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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

Reinstatement Requirements

The Application for Reinstatement follows. Please review the following instructions before you complete and submit the application.

Reinstatement from Expired Status Instructions:

The following must be submitted with the attached completed, signed and notarized application form:

- Payment in the amount of \$1,265.25 (\$700.00 biennial license renewal, \$500.00 expired to active, \$40.25 fingerprint card processing, plus \$25.00 administrative fee). Payment may be made by mailing a personal check or money order with your application, or by credit card over the phone.
- Copies of certificates of completion, confirming 36 hours of continuing education completed during the 24 months immediately preceding the reinstatement.
- One (1) completed and signed fingerprint card.
- Completed and signed "Fingerprint Waiver" form.

If applying for Reinstatement from Expired to Active status and have not maintained practice in another state, territory or country within the preceding 5 years you will be required to:

(2) Score:

- (I) For a written, closed-book examination which is administered in person by the Board, 75 percent or higher in all subjects on the examination concerning the provisions of this chapter and the regulations adopted by the Board; or
 - (II) For a written, open-book examination which is administered in person by the Board or an examination that is taken online, 90 percent or higher in all subjects on the examination concerning the provisions of this chapter and the regulations adopted by the Board.
3. If any of the requirements set forth in subsection 2 are not met by an applicant for the reinstatement of an expired license to active status, the Board, before reinstating the license of the applicant to active status:
- (a) Must hold a hearing to determine the professional competency and fitness of the applicant; and
 - (b) May require the applicant to:
 - (1) Pass the Special Purposes Examination for Chiropractic prepared by the National Board of Chiropractic Examiners; and
 - (2) Satisfy any additional requirements that the Board deems to be necessary.

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.

General Application Information:

- Application forms must be submitted with all questions answered completely and truthfully.
- **Background Check:** Fingerprints must be rolled properly on the card to assure that they are clear and not smudged. Prints should be applied by a professional. **Note:** Be sure your hands are clean and do not use hand lotion before being fingerprinted. Sections relating to VITAL STATISTICS, both the applicant’s and official taking the prints signatures, and social security number must be on the card. DO NOT FOLD OR BEND THE CARDS THROUGH THE FINGERPRINT AREA.

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 634.131 to review the law regarding reinstatement found on the Board’s website](#)

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 \$525.00.

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 and believes him/herself eligible for activation of his/her license to practice chiropractic, and that he/she has read and understands this affidavit.

Date **Signature of Applicant**

County of _____

State of _____

Subscribed and sworn to before me
this _____ day of _____, 20____

Notary Public

Approved: **Not Approved:**

President **Secretary**



Nevada Department of **Public Safety** Fingerprint Background Waiver

As an applicant who is the subject of a Federal Bureau of Investigation (FBI) fingerprint-based criminal history record check for a noncriminal justice purpose you have certain rights which are discussed below.

1. You must be notified by **Chiropractic Physicians Board of Nevada** (*name of requesting agency*) that your fingerprints will be used to check the criminal history records of the FBI and the State of Nevada.
2. Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.
3. Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.
4. Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

Applicant:

Initial

Date

5. If you have a criminal history record, the officials making a determination of your suitability for the job, license or other benefit for which you are applying must provide you the opportunity to complete or challenge the accuracy of the information in the record. You may review and challenge the accuracy of any and all criminal history records which are returned to the submitting agency. The proper forms and procedures will be furnished to you by the Nevada Department of Public Safety, Records Bureau upon request. If you decide to challenge the accuracy or completeness of you FBI criminal history record, Title 28 of the Code of Federal Regulations Section 16.34 provides for the proper procedure to do so:

16.34 - Procedure to obtain change, correction or updating of identification records. If, after reviewing his/her identification record, the subject thereof believes that it is incorrect or incomplete in any respect and wishes changes, corrections or updating of the alleged deficiency, he/she should make application directly to the agency which contributed the questioned information. The subject of a record may also direct his/her challenge as to the accuracy or completeness of any entry on his/her record to the FBI, Criminal Justice Information Services (CJIS) Division ATTN: SCU, Mod. D-2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will then forward the challenge to the agency which submitted the data requesting that agency to verify or correct the challenged entry. Upon the receipt of an official communication directly from the agency which contributed the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by that agency.

6. Based on 28 CFR § 50.12 (b), officials making such determinations should not deny the license or employment based on information in the record until the applicant has been afforded a reasonable time to correct or complete the record or has declined to do so.
7. You have the right to expect that officials receiving the results of the fingerprint-based criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal or state statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.
8. I hereby authorize Chiropractic Physicians' Board of Nevada (*name of requesting agency*), to submit a set of my fingerprints to the Nevada Department Public Safety, Records Bureau for the purpose of accessing and reviewing State of Nevada and FBI criminal history records that may pertain to me.

In giving this authorization, I expressly understand that the records may include information pertaining to notations of arrest, detainments, indictments, information or other charges for which the final court disposition is pending or is unknown to the above referenced agency. For records containing final court disposition information, I understand that the release may include information pertaining to dismissals, acquittals, convictions, sentences, correctional supervision information and information concerning the status of my parole or probation when applicable.

Applicant:

Initial

Date

9. I hereby release from liability and promise to hold harmless under any and all causes of legal action, the State of Nevada, its officer(s), agent(s) and/or employee(s) who conducted my criminal history records search and provided information to the submitting agency for any statement(s), omission(s), or infringement(s) upon my current legal rights. I further release and promise to hold harmless and covenant not to sue any persons, firms, institutions or agencies providing such information to the State of Nevada on the basis of their disclosures. I have signed this release voluntarily and of my own free will.

A reproduction of this authorization for release of information by photocopy, facsimile or similar process, shall for all purposes be as valid as the original.

In consideration for processing my application I, the undersigned, whose name and signature voluntarily appears below; do hereby and irrevocably agree to the above.

Applicant's Name:

PLEASE PRINT

Last Name

First Name

Middle

ADDRESS:

PLEASE PRINT

Applicant's Signature: _____

Date: _____

Submitting Agency:

Chiropractic Physicians' Board of Nevada

Address:

4600 Kietzke Lane, Suite M245

Reno, NV 89502

Agency Representative:

PLEASE PRINT

Strandberg

Julie

K

Last Name

First Name

Middle

Agency Representative Signature: _____

Julie Strandberg

Date: _____

3/19/2020