitted with all questions answered completely and truthfully.

Once the Board is in receipt of all the required documentation you will receive your renewal license card.

Review the Nevada Revised Statutes regarding reinstatement by selecting the link below:

[Refer to NRS 634.121 to review the law regarding the procedure to restore active status.](#)

DC licenses expire December 31st of every even numbered year.

CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA

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

775-688-1921 / 775-688-1920 (fax)

APPLICATION FOR RE-ACTIVATION OF LICENSE TO PRACTICE CHIROPRACTIC IN THE STATE OF NEVADA

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Print clearly or type

Fee must accompany application

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

Nevada License No.: _____

Date granted: _____

Name: _____ Phone No.: _____

Address: _____

Email: _____

State in which currently actively practicing: _____

License No.: _____ Date granted: _____ Expiration: _____

Address of current practice: _____

Date on which you began current active practice: _____

If not currently practicing, give date on which you ceased practicing: _____

State in which you last practiced: _____

Other state 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, give details: _____

2. Have you ever surrendered a license? ____ Yes ____ No If yes give details: _____

3. Are there any outstanding complaints or disciplinary actions pending against you in any other jurisdiction?

____ Yes ____ No If yes, give details: _____

4. Have you ever been the subject of disciplinary action in any other jurisdiction? ____ Yes ____ No If yes, give details: _____

5. Have you ever been named as a defendant in a professional malpractice suit? ____ Yes ____ No If yes, give details: _____

6. Have you ever been arrested for or charged with any crime other than a traffic violation (include any DUIs)? **Note:**

Even if you have had records sealed and you have been told that your file has been cleared, you must report this

information, including juvenile records. ____ Yes ____ No If yes, give details and final disposition: _____

7. Have you ever been convicted of a crime other than a traffic violation (include any DUIs)? **Note: Even if you have**

had records sealed and you have been told that your file has been cleared, you must report this information,

including juvenile records. ____ Yes ____ No If yes, give details and final disposition: _____

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: _____

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: _____

Please mark the appropriate response regarding child support (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 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.

Continuing Education seminar(s) attended during the past biennium (must total at least 36 hours):

Seminar Title: _____

Seminar Sponsor: _____

Date(s) Attended: _____

Number of Hours Attended: _____

NOTE: The \$325.00 fee for restoration from inactive to active status must accompany this application. If restoring from suspended/expired to active, the fee is \$500.00 plus \$25.00 Administrative Fee & \$40.25 Background check fee.

AFFIDAVIT:

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.

Date

Signature of Applicant