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Consumer Member
JULIE STRANDBERG
Executive Director

CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA

4600 Kietzke Lane, Suite M245

Reno, Nevada 89502-5000

Telephone (775) 688-1921

Website: <http://chirobd.nv.gov> Fax (775) 688-1920 Email: chirobd@chirobd.nv.gov

NOTICE OF MEETING/HEARING

DATE: Friday, January 13, 2017 **TIME:** 8:00 a.m.

LOCATION: Grant Sawyer Building
555 E. Washington, Room 1100
Las Vegas, NV 89101

NOTE: ALL AGENDA ITEMS ARE FOR DISCUSSION AND FOR POSSIBLE ACTION UNLESS OTHERWISE NOTED. AGENDA ITEMS MAY BE TAKEN OUT OF ORDER, COMBINED FOR CONSIDERATION BY THE BOARD, OR PULLED OR REMOVED FROM THE AGENDA AT ANY TIME.

AGENDA

Call to order - determine quorum present.

Pledge of Allegiance – Dr. Lurie
Statement of Purpose – Dr. Colucci

Agenda Item 1 Public Interest Comments - No action.

- A. Public Comment will be taken at the beginning and at the end of each Board meeting;
- B. Public Comment may also be taken at other such times as requested so long as the request that Public Comment be taken will not interrupt ongoing Board business;
- C. Depending on the number of individuals wishing to address the Board, a reasonable time limit may be set. The Board will not restrict comments based upon viewpoint;
- D. No action may be taken upon a matter raised during Public Comment until the matter itself has been specifically included on an agenda as an item upon which action may be taken.
- E. Prior to the commencement and conclusion of a contested case or a quasi-judicial proceeding that may affect the due process rights of an individual the Board may refuse to consider public comment as per NRS 233B.126.

Agenda Item 2 Approval of agenda – For possible action.

The Board reserves the right to address items in a different order or combine two or more items to accomplish business in the most efficient manner. An item may be removed from the agenda or discussion may be delayed relating to an item at any time.



Agenda Item 3 Welcome New Board Members – No action.

Agenda Item 4 Discussion/possible action regarding the DC reinstatement application of Dr. Church – For possible action. (Note: The Board may go into closed session pursuant to NRS 241 to consider the character alleged misconduct, or professional competence of Dr. Church)

Agenda Item 5 Discussion/possible action regarding the Application for Chiropractor's Assistant of Ms. Penny Ruiz - For possible action. (Note: The Board may go into closed session pursuant to NRS 241 to consider the character alleged misconduct, or professional competence of Ms. Ruiz)

Agenda Item 6 Discussion/possible action regarding the Settlement Agreement for Dr. Mark Rubin's probation – For possible action. (Note: The Board may go into closed session pursuant to NRS 241 to consider the character alleged misconduct, or professional competence of Dr. Rubin) (attached settlement agreement)

Agenda Item 7 Discussion/possible action regarding the Application for Doctor of Chiropractic of Bret Brown, DC – For possible action. (Note: The Board may go into closed session pursuant to NRS 241 to consider the character alleged misconduct, or professional competence of Dr. Brown)

Agenda Item 8 Approval of the September 10, 2016 Meeting Minutes. - For possible action.

Agenda Item 9 Ratification of granting of DC licenses to applicants who passed the examination from August to December 2016 – For possible action.

Agenda Item 10 Legislative Matters – For possible action.

A. Capitol Partners report

Agenda Item 11 Board Counsel Report – No action.

Agenda Item 12 Status report regarding anonymous profiles of possible disciplinary actions. Board action will be limited to either dismissing the matter if the Board determines there is no violation, it has no jurisdiction over the subject, or providing direction to pursue the matter further – For possible action:

- | | | |
|----|------------------|--------------|
| A. | Complaint 04-4 | (Ms. Mercer) |
| B. | Complaint 15-01S | (Dr. Lurie) |
| C. | Complaint 15-18N | (Dr. Lurie) |
| D. | Complaint 15-27S | (Dr. Lurie) |
| E. | Complaint 16-01S | (Dr. Jaeger) |
| F. | Complaint 16-02S | (Dr. Lurie) |
| G. | Complaint 16-08S | (Jaeger) |
| H. | Complaint 16-09S | (Lurie) |
| I. | Complaint 16-11S | (Colucci) |
| J. | Complaint 16-12S | (Colucci) |
| K. | Complaint 16-13S | (Lurie) |

January 13, 2017 Meeting Agenda

- L. Complaint 16-14S (Jaeger)
- M. Complaint 17-01S (Lurie)

Agenda Item 13 Proposed Payment Arrangements for Heriberto “Eddie” Soltero – For possible action.

Agenda Item 14 FCLB/NBCE Matters – For possible action.

- A. Selection of Board’s choice for FCLB Voting Delegate
- B. Selection of Board’s choice for FCLB Alternate Delegate
- C. Selection of Board’s choice for NBCE Voting Delegate
- D. Selection of Board’s choice for NBCE Alternate Delegate
- E. Selection of Board Member to participate in the Spring National Board Part IV Exam - May 19, 20, & 21, 2017
- F. Selection of Board Member to participate in the National Board Part IV Test Committee meeting - June 9 & 10, 2017
- G. Selection of Board Member to participate in the Fall National Board Part IV Exam - November 10, 11, & 12, 2017
- H. Other FCLB/NBCE matters

Agenda Item 15 Committee Reports

- A. Continuing Education Committee – For possible action.
- B. Legislative Committee (Dr. Lurie) – For possible action.
- C. Preceptorship Committee – For possible action.
- D. Test Committee (Dr. Colucci) - For possible action.
 - 1. CA Exam

Agenda Item 16 Reassign Committees – For possible action

Agenda Item 17 Executive Director Reports:

- A. Status of Pending Complaints – No action.
- B. Status of Current Disciplinary Actions – No action.
- C. Legal/Investigatory Costs – No action.
- D. 2017/2018 DC Renewal Statistics – No action.

Agenda Item 18 Financial Status Reports:

- A. Current cash position & projections – No action.
- B. Accounts Receivable Summary – No action.
- C. Accounts Payable Summary – No action.
- D. Employee Accrued Compensation – No action.
- E. Income/Expense Actual to Budget Comparison as of November 30, 2016 – No action.
- F. 2016 Audit – Bertrand and Associates - For possible action

Agenda Item 19 Annual staff evaluations – For possible action

- 1. Board Counsel
- 2. Executive Director

Agenda Item 20 Discussion/Approval of Board Office Security System – For possible action

January 13, 2017 Meeting Agenda

Agenda Item 21 Discussion regarding Wisconsin's Legislation on Informed Consent – For possible action

Agenda Item 22 Consideration of potential additions, deletions, and/or amendments to NRS 634 and NAC 634 – For possible action.

Agenda Item 23 Establish dates for the next Chiropractor's Assistant examination and Board meetings – For possible action.

Agenda Item 24 Discussion/Possible revisions to the Board Policies – For possible action.

Agenda Item 25 NCA Report – No action.

Agenda Item 26 NCC Report – No action.

Agenda Item 27 Correspondence Report – No action.

Agenda Item 28 Board Member Comments – No action.

Agenda Item 29 Public Interest Comments – No action.

This portion of the meeting is open to the public to speak on any topic NOT on today's agenda and may be limited to 3 minutes.

Agenda Item 30 Adjournment – For possible action.

This agenda posted January 10, 2017 at the Chiropractic Physicians' Board of Nevada, 4600 Kietzke Lane, Suite M245, Reno, Nevada 89502; Office of the Attorney General, 100 North Carson Street, Carson City, Nevada 89701; Office of the Attorney General, 555, East Washington Avenue, Las Vegas, Nevada 89101; State Library and Archives, 100 North Stewart St., Carson City, Nevada 89701; CPBN Website: <http://chirobd.nv.gov>; and Notice.nv.gov.

A request for copies of an agenda and/or a supporting document or documents may be obtained from:

Julie Strandberg, Executive Director
Chiropractic Physicians' Board of Nevada
775-688-1921

by picking up the document(s), or by mailing a written request to:
Chiropractic Physicians' Board of Nevada
Attention: Julie Strandberg
4600 Kietzke Lane, Suite M245
Reno, Nevada 89502

by faxing a request to: Julie Strandberg at: Facsimile No.: 775-688-1920

January 13, 2017 Meeting Agenda

or by e-mailing a request to Julie Strandberg at: chirobd@chirobd.nv.gov

Note: “A request for notice lapses 6 months after it is made”: NRS 241.020.3(b). Mailing a copy of the Chiropractic Physicians’ Board meeting agendas will not be continued unless a request for reinstatement on the mailing list is submitted in writing every 6 months.

CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA

AGENDA ACTION SHEET

TITLE: **Agenda Item 1 Public Interest Comments – No action.**

- A. Public Comment will be taken at the beginning and at the end of each Board meeting;**
- B. Public Comment may also be taken at other such times as requested so long as the request that Public Comment be taken will not interrupt ongoing Board business;**
- C. Depending on the number of individuals wishing to address the Board, a reasonable time limit may be set. The Board will not restrict comments based upon viewpoint;**
- D. No action may be taken upon a matter raised during Public Comment until the matter itself has been specifically included on an agenda as an item upon which action may be taken.**
- E. Prior to the commencement and conclusion of a contested case or a quasi-judicial proceeding that may affect the due process rights of an individual the Board may refuse to consider public comment as per NRS 233B.126.**

RECOMMENDED MOTION: **Non-Action item.**

PRESENTED BY: **Ben Lurie, DC**

MEETING DATE: **January 13, 2017**

TIME REQUIRED: **3 minutes per person per topic**

BACKGROUND INFORMATION: **The public may speak to the Board about any topic not on the agenda but no action may be taken.**

REVIEWED BY: X President X Secretary X Executive Director

ACTION: Approved Approved w/Modifications Denied Continued

CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA

AGENDA ACTION SHEET

TITLE: **Agenda Item 2** Approval of Agenda – For possible action.

The Board reserves the right to address items in a different order or combine two or more items to accomplish business in the most efficient manner. An item may be removed from the agenda or discussion may be delayed relating to an item at any time.

RECOMMENDED MOTION: **No recommendation.**

PRESENTED BY: **Ben Lurie, DC**

MEETING DATE: **January 13, 2017**

TIME REQUIRED: **5 minutes**

BACKGROUND INFORMATION: **Agenda items may be addressed out of order to accommodate those present.**

REVIEWED BY: X President X Secretary X Executive Director

ACTION: Approved Approved w/Modifications Denied Continued

CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA

AGENDA ACTION SHEET

TITLE: **Agenda Item 3** Welcome New Board Members – No action

RECOMMENDED MOTION: **Non-Action item.**

PRESENTED BY: **Dr. Ben Lurie**

MEETING DATE: **January 13, 2017**

TIME REQUIRED: **5 minutes**

BACKGROUND INFORMATION:

REVIEWED BY: X President X Secretary X Executive Director

ACTION: Approved Approved w/Modifications Denied Continued

CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA

AGENDA ACTION SHEET

TITLE: Agenda Item 4 Discussion/possible action regarding the Application for Doctor of Chiropractic of Jeffrey Church, DC – For possible action. (Note: The Board may go into closed session pursuant to NRS 241 to consider the character alleged misconduct, or professional competence of Dr. Church.)

RECOMMENDED MOTION: No recommendation.

PREPARED BY: Ben Lurie, DC

MEETING DATE: January 13, 2017

TIME REQUIRED: 10 Minutes

BACKGROUND INFORMATION: Pursuant to NRS 634.131 (3) (a) the Board must hold a hearing to determine the professional competency and fitness of the applicant in the event the applicant is unable to submit satisfactory evidence pursuant to NRS 634.131 (2) (a). NRS 634.131 follows this document.

Additional documentation is attached.

REVIEWED BY: X President X Secretary X Executive Director

ACTION: Approved Approved w/Modifications Denied Continued

NRS 634.131 Application for reinstatement of expired license; regulations.

1. If a license expires pursuant to the provisions of subsection 10 of [NRS 634.130](#) and the license was not reinstated pursuant to the provisions of that subsection, the person who held the license may apply to the Board to have the license reinstated to active status.

2. An applicant to have an expired license reinstated to active status pursuant to subsection 1 must:

(a) Either:

(1) Submit satisfactory evidence to the Board:

(I) That the applicant has maintained an active practice in another state, territory or country within the preceding 5 years;

(II) From all other licensing agencies which have issued the applicant a license that he or she is in good standing and has no legal actions pending against him or her; and

(III) That the applicant has participated in a program of continuing education in accordance with [NRS 634.130](#) for the year in which he or she seeks to be reinstated to active status; or

(2) Score 75 percent or higher on an examination prescribed by the Board on the provisions of this chapter and the regulations adopted by the Board;

(b) Pay:

(1) The fee for the biennial renewal of a license to practice chiropractic;

(2) The fee for reinstating a license to practice chiropractic which has expired; and

(3) The fee for the processing of fingerprints established pursuant to subsection 4; and

(c) Submit a complete set of fingerprints and written permission authorizing the Board to forward the fingerprints to the Central Repository for Nevada Records of Criminal History for submission to the Federal Bureau of Investigation for its report.

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.

4. The Board shall establish by regulation the fee for processing fingerprints. The fee must not exceed the sum of the amounts charged by the Central Repository for Nevada Records of Criminal History and the Federal Bureau of Investigation for processing the fingerprints.

(Added to NRS by [2007, 2934](#); A [2011, 1823](#); [2013, 551](#); [2015, 513](#))

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Reno, Nevada 89502-5000
Fax (775) 688-1920

Telephone (775) 688-1921
Website: <http://chirobd.nv.gov>

Email: chirobd@chirobd.nv.gov

December 7, 2016

CERTIFIED MAIL 7012 2920 0002 4904 3663

Jeffrey Church, DC
9105 W. Flamingo Rd., Apt. 2081
Las Vegas, NV 89147

Re: Hearing on Application for Reinstatement of Expired License

Dear Dr. Church,

On November 7, 2016 we received your application for reinstatement of expired license. We have reviewed your application and accompanying materials and we are notifying you that your application will be reviewed by the Board at the following date, time, and place:

January 13, 2017 at 8:30 a.m.
Grant Sawyer Building
555 E. Washington, Room 1100
Las Vegas, NV 89101

The purpose of the application review by the Board will be to determine whether the Board will grant or deny your application and whether, if the application is granted, and if any conditions, restrictions, or limitations on the license are appropriate. Please be aware that in accordance with Nevada Revised Statutes (NRS) 241.033(4), the Board may go into a closed session to discuss your application.

Our review of your application indicates that you are unable to satisfy the requirements pursuant to NRS 634.131 (3) to reinstate your license. Pursuant to NRS 634.131 (3) the Board must hold a hearing to determine the professional competency and fitness of the applicant in the event requirements in section 2 cannot be met.

The President of the Board requests your presence at the January 13, 2017 Board meeting at 8:30 a.m. so that the Board may consider approval of your application.

Please be aware that you **must** appear in person when the Board reviews your matter. You may be represented by counsel of your choice. The Board will have a copy of this letter and the contents of your licensure application file to review. You may submit any materials, documents, or statements in support of your application to this office, but they must be received no later than **December 30, 2016** in order to be presented to the Board for its review. Please understand that you bear the burden of proving to the Board that the issuance of a license to you is in the best interest of the public health, safety, and general welfare of the people of Nevada. Also, please understand that although you will receive a full, fair, and unbiased review of this matter by the Board, this is not a contested case subject to the provisions of NRS chapter 233B.

If you have any questions, please feel free to contact me at 775-688-1923.

Sincerely,

Julie Strandberg
Executive Director

| SENDER. COMPLETE THIS SECTION | | COMPLETE THIS SECTION ON DELIVERY | |
|--|--|--|---|
| <ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. | | <p>A. Signature: <u>[Signature]</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> | |
| <p>1. Article Addressed to:</p> <p>Jeffrey Church, DC 9105 W. Flamingo Rd., Apt. 2081 Las Vegas, NV 89147</p> | | <p>B. Received by (Printed Name): <u>for J Church</u></p> | <p>C. Date of Delivery: <u>12/10/16</u></p> |
| <p>2. Article Number (Transfer from service label): 7012 2920 0002 4904 3663</p> | | <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p> | |
| <p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> | | <p>RECEIVED DEC 15 2016 BENG NEVADA 89101-9999</p> | |
| <p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p> | | <p>Domestic Return Receipt</p> | |

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| Postage \$ | Postmark Here |
| Certified Fee | |
| Return Receipt Fee (Endorsement Required) | |
| Restricted Delivery Fee (Endorsement Required) | |
| Total | |
| Sent To | Jeffrey Church, DC |
| Street, or PO | 9105 W. Flamingo Rd., Apt. 2081 |
| | Las Vegas, NV 89147 |

JEFFREY SCOTT CHURCH, DC

Doctor of Chiropractic Degree

December 1986

Los Angeles Chiropractic College

Examination

Dr. Church passed the National Board of Chiropractic Examiners Examination Parts I & II and Physiotherapy in 1987.

History and Timeline:

January 1, 1987 to December 31, 1998: Dr. Church was licensed as a Doctor of Chiropractic in California. His license was cancelled in December 2001 due to non-payment of renewal fees for three consecutive renewal cycles.

April 6, 1987: Dr. Church was initially licensed as a Doctor of Chiropractic in Nevada.

December 31, 2003: Dr. Church was notified that his license was suspended for non-renewal.

Reasons for Board Appearance

1. Dr. Church does not meet the requirements for reinstatement of licensure based on NRS 634.131 (2.) (1) (I).
- “2. An applicant to have an expired license reinstated to active status pursuant to subsection 1 must:
 - (a) Either:
 - (1) Submit satisfactory evidence to the Board:
 - (I) That the applicant has maintained an active practice in another state, territory or country within the preceding 5 years;”

Per Dr. Church's Application for Activation of License to Practice Chiropractic in the State of Nevada, he indicates that he ceased the practice of Chiropractic in December 1998.

Pursuant to NRS 634.131 (3.):

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.

2. Dr. Church answered affirmatively to question number 8 on the application for licensure: #8 – “Are you now or have you ever been found in default in the payment of a student loan?”

- Please refer to Dr. Church's response to this question on the application.
- Please see letter from the U.S. Department of Justice reflecting Dr. Church is in good standing with their office in regard to his monthly payment on his current debt balance.

Jeffrey Church, DC
Page 2

State Licensure

Dr. Church does not currently hold Active Chiropractic Licensure in any state.

The Federation of Chiropractic Licensing Boards and the National Practitioner Data Bank do not reflect any derogatory information.

Chiropractic Physicians' Board of Nevada
January 13, 2017

Application for Activation of
License to Practice Chiropractic
in the State of Nevada

CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA

4600 Kietzke Lane, Suite M-245, Reno, NV 89052
775-688-1921

NOV 07 2016

RECEIVED
RENO, NEVADA 89502

APPLICATION FOR ACTIVATION OF LICENSE TO PRACTICE CHIROPRACTIC

IN THE STATE OF NEVADA

M.O.# 24165377583-8725.00 MO# 23930923184 \$500.00

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.: B-357 Date granted: 04-06-87

Name: Jeffrey Scott Church Phone No.: 702 480-5757
Address: 9105 W. Flemings Rd Apt 2081
Las Vegas, NV 89147

State in which currently actively practicing: none
License No.: Date granted: Expiration:

Address of current practice: none

Date on which you began current active practice: none

If not currently practicing, give date on which you ceased practicing: 12-31-98

State in which you last practiced: Nevada

Other state in which you have been granted a license to practice chiropractic: California

Current status of other licenses: inactive

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: In repayment agreement with U.S. Attorney's
Office and currently in payment 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: _____

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: Chiropractic Guide to Symptoms and Disease (12 hrs)
Fundamentals of Clinical Nutrition (12 hrs) Sports Medicine (12 hrs)
Seminar Sponsor: The Wiser DC
Date(s) Attended: 10-11-16, 10-14-16, 10-16-16
Number of Hours Attended: 36

NOTE: The \$300.00 fee for restoration to active status must accompany this application. If restoring from suspended to active, the fee is \$500.00.

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.

10-28-16
Date

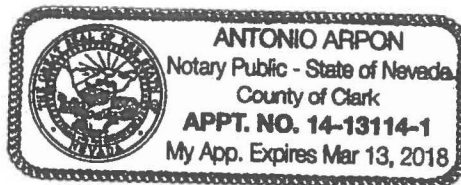
Anthony C. [Signature]
Signature of Applicant

County of Clark

State of Nevada

Subscribed and sworn to before me
this 28th day of October, 2016

Antonio Arpon
Notary Public

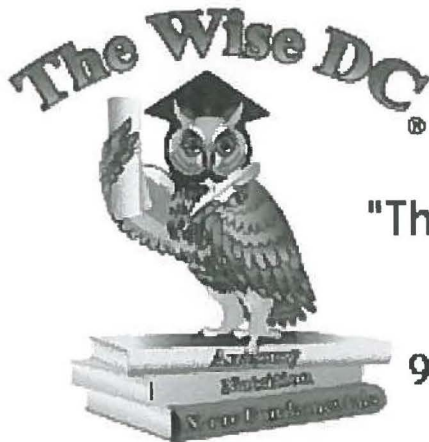


Approved: _____ Not Approved: _____

President

Secretary

Continuing Education Credits



CHIROPRACTIC PHYSICIANS'
BOARD OF NEVADA

DEC 29 2016

"The Leader in Online Chiropractic Continuing Education"

RECEIVED
RENO, NEVADA 89502

91 Fox Road - Bridgeton, NJ 08302 - (856) 455.7703
email: support@thewisedc.com

ONLINE CHIROPRACTIC COURSE

COURSE REPORT FOR:

October 25, 2016

LICENSE NO: B-357

REGISTRANT: *Jeffrey Scott Church*
9105 W Flamingo Rd Apt 2081
Las Vegas NV 89147

| Date of Completion | Seminar Title | Instructor | Grade | Hours |
|----------------------|--|-------------------|-------|-------|
| Oct 11, 2016 6:28 pm | Chiropractic Guide to Symptoms and Disease Course - # 1153 , | Louis Camilli, DC | 90% | 12 |

Official Signature:

Total Hours: 12

Dr. Louis Camilli

**Dr. Louis Camilli, DC, CEO and
Post Graduate Lecturer
The Wise DC, Inc.**

The Wise DC is recognized by the PACE program of the
Federation of Chiropractic Licensing Boards.

States approved by PACE: AK, ID, IN, IA, KS, MA, MD, ME, MN, MT, NC, ND,
NE, NJ, NM, NV, OH, OR, SC, SD, TN, UT, VA, VT, Puerto Rico and Nova Scotia.

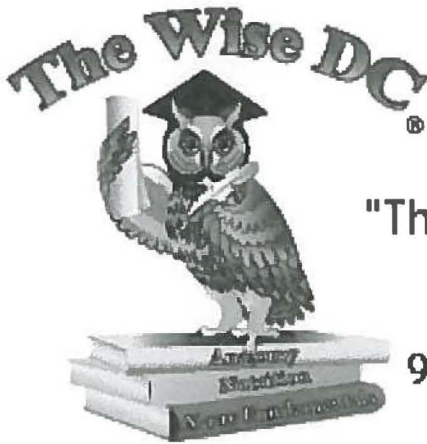
The continuing education hours identified above were earned through distance learning

Retain this certificate of completion for 5 years.



www.thewisedc.com

(856) 455-7703



CHIROPRACTIC PHYSICIANS'
BOARD OF NEVADA

DEC 29 2016

"The Leader in Online Chiropractic Continuing Education"

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RECORDS DIVISION

91 Fox Road - Bridgeton, NJ 08302 - (856) 455.7703
email: support@thewisedc.com

ONLINE CHIROPRACTIC COURSE

COURSE REPORT FOR:

October 25, 2016

LICENSE NO: B-357

REGISTRANT: *Jeffrey Scott Church*
9105 W Flamingo Rd Apt 2081
Las Vegas NV 89147

| Date of Completion | Seminar Title | Instructor | Grade | Hours |
|----------------------|---------------------------------------|-------------------|-------|-------|
| Oct 16, 2016 5:58 am | Chiropractic Sports Medicine - # , | Louis Camilli, DC | 100% | 12 |

Official Signature:

Total Hours: 12

Dr. Louis Camilli

**Dr. Louis Camilli, DC, CEO and
Post Graduate Lecturer
The Wise DC, Inc.**

The Wise DC is recognized by the PACE program of the
Federation of Chiropractic Licensing Boards.

States approved by PACE: AK, ID, IN, IA, KS, MA, MD, ME, MN, MT, NC, ND,
NE, NJ, NM, NV, OH, OR, SC, SD, TN, UT, VA, VT, Puerto Rico and Nova Scotia.

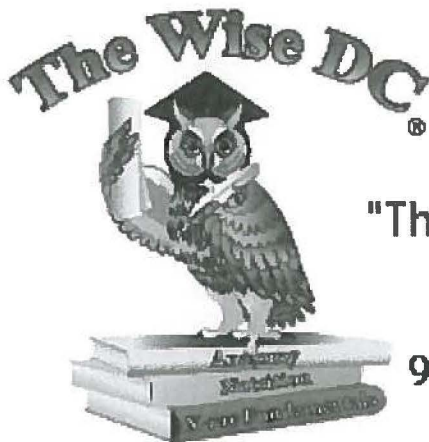
The continuing education hours identified above were earned through distance learning

Retain this certificate of completion for 5 years.



www.thewisedc.com

(856) 455-7703



CHIROPRACTIC PHYSICIANS'
BOARD OF NEVADA

DEC 29 2016

"The Leader in Online Chiropractic Continuing Education"

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RENO, NEVADA 89502

91 Fox Road - Bridgeton, NJ 08302 - (856) 455-7703
email: support@thewisedc.com

ONLINE CHIROPRACTIC COURSE

COURSE REPORT FOR:

October 25, 2016

LICENSE NO: B-357

REGISTRANT: *Jeffrey Scott Church*
9105 W Flamingo Rd Apt 2081
Las Vegas NV 89147

| Date of Completion | Seminar Title | Instructor | Grade | Hours |
|----------------------|--|-------------------|-------|-------|
| Oct 14, 2016 8:41 am | Fundamentals of Clinical Nutrition Course - # 1154 , | Louis Camilli, DC | 90% | 12 |

Official Signature:

Total Hours: 12

Dr. Louis Camilli

**Dr. Louis Camilli, DC, CEO and
Post Graduate Lecturer
The Wise DC, Inc.**

The Wise DC is recognized by the PACE program of the
Federation of Chiropractic Licensing Boards.

States approved by PACE: AK, ID, IN, IA, KS, MA, MD, ME, MN, MT, NC, ND,
NE, NJ, NM, NV, OH, OR, SC, SD, TN, UT, VA, VT, Puerto Rico and Nova Scotia.

The continuing education hours identified above were earned through distance learning

Retain this certificate of completion for 5 years.



www.thewisedc.com

(856) 455-7703

U.S. Department of Justice
Letter of Good Standing



U.S. Department of Justice

*United States Attorney's Office
District of Nevada
Civil Division*

*Daniel G. Bogden
United States Attorney*

*501 Las Vegas Boulevard South
Suite 1100
Las Vegas, Nevada 89101*

*Phone: (702) 388-6336
Fax: (702) 388-6787*

Sent Via Mail/Fax

December 12, 2016

Nevada Chiropractic Physicians' Board
4600 Kietzke Ln Suite M245
Reno, Nevada 89502-5000

CHIROPRACTIC PHYSICIANS'
BOARD OF NEVADA

DEC 14 2016

RECEIVED
RENO, NEVADA 89502

Re: United States v. Jeffrey Scott Church, DC
Court No. CV-S-94-379
CDCD# 1994A24209

Dear Sirs:

This letter is to advise you that the above-named debtor is currently in good standing with our office as to his monthly payment on his current debt balance.

Current balance due as of December 12, 2016 is \$24,896.96.

If you have any questions, please call me at (702) 388-6278.

Sincerely,
DANIEL G. BOGDEN
United States Attorney

Darlene Ruckard
Paralegal Specialist
Financial Litigation Unit

cc: Jeffrey S. Church, DC

CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA

AGENDA ACTION SHEET

TITLE: Agenda Item 5 Discussion/possible action of the Chiropractic Assistant application of Penny Ruiz – For possible action. (Note: The Board may go into closed session pursuant to NRS 241 to consider the character alleged misconduct, or professional competence of Ms. Ruiz.)

RECOMMENDED MOTION: No recommendation.

PREPARED BY: Ben Lurie, DC

MEETING DATE: January 13, 2017

TIME REQUIRED: 10 Minutes

BACKGROUND INFORMATION: Ms. Ruiz misrepresented her responses to questions #3 and #4 on the application for Chiropractic Assistant. See attached documentation.

REVIEWED BY: ___X___ President ___X___ Secretary ___X___ Executive Director

ACTION: _____ Approved _____ Approved w/Modifications _____ Denied _____ Continued

BRIAN SANDOVAL
Governor
BENJAMIN LURIE, DC
President
MAGGIE COLUCCI, DC
Vice President
JASON O. JAEGER, DC
Secretary-Treasurer

STATE OF NEVADA



XAVIER MARTINEZ, DC
Member
MORGAN ROVETTI, DC
Member
TRACY DiFILLIPPO, ESQ
Consumer Member
SHELL MERCER, ESQ
Consumer Member

JULIE STRANDBERG
Executive Director

CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA

4600 Kietzke Lane, M-245
Reno, Nevada 89502-5000
Fax (775) 688-1920

Telephone (775) 688-1921
Website: <http://chirobd.nv.gov>

Email: chirobd@chirobd.nv.gov

December 7, 2016

CERTIFIED MAIL 7012 2920 0002 4904 3670

Penny Ruiz
Centennial Wellness Center
7910 W. Tropical Pkwy., Ste. 110
Las Vegas, NV 89149

Re: Hearing on New Application for Certification

Dear Ms. Ruiz,

On June 29, 2016 we received your application for licensure with this Board. We have reviewed your application and accompanying materials and we are notifying you that your application will be reviewed by the Board at the following date, time, and place:

January 13, 2017 at 8:15 a.m.
Grant Sawyer Building
555 E. Washington, Room 1100
Las Vegas, NV 89101

The purpose of the application review by the Board will be to determine whether the Board will grant or deny your application and whether, if the application is granted, any conditions, restrictions, or limitations on the certificate are appropriate. Please be aware that in accordance with Nevada Revised Statutes (NRS) 241.033(4), the Board may go into a closed session to discuss your application.

Our review of your application indicates that there may be grounds for denial or other action related to your application pursuant to NRS 634.090(1)(a) because you may be found to lack the requisite "good moral character" pursuant to the following specific statutes or regulations:

NRS 634.018(10) ("conduct . . . detrimental to the best interests of the public:");

NRS 634.018(17) (“violating . . . any of the provisions of this chapter or any regulation adopted pursuant thereto”); and/or Nevada Administrative Code (NAC) 634.430(1)(h) (“giving false information to the Board”).

The President of the Board requests your presence at the January 13, 2017 Board meeting at 8:15 a.m. so that the Board may consider approval of your application.

Please be aware that you **must** appear in person when the Board reviews your matter. You may be represented by counsel of your choice. The Board will have a copy of this letter and the contents of your licensure application file to review. You may submit any materials, documents, or statements in support of your application to this office, but they must be received no later than **December 30, 2016** in order to be presented to the Board for its review. Please understand that you bear the burden of proving to the Board that the issuance of a license to you is in the best interest of the public health, safety, and general welfare of the people of Nevada. Also, please understand that although you will receive a full, fair, and unbiased review of this matter by the Board, this is not a contested case subject to the provisions of NRS chapter 233B.

If you have any questions, please feel free to contact me at 775-688-1923.

Sincerely,

Julie Strandberg
Executive Director

Tracking Number: 70122920000249043670

Product & Tracking Information

Postal Product:

Features:

Certified Mail™

| DATE & TIME | STATUS OF ITEM | LOCATION |
|----------------------------|---------------------------------|---------------------|
| December 9, 2016 , 1:45 pm | Delivered, Left with Individual | LAS VEGAS, NV 89149 |

Your item was delivered to an individual at the address at 1:45 pm on December 9, 2016 in LAS VEGAS, NV 89149.

| | | |
|----------------------------|--------------------------|---------------------|
| December 9, 2016 , 4:48 am | Departed USPS Facility | LAS VEGAS, NV 89199 |
| December 8, 2016 , 4:47 pm | Arrived at USPS Facility | LAS VEGAS, NV 89199 |
| December 8, 2016 , 5:50 am | Departed USPS Facility | RENO, NV 89510 |
| December 7, 2016 , 8:33 pm | Arrived at USPS Facility | RENO, NV 89510 |

7012 2920 0002 4904 3670

| | |
|--|----------------------------------|
| U.S. Postal Service™ | |
| CERTIFIED MAIL™ RECEIPT | |
| <i>(Domestic Mail Only; No Insurance Coverage Provided)</i> | |
| For delivery information visit our website at www.usps.com | |
| OFFICIAL USE | |
| Postage \$ | Postmark Here |
| Certified Fee | |
| Return Receipt Fee (Endorsement Required) | |
| Restricted Delivery Fee (Endorsement Required) | |
| To: | Penny Ruiz |
| Sent | Centennial Wellness Center |
| Street or P.O. | 7910 W. Tropical Pkwy., Ste. 110 |
| City | Las Vegas, NV 89149 |
| PS Form 3800, August 2006 | |
| See Reverse for Instructions | |

PENNY RUIZ

Chiropractic Assistant in Training

Supervising Chiropractor: Centennial Wellness Center, Danielle Buda, DC

Dates of Training: July 1, 2016 to January 1, 2017

Examination

Ms. Ruiz is scheduled to sit for the February 2017 CPBN CA and Law Examinations.

History and Timeline:

June 29, 2016: Board received Ms. Ruiz's application for Certification of Chiropractor's Assistant.

July 26, 2016: Board staff received documentation which conflicted with Ms. Ruiz's responses to Question numbers 3 and 4 on the application.

July 29, 2016: Board staff sent Ms. Ruiz a certified letter requesting explanation of the discrepancies within her application versus the documentation received by the Board, as well as requested copies of all supporting documentation.

August 3, 2016: Board Staff received confirmation of delivery of certified letter.

August 9 and October 1, 2016: Board Staff received supporting documentation from Ms. Ruiz.

Reason for Board Appearance

1. Ms. Ruiz answered negatively to question numbers 3 and 4 on her application for Certification of Chiropractor's Assistant:

#3 – "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."

#4 – "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 must report this information, including juvenile records."

Arrest History

| <u>Arrest Date</u> | <u>Charge</u> | <u>Final Disposition of Case</u> |
|--------------------|--|----------------------------------|
| November 2013 | Tamper with Govern Record Defraud/Harm | Dismissed |
| September 2000 | Purchase/Furnish Alcohol to a Minor | Dismissed |
| December 1993 | Theft \$20-200 | Dismissed |

- Please see Ms. Ruiz's explanations regarding her misrepresentation on her application, as well as her arrest history.

Chiropractic Physicians' Board of Nevada
January 13, 2017

Application



00 KIETZKE LANE, SUITE M-245
RENO, NEVADA 89502 (775) 688-1921

DO NOT FAX APPLICATIONS

IN FOR CERTIFICATION OF CHIROPRACTOR'S ASSISTANT

CHK# 100130 \$13825
FP ont 7/1/16

COMPANY THIS

2. 2009. Enclose Money Order or Pay by Phone with Credit Card

2 One (1) completed fingerprint card

3 Signed and dated civil applicant waiver form

4 A recent passport-type photograph

PLEASE NOTE:

Failure to answer ALL questions completely and truthfully will result in denial of this application.
FEES ARE NOT REFUNDABLE.

TYPE OR PRINT ONLY:

| | | | |
|---|---------------|--|--|
| NAME <u>Penny Ruiz</u> | | EMAIL: <u>pennyramirez1218@gmail.com</u> | SEX: <u>M</u> <input checked="" type="checkbox"/> <u>F</u> |
| CURRENT RESIDENCE ADDRESS <u>9303 Gilcrease Ave Unit 1188</u> | | | |
| CITY/STATE/ZIP <u>Las Vegas NV 89149</u> | | TELEPHONE <u>702 715 8914</u> | |
| SOCIAL SECURITY NUMBER | DATE OF BIRTH | *US CITIZEN? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> If no, please enclose a copy of documentation (green card, naturalization papers, etc.) that verify your eligibility to work in the US | BIRTH PLACE <u>Texas</u> |

TWO PERSONAL REFERENCES OF AT LEAST FIVE (5) YEARS ACQUAINTANCE:

| | | | |
|---|--|-------------------------------|--|
| NAME <u>Jimmie Ruiz</u> | | | |
| ADDRESS <u>9303 Gilcrease Ave</u> | | | |
| CITY/STATE/ZIP <u>Las Vegas NV 89149</u> | | TELEPHONE <u>702-715-0123</u> | |
| NAME <u>Amanda Sanchez</u> | | | |
| ADDRESS <u>3105 Travis St</u> | | | |
| CITY/STATE/ZIP <u>San Angelo Tx 76903</u> | | TELEPHONE <u>325-300-3125</u> | |

CURRENT EMPLOYER:

| | |
|---|--|
| EMPLOYER'S NAME <u>Centennial Wellness Center Dr. Danielle Buda</u> | |
| EMPLOYER'S ADDRESS <u>7910 W. Tropical Pkwy, Ste 110</u> | |
| CITY/STATE/ZIP <u>Las Vegas NV 89149</u> | EMPLOYER'S PHONE & FAX <u>Ph. 702 458-2225</u> <u>FAX 702-396-4536</u> |

1. List all states where you have ever applied for certification as a Chiropractor's Assistant, the result of each application, and the current status of each application:

N/A

CHIROPRACTIC PHYSICIANS'
BOARD OF NEVADA

JUN 29 2016

2. If you have ever been certified as a Chiropractor's Assistant in any other state, are you now or have you ever been the subject of a proceeding to discharge, dismiss or discipline you or any other proceeding of a like nature?

YES ☒ NO

If yes, name the state and give disposition of charges:

3. 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, name the state and give disposition:

4. 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 must report this information, including juvenile records.

____ YES ☒ NO

If yes, name the state and give disposition:

5. Have you ever defaulted on a HEAL (Health Education Assistance Loan)?

____ YES ☒ NO

If yes, give details and current status:

CHIROPRACTIC PHYSICIANS'
BOARD OF NEVADA

JUL 28 2016

6. 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 current status:

RECEIVED
CHIRO, NEVADA 89502

7. Have you ever served in the military? Yes _____ No ☒ Dates of Service: From _____ To _____

Branch(es) of Service _____

8. Please mark the appropriate response regarding child support - **even if you have no children** (FAILURE TO MARK ONE OF THE BOXES BELOW 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 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.

9. 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 that 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. |
|--------------|---------|--|
| PR | 7/20/10 | |

CERTIFICATION OF CHIROPRACTOR'S ASSISTANT TRAINING

| | |
|--------------------------------|----------------|
| EMPLOYER/SUPERVISING DC: | DATE OF HIRE |
| Dr. Danielle Buda | 4-6-15 |
| ADDRESS | |
| 7910 W. Tropical Pkwy, Ste 110 | |
| CITY/STATE/ZIP | TELEPHONE |
| Las Vegas NV 89149 | (702) 458-2225 |

INDICATE PREVIOUS TRAINING OR CERTIFICATION:1. ☐ FORMAL PROGRAM (TRANSCRIPT MUST BE SENT FROM SCHOOL)

SCHOOL ATTENDED:

DATES ATTENDED: FROM

THROUGH

TOTAL NUMBER OF CLASSROOM HOURS ATTENDED:

IF YOU HAVE ALREADY RECEIVED FORMAL TRAINING AS A CHIROPRACTOR'S ASSISTANT AND COMPLETED NO. 1, SKIP NOS. 2 AND 3 AND SIGN AT THE BOTTOM OF THIS PAGE IN THE PRESENCE OF A NOTARY.**NOTE: TO APPLICANTS WHO ARE APPLYING FOR CERTIFICATION UNDER THE PROVISION FOR ON-THE-JOB TRAINING - APPLICATIONS MUST BE SUBMITTED WITHIN 15 DAYS OF BEGINNING OF TRAINING.**2. ☒ ON-THE-JOB TRAINING IN CHIROPRACTIC FACILITY3. ☐ ON-THE-JOB TRAINING IN A HEALTH CARE FACILITY OTHER THAN CHIROPRACTIC**IF 2 OR 3 ABOVE APPLY, PLEASE COMPLETE THE FOLLOWING:**

NAME OF PERSON RESPONSIBLE FOR YOUR TRAINING

Dr. Danielle Buda

Centennial Wellness Center

ADDRESS

7910 W. Tropical Pkwy, Ste 110

CITY/STATE/ZIP

Las Vegas NV 89149

TELEPHONE

702-458-2225

DATES OF TRAINING:

BEGINNING:

7/1/16

ENDING:

1/1/17

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 chiropractic profession; that he/she will notify the CPBN of any and all changes to the information in this application, including changes of address and that he/she has otherwise met all statutory requirements and will abide by the provisions of NRS and NAC 634 including that he/she will not perform chiropractic adjustments or any other act prohibited by NAC 634.460 and that he/she has read and understands this affidavit.

5-13-16

DATE

Penny Ruiz

APPLICANT'S SIGNATURE

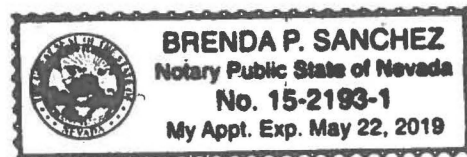
SUBSCRIBED TO AND SWORN BEFORE ME

THIS 13th DAY OF May, 2016

COUNTY OF Clark, STATE OF Nevada



NOTARY PUBLIC



Ms. Ruiz's explanations
regarding the misrepresentation
on her application, as well as
arrest history

Chiropractic Physicians' Board of Nevada
4600 Kietzke Lane, M-245
Reno, Nevada 89502-5000

CHIROPRACTIC PHYSICIANS'
BOARD OF NEVADA

AUG 09 2016

RECEIVED
RENO, NEVADA 89502

Re: Penny Ruiz

To Whom It May Concern;

This letter is to clarify the information on my application to become a Chiropractor's Assistant in the State of Nevada.

(1) Cause No. 11-02-07238-CV

Not an arrest

I was a passenger involved in a motor vehicle accident.

(2) Case No. 2810

In 2011, I was on government assistance. I mistakenly neglected to report a raise that I received from my employer and as a result went under investigation. I was charged with a misdemeanor and paid my dues and have now been cleared.

(3) Cause No. 07-07-05557

In 1993, I was struggling financially to provide for my daughter and I. It was time when I was stressed and I neglected to track my finances. I went to purchase groceries and apparently did not have enough funds to cover

(4) Cause No. 4287

In 2000, I was 21 and charged with giving an alcoholic beverage to my friend who was a minor (20 yrs. Old).

25 yrs old.

I have enclosed the official records from Crockett County, where all incidents had occurred. I apologize for neglecting to include the information mentioned above. It was many years ago and all incidents have been dismissed and/ or sealed. Because I have not ever been charged in Las Vegas, I assumed that I had answered the questions correctly. I would greatly appreciate to be considered to become a Chiropractic Assistant in order to further my career.

Should you have any additional questions, I can be reached at (702)715-8914.

Sincerely,

Penny Ruiz (a.k.a Penny L. Ramirez)

CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA

AGENDA ACTION SHEET

TITLE: Agenda Item 6 Discussion/possible action of the Settlement Agreement in the Matter of Mark Rubin, DC– For possible action. (Note: The Board may go into closed session pursuant to NRS 241 to consider the character alleged misconduct, or professional competence of Dr. Rubin.)

RECOMMENDED MOTION: No recommendation.

PREPARED BY: Ben Lurie, DC

MEETING DATE: January 13, 2017

TIME REQUIRED: 5 Minutes

BACKGROUND INFORMATION: At the Boards' September 10, 2016 meeting Dr. Rubin appeared before the Board and entered into a Settlement Agreement. Dr. Rubin has requested to come back before the Board to discuss the proceedings stated in the Settlement Agreement.

REVIEWED BY: ___X___ President ___X___ Secretary ___X___ Executive Director

ACTION: _____ Approved _____ Approved w/Modifications _____ Denied _____ Continued

Julie Strandberg

From: Dr Mark Rubin <drrubindc@gmail.com>
Sent: Monday, December 19, 2016 9:29 AM
To: Julie Strandberg
Subject: Board appearance

Dear Julie,

I would like to appear before the board to discuss modifications to the agreement on January 13th Thank you.
Dr Mark Rubin

Warm Regards, Dr Mark Rubin

BEFORE THE CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA

CHIROPRACTIC PHYSICIANS'
BOARD OF NEVADA

SEP 12 2016

IN THE MATTER OF:

MARK RUBIN D.C.
License No. B648,

Respondent.

Case Nos. 15-06S

SETTLEMENT AGREEMENT AND
ORDER

RECEIVED
RENO, NEVADA 89502

The Chiropractic Physicians' Board of Nevada (the Board), by and through its investigating board member Tracy DiFillipo, J.D., hereby enters into this Settlement Agreement with Mark Rubin, D.C. (License No. B648). Pursuant to chapter 233B and chapter 634 of the Nevada Revised Statutes (NRS) and Nevada Administrative Code (NAC), it is hereby stipulated and agreed, by and between the parties in the above-entitled matter, that this matter shall be settled and resolved upon the following terms:

BACKGROUND

1. On July 26, 2016, Board Counsel Louis Ling filed a Notice of Charges in this matter. In the Notice of Charges, certain facts were alleged and four causes of action were stated against Dr. Rubin.

2. While there remain substantial and good faith disputes regarding the facts of the matter, the parties desire and believe that it is in both their best interests to resolve this matter without a full hearing on the merits.

APPLICABLE LAW AND UNDERSTANDINGS

3. For the purposes of resolving this matter, Dr. Rubin admits to the First (Failure to Make, Maintain, and Provide Medical Records) and Second (Failure to Notify Patients of Lack of Malpractice Insurance) Causes of action, and does not contest the Fourth (Making False Statement to Investigation) Cause of Action contained in the Notice of Charges, and Dr. Rubin understands and acknowledges that the conduct set out therein constitute violations of the Nevada Chiropractic Practice Act (NRS & NAC 634) as alleged therein and that he agrees that he is subject to disciplinary action by the Board as a result of that conduct.

4. Regarding the Third Cause of Action, Dr. Rubin will not contest that the his conduct may have constituted a violation of NRS 634.018(10) as conduct unbecoming a chiropractic physician in that he did not notify SSD of his earnings as a chiropractic physician for the time period at issue in this matter.

1 (March 2014 through March 2016). The parties agree that the other NRS and NAC provisions
2 contained in the Third Cause of Action are dismissed.

3 5. Dr. Rubin and Tracy DiFillipo, the Investigating Board Member in this matter, agree that it is
4 in the best interests of Dr. Rubin and the Board to resolve this matter without a full hearing on the
5 merits.

6 6. Dr. Rubin is aware of, understands, and has been advised of the effect of this Settlement
7 Agreement, which he has carefully read and fully acknowledged. Dr. Rubin acknowledges that he
8 reviewed this Settlement Agreement with and consulted with his legal counsel, Mr. Roger Croteau, before
9 entering into this Settlement Agreement.

10 7. Dr. Rubin has freely and voluntarily entered into the Settlement Agreement, and he is aware
11 of his rights to contest the charges pending against him. These rights include representation by an
12 attorney at his own expense, the right to a public hearing on any charges or allegations formally filed, the
13 right to confront and cross-examine witnesses called to testify against him, the right to present evidence
14 on his own behalf, the right to testify on his own behalf, the right to obtain any other type of formal
15 judicial review of this matter, and any other rights which may be accorded to him pursuant the provisions
16 of Chapters 233B, 622, 622A, and 634 of the NRS and the NAC. Dr. Rubin is voluntarily waiving all
17 these rights in exchange for the Board's acceptance of this Settlement Agreement.

18 8. Should the Settlement Agreement be rejected by the Board, it is agreed that presentation to
19 and consideration by the Board of such proposed Settlement Agreement or other documents or matters
20 pertaining to the consideration of this Settlement Agreement shall not unfairly or illegally prejudice the
21 Board or any of its members from further participation, consideration, adjudication, or resolution of
22 these proceedings and that no Board member shall be disqualified or challenged for bias.

23 9. Dr. Rubin acknowledges that the Settlement Agreement shall only become effective after both
24 the Board and he have duly executed it.

25 ///

26 ///

27 ///

1 AGREED DISCIPLINARY ACTION

2 THE PARTIES DO HEREBY AGREE as a result of the acknowledgements contained in
3 paragraphs 1 through 9 above that the following discipline is fair and appropriate and should be imposed
4 by the Board by way of resolution of this matter:

5 1. Dr. Rubin's license shall be on probation for a period of three years from the effective date of
6 this Settlement Agreement and Order. The terms and conditions of the probation shall be as follows:

7 (a) Reformation of Practice. Dr. Rubin agrees that he will assure that his chiropractic
8 practice conforms to the following terms, conditions, and practices:

9 (1) Medical Records. For every patient Dr. Rubin treats after the effective date of
10 this Settlement Agreement and Order, regardless of the setting within which the treatment is
11 provided, Dr. Rubin shall make and maintain health care records in compliance with NAC
12 634.435. The records shall be readily identifiable as being made in SOAP format (Subjective,
13 Objective, Assessment, Plan). Within ten days of the effective date of this Settlement Agreement
14 and Order, Dr. Rubin shall submit to the IBM a copy of his proposed form that he will use for his
15 health care records. The IBM shall review the form and shall either approve it or provide Dr.
16 Rubin with direction as to what the proposed form lacks. Once the form is approved by the IBM,
17 Dr. Rubin will use it in the treatment of all of his patients thereafter.

18 (2) Recordkeeping. Dr. Rubin shall establish a publicly accessible facility at which
19 he will store the medical records, billing records, and other records incident to his chiropractic
20 practice. Within ten days of the effective date of this Settlement Agreement and Order, Dr.
21 Rubin shall inform the IBM of the location at which he will keep his practice's records.

22 (3) Notification Regarding Malpractice Insurance. Within ten days of the effective
23 date of this Settlement Agreement and Order, Dr. Rubin shall inform the IBM in writing whether
24 he has obtained malpractice insurance or whether he intends to operate his practice without
25 malpractice insurance. If Dr. Rubin opts to operate his practice without malpractice insurance,
26 he shall prepare a notice form in compliance with NAC 634.445 that he will assure is presented
27 to and signed by each of his patients. Dr. Rubin shall keep a copy of the fully-executed notice
28 form for each patient in each patient's health care records.

1 (4) Practice Monitoring. Within 30 days of the effective date of this Settlement
2 Agreement and Order, Dr. Rubin and the IBM shall consult and determine a chiropractic
3 physician who shall serve as a practice monitor throughout the remainder of the period of
4 probation. The practice monitor shall be provided with a copy of this Settlement Agreement and
5 Order and shall be expected to visit Dr. Rubin's practice and recordkeeping facility at such times
6 and with such frequency to view and review his practice, including reviewing health care records
7 and other records made and maintained by the practice, to assure that the practice complies with
8 paragraph 1(a) of the "Agreed Disciplinary Action" section herein. Throughout the period of
9 probation, Dr. Rubin shall assure that the practice monitor has access to whatever the practice
10 monitor reasonably requests to assure that Dr. Rubin and his practice are in compliance with this
11 paragraph 1(a). If the practice monitor identifies something that is not in compliance this
12 paragraph 1(a), the practice monitor shall communicate his or her concerns with Dr. Rubin and
13 they shall address the non-compliance to get it back into compliance. The practice monitor shall
14 provide to the Board's office with quarterly reports regarding Dr. Rubin's compliance with the
15 terms of paragraph 1(a), which report shall document those things that are in compliance and
16 those things, if any, which Dr. Rubin were required to bring into compliance pursuant to this
17 subparagraph.

18 (5) Costs. Dr. Rubin shall be responsible to pay any and all costs associated with
19 compliance with paragraph 1(a). Any failure to pay such costs as they become due shall be
20 deemed a breach of this Settlement Agreement and Order.

21 (b) Notification to and Cooperation with Social Security Administration. Within ten days
22 of the effective date of this Settlement Agreement and Order, Dr. Rubin shall provide written
23 evidence to the IBM that he has contacted the appropriate authority at the Social Security
24 Administration regarding his Supplemental Security Disability (SSD) disability claim and
25 payments and that he has notified this person that he has been earning income as a chiropractor
26 for at least the period of March 2014 through the present. Dr. Rubin shall provide copies of all
27 his correspondence to and from the appropriate SSI authorities or personnel to the IBM. Within
28

1 ten days of the effective date of this Settlement Agreement and Order, Dr. Rubin shall execute
2 the forms and shall file them with the appropriate authorities or departments to allow the IBM to
3 request records from the Social Security Administration, such authorities, departments, or
4 personnel thereof regarding Dr. Rubin's SSD claim and payments so that the IBM can verify that
5 Dr. Rubin has reported his earnings and is cooperating with the Social Security Administration
6 regarding his SSD claim and any effect thereon that his earnings disclosure might have. If Dr.
7 Rubin continues or intends to continue to receive SSD payments, Dr. Rubin will learn from SSD
8 what is required of him to serve patients as a chiropractor and what he must do to comply with
9 whatever requirements the Social Security Administration might have regarding his SSD claim
10 and payments and his employment or practice as a chiropractor. The IBM shall monitor Dr.
11 Rubin's correspondence and actions under this subparagraph to assure Dr. Rubin's compliance
12 with the Social Security Administration's rules and requirements for his continued receipt of SSD
13 payments, and Dr. Rubin shall cooperate with all reasonable requests by the IBM hereunder. Dr.
14 Rubin shall be responsible to pay any and all costs associated with compliance with paragraph
15 1(b). Any failure to pay such costs as they become due shall be deemed a breach of this
16 Settlement Agreement and Order.

17 2. Dr. Rubin shall pay the fees and costs incurred by the Board in the investigation and
18 prosecution of this matter totaling \$2,500.00. The fees and costs shall be payable by cashier's or certified
19 check or money order made payable to: "Chiropractic Physicians' Board of Nevada." Dr. Rubin shall
20 contact the Executive Director within ten days of the effective date of this Settlement Agreement and
21 Order to make payment arrangements such that the fees and costs are fully paid on or before the
22 expiration of the probationary period in Paragraph #1. The probationary period shall not terminate
23 unless and until all fees and costs have been received by the Board.

24 3. For the Fourth Cause of Action, Dr. Rubin shall pay a fine of \$1,500.00. The fees and costs
25 shall be payable by cashier's or certified check or money order made payable to: "Chiropractic Physicians'
26 Board of Nevada." Dr. Rubin shall contact the Executive Director within ten days of the effective date of
27 this Settlement Agreement and Order to make payment arrangements such that the fine is fully paid on
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1 or before the expiration of the probationary period in Paragraph #1. The probationary period shall not
2 terminate unless and until all fees and costs have been received by the Board.

3 4. The Board shall not initiate the filing of any information or complaint with any law
4 enforcement agencies regarding Dr. Rubin's actions and conduct in this matter. If any complaint or
5 action is initiated by a law enforcement agency resultant from a complaint filed by someone other than
6 the Board, the Board may cooperate with the law enforcement agency as requested by the law
7 enforcement agency, including the providing of facts and information gathered in the course of the
8 investigation and prosecution of this matter. The Board may not provide any documents to a law
9 enforcement agency except upon receipt of a subpoena from the law enforcement agency.

10 5. Dr. Rubin shall take and pass the "Fraud," "Doctor's Duties and Office Protocol," and
11 "Unprofessional Conduct" portions of the Ethics & Boundaries Examination administered by the Ethics
12 and Boundaries Assessment Services, LLC (EBAS) within six months of the effective date of this
13 Settlement Agreement and Order. Dr. Rubin shall pay the costs associated taking and passing the
14 selected portions of the EBAS Ethics & Boundaries Examination. Dr. Rubin shall provide written
15 documentation of the successful completion of the selected portions of the Ethics & Boundaries
16 Examination to the Board's office within six months of the effective date of this Settlement Agreement
17 and Order.

18 6. Dr. Rubin shall take and pass the Board's jurisprudence examination within ninety days of the
19 effective date of this Settlement Agreement and Order.

20 7. Dr. Rubin shall obey all laws related to the practice of chiropractic medicine, whether state or
21 federal and whether statutory or by regulation.

22 8. Dr. Rubin shall meet with the Board or its representatives upon request and shall cooperate
23 with such representatives in their supervision, monitoring, investigation, or auditing to assure compliance
24 with the terms and conditions of this Settlement Agreement and Order. Dr. Rubin shall pay any and all
25 reasonable and necessary costs incurred by the Board resultant from this paragraph.

26 9. In the event Dr. Rubin fails to materially comply with any term of this Settlement Agreement,
27 the Board's Executive Director shall notify Dr. Rubin in writing of the non-compliance and shall give Dr.
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1 Rubin a time reasonable under the circumstances within which to cure the non-compliance. Should Dr.
2 Rubin fail to cure the non-compliance within the time allowed by the Executive Director, Dr. Rubin
3 agrees his chiropractor's license in the State of Nevada shall be automatically suspended without any
4 action of the Board other than the issuance of an Order of Suspension by the Executive Director. Upon
5 complying with the term, Dr. Rubin's chiropractor's license in the State of Nevada will be automatically
6 reinstated, assuming all other provisions of the Settlement Agreement are in compliance. Additionally,
7 Dr. Rubin's failure to comply with any term or condition of this Settlement Agreement may result in
8 further discipline by the Board, up to and potentially including revocation of his license. Board Staff may
9 take any and all actions it deems necessary to collect any sums ordered that remain unpaid. If Board Staff
10 is required to pursue judicial action to effect such collections, it shall be entitled to recover its attorney's
11 fees and costs incurred in pursuing such judicial action.

12 Signed this 10 day of September, 2016.

13 Respondent Mark Rubin

14 
15 By _____
16 Mark Rubin, D.C., Respondent

Chiropractic Physicians' Board of Nevada

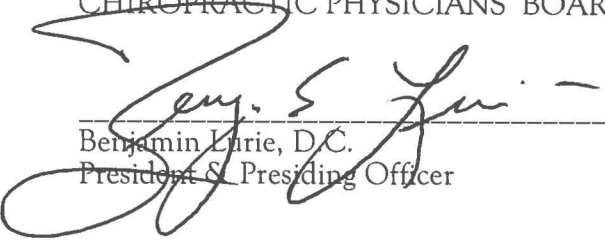
17 
18 By _____
19 Tracy DiFillipo, J.D.
20 Investigating Board Member
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1 ORDER

2 WHEREAS, on September 10, 2016, the Chiropractic Physicians' Board of Nevada
3 approved and adopted the terms and conditions set forth in the Agreed Settlement and Order with Mark
4 Rubin, D.C. IT IS SO ORDERED.

5 SIGNED AND EFFECTIVE this 10 day of September, 2016.

7 CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA

8 
9 Benjamin Lurie, D.C.
10 President & Presiding Officer
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CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA

AGENDA ACTION SHEET

TITLE: **Agenda Item 7** Discussion/possible action regarding the Application for Doctor of Chiropractic of Bret Brown, DC – For possible action. (Note: The Board may go into closed session pursuant to NRS 241 to consider the character alleged misconduct, or professional competence of Dr. Brown.)

RECOMMENDED MOTION: **No recommendation.**

PREPARED BY: **Ben Lurie, DC**

MEETING DATE: **January 13, 2017**

TIME REQUIRED: **30 Minutes**

BACKGROUND INFORMATION: Dr. Brown appeared before the Board at its September 10, 2016 meeting and his application for DC licensure was denied. Dr. Brown re-applied to the Board for consideration of his Nevada DC license. Supporting documentation is attached.

REVIEWED BY: X President X Secretary X Executive Director

ACTION: Approved Approved w/Modifications Denied Continued

BRIAN SANDOVAL
Governor
BENJAMIN LURIE, DC
President
MAGGIE COLUCCI, DC
Vice President
JASON O. JAEGER, DC
Secretary-Treasurer

STATE OF NEVADA



XAVIER MARTINEZ, DC
Member
MORGAN ROVETTI, DC
Member
TRACY DiFILLIPPO, ESQ
Consumer Member
SHELL MERCER, ESQ
Consumer Member
JULIE STRANDBERG
Executive Director

CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA

4600 Kietzke Lane, M-245
Reno, Nevada 89502-5000
Fax (775) 688-1920

Telephone (775) 688-1921
Website: <http://chirobd.nv.gov>

Email: chirobd@chirobd.nv.gov

December 7, 2016

CERTIFIED MAIL 7012 2920 0002 4904 3687

Bret Brown, DC
1290 W. Horizon Ridge Pkwy., Ste. 2413
Henderson, NV 89012

Re: Hearing on New Application for Licensure

Dear Dr. Brown,

On September 30, 2016 we received your new application for licensure with this Board. We have reviewed your application and accompanying materials and we are notifying you that your application will be reviewed by the Board at the following date, time, and place:

January 13, 2017 at 8:45 a.m.
Grant Sawyer Building
555 E. Washington, Room 1100
Las Vegas, NV 89101

The purpose of the application review by the Board will be to determine whether the Board will grant or deny your application and whether, if the application is granted, any conditions, restrictions, or limitations on the license are appropriate. Please be aware that in accordance with Nevada Revised Statutes (NRS) 241.033(4), the Board may go into a closed session to discuss your application.

Our review of your application indicates that there may be grounds for denial or other action related to your application pursuant to NRS 634.090(1)(a) because you may be found to lack the requisite "good moral character" pursuant to the following specific statutes or regulations:

NRS 634.018(10) ("conduct . . . detrimental to the best interests of the public:");
NRS 634.018(17) ("violating . . . any of the provisions of this chapter or any regulation adopted pursuant thereto"); and/or

Nevada Administrative Code (NAC) 634.430(1)(h) (“giving false information to the Board”).

The President of the Board requests your presence at the January 13, 2017 Board meeting at 8:45 a.m. so that the Board may consider approval of your application.

Please be aware that you **must** appear in person when the Board reviews your matter. You may be represented by counsel of your choice. The Board will have a copy of this letter and the contents of your licensure application file to review. You may submit any materials, documents, or statements in support of your application to this office, but they must be received no later than **December 30, 2016** in order to be presented to the Board for its review. Please understand that you bear the burden of proving to the Board that the issuance of a license to you is in the best interest of the public health, safety, and general welfare of the people of Nevada. Also, please understand that although you will receive a full, fair, and unbiased review of this matter by the Board, this is not a contested case subject to the provisions of NRS chapter 233B.

If you have any questions, please feel free to contact me at 775-688-1923.

Sincerely,

Julie Strandberg
Executive Director

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| Restricted Delivery Fee (Endorsement Required) | |

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Bret Brown, DC
 1290 W. Horizon Ridge Pkwy., Ste. 2413
 Henderson, NV 89012

PS Form 3800, August 2006

See Reverse for Instructions

7012 2920 0002 4904 3687

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Bret Brown, DC
 1290 W. Horizon Ridge Pkwy., Ste. 2413
 Henderson, NV 89012



9590 9402 1205 5246 2792 49

2. Article Number (Transfer from service label)

7012 2920 0002 4904 3687

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☒ Addressee

B. Received by (Printed Name)

C. Date of Delivery

12/15/16

D. Is delivery address different from item 1? ☐ Yes
 If yes, enter delivery address below: ☐ No

CHIROPRACTIC PHYSICIANS'
 BOARD OF NEVADA

DEC 19 2016

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| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
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| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail | |

Restricted Delivery

RECEIVED
 RENO, NEVADA 89501

From: Michelle Flynn [mailto:michelle.flynn1@wyo.gov]
Sent: Thursday, January 05, 2017 1:09 PM
To: Julie Strandberg <chirobd@chirobd.nv.gov>
Subject: Re: FW: Out of Office Re: Dr. Bret Brown

Hi Julie,

I can confirm that there is an open complaint against Dr. Brown at this time.

I hope this helps!

On Thu, Jan 5, 2017 at 2:07 PM, Julie Strandberg <chirobd@chirobd.nv.gov> wrote:

Hi Michelle,

Dr. Brown re-applied for his DC license in Nevada and is set to appear at the Boards' meeting on Friday, January, 13, 2017 in Las Vegas. Are you able to confirm whether the Wyoming Board of Chiropractic Examiners is investigating Dr. Bret Brown?

Thank you for your assistance.

Happy New Year!

Julie Strandberg

Executive Director

Chiropractic Physicians Board of Nevada

[775-688-1923](tel:775-688-1923)

Fax [775-688-1920](tel:775-688-1920)

BRET COVEY BROWN, DC

Doctor of Chiropractic Degree

December 1999

Logan College of Chiropractic

Examination

Dr. Brown passed the National Board of Chiropractic Examiners Examination Parts I-IV and Physiotherapy in 1999.

History:

Dr. Brown appeared before the Full Board on September 10, 2016 to request consideration of acceptance of his application for Doctor of Chiropractic licensure. The Board denied his request.

- Please see a copy of his September Board appearance cover letter.

Reasons for Board Appearance:

1. Dr. Brown answered affirmatively to question numbers 14 and 15 on the application for licensure:

#14 – “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.”

#15 – “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 must report this information, including juvenile records.”

Arrest History

April 2006: DUI

- Please see Dr. Brown’s explanation regarding arrest.

April 2011: Drugs-Unlawful Possession of Controlled Substance/DUI and Controlled Substance/Interference with a Peace Officer-Bodily Injury

- Please see Dr. Brown’s explanation regarding arrest.

April 2015: Vehicle Theft

- Please see Dr. Brown’s explanation regarding arrest.

2. Dr. Brown answered affirmatively to question number 19 on the application for licensure:

#19 – “Have you ever been drug or alcohol dependent and/or enrolled in a drug or alcohol rehabilitation program?”

- Please see Dr. Brown’s explanation regarding his affirmative response.

Not currently a reason for Board appearance. For informational purposes only:

Dr. Brown has indicated that he is subject to a court order for the support of one or more children and is in compliance with the Order or is 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.

- Please see Parental Obligation System for Support Enforcement Child Support Arrears Summary, issued in December 2016.

State Licensure

Dr. Brown holds Active licensure in Wyoming with no derogatory information indicated.

Dr. Brown holds Expired licensure in Arizona and Colorado with no derogatory information indicated.

- Please see copies of Dr. Brown's Wyoming Board of Chiropractic Examiners initial Application for Licensure and his Chiropractor Renewal Applications from 2006 through 2017.

National Practitioner Data Bank

One State Licensure Action:

Entity Name: Chiropractic Physicians' Board of Nevada
Adverse Action: Denial of Initial License
Length of Action: Indefinite

Federation of Chiropractic Licensing Boards

One Board Action:

Entity Name: Nevada
Action: Denial for Licensure
Length of Action: Indefinite

Letters of Support and/or Recommendation

- Jenifer Brown, from October 2016
- Stuart H. Greene, DC, from September 2016
- Mark Mitchell, from September 2016

***Chiropractic Physicians' Board of Nevada
January 13, 2017***

September 2016
Full Board
Cover Letter

BRET COVEY BROWN, DC

Doctor of Chiropractic Degree

December 1999

Logan College of Chiropractic

Examination

Dr. Brown passed the National Board of Chiropractic Examiners Examination Parts I-IV and Physiotherapy in 1999.

History and Timeline:

April 4, 2016: Dr. Brown initially submitted his application for License as a Doctor of Chiropractic.

April 8, 2016: Board staff returned the application for corrections to be made, as well as to provide a list of outstanding items for completion of the file.

April 22, 2016: Board staff received documentation which conflicted with Dr. Brown's responses to Question numbers 13 and 14 on the application.

April 26, 2016: Board staff sent Dr. Brown a certified letter requesting explanation of the discrepancies within his application versus the documentation received by the Board, as well as requested copies of all supporting documentation. Board staff provided Dr. Brown copies of the documentation received by the Board for his reference.

May 24, 2016: Board Staff received confirmation of delivery of certified letter.

May 20, 2016: Board Staff received copies of a Motion for Bench Warrant, Order for Bench Warrant and a Child Support Arrears Summary, which provided an additional discrepancy in Dr. Brown's response to the Child Support section of his application.

May 24, 2016: Board Staff received a phone call from Dr. Brown stating that he had received the letter and would work on providing the requested supporting documentation. Staff informed him of the child support information that the Board had received and discussed with him the additional discrepancy between the documents and his application. He was also informed of what supporting documentation the Board would require in that respect. Dr. Brown asked what else was needed to complete his file. Staff stated that a list of outstanding items was mailed to him in April and he stated that he never received the package and that he would "re-complete" a new application.

May 31, 2016: Dr. Brown re-submitted a new application, which provided accurate responses to question numbers 13, 14 and the child support section.

- Please see April 4, 2016 Application for License as a Doctor of Chiropractic.
- Please see certified letter sent from Board to Dr. Brown, dated April 26, 2016 and confirmation of receipt dated May 24, 2016.
- Please see May 31, 2016 Application for License as a Doctor of Chiropractic.

Reasons for Board Appearance

1. Dr. Brown misrepresented his responses to question numbers 13 and 14 on his initially submitted application for Doctor of Chiropractic:

#13 – “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.”

#14 – “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 must report this information, including juvenile records.”

Arrest History

April 2006: DUI

- Please see Dr. Brown’s explanation regarding arrest.

April 2011: Drugs-Unlawful Possession of Controlled Substance/DUI and Controlled Substance/Interference with a Peace Officer-Bodily Injury

- Please see Dr. Brown’s explanation regarding arrest.

April 2015: Vehicle Theft

- Please see Dr. Brown’s explanation regarding arrest.

2. Dr. Brown misrepresented his response to the Child Support Section of his initially submitted application for Doctor of Chiropractic.

- Please see Parental Obligation System for Support Enforcement Child Support Arrears Summary.
- Please see State of Wyoming, County of Laramie, District Court First Judicial District, Motion for Bench Warrant and Order for Bench Warrant.
- Please see Dr. Brown’s statement regarding child support and his employer’s willingness to comply with the income withholding for support order.
- Please see Income Withholding for Support document.
- Please see Parental Obligation System for Support Enforcement Payment Record for Specified Obligation.
- Please see letter dated June 28, 2016, from Terry Zuiker, Case Manager with Wyoming Department of Family Services, Child Support Services of Wyoming, reflecting that Dr. Brown is in compliance with his child support obligation at this time.

****Please note that the Board spoke with Terry Zuiker, Case Manager with Wyoming Department of Family Services, who informed the Board that their attorney has submitted documentation to the Court requesting that Dr. Brown be exonerated from the Bench Warrant, since he is currently in compliance with the Order.***

State Licensure

Dr. Brown holds Active licensure in Wyoming with no derogatory information indicated.

Bret C. Brown, DC
Page 3

Dr. Brown holds Expired licensure in Arizona and Colorado with no derogatory information indicated.

The Federation of Chiropractic Licensing Boards and the National Practitioner Data Bank do not reflect any derogatory information.

Chiropractic Physicians' Board of Nevada
September 10, 2016

Application



CC: \$238 ²⁰ 9/30/16

CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA
4600 KIETZKE LANE, SUITE M-245
RENO, NV 89502

CHIROPRACTIC PHYSICIANS'
BOARD OF NEVADA

SEP 30 2016

FP out: 9/30/16

APPLICATION FOR LICENSE AS A DOCTOR OF CHIROPRACTIC
IN THE STATE OF NEVADA

RECEIVED
RENO, NEVADA 89502

TO ANSWER ALL QUESTIONS COMPLETELY AND TRUTHFULLY WILL RESULT IN
REVIEW OF THIS APPLICATION. THE FEES ARE NOT REFUNDABLE.

PRINT OR TYPE:

1. FULL NAME Bret Covey Brown AGE 46 SEX male
(FIRST) (MIDDLE) (LAST)
2. ALIASES N/A
3. HOME ADDRESS 1290 West Horizon Ridge Pkway #2413
CITY Henderson STATE NV ZIP 89012
4. MAILING ADDRESS 1290 West Horizon Ridge Pkway #2413
CITY Henderson STATE NV ZIP 89012 WORK EMAIL sonofgod55@icloud.com
5. SOCIAL SECURITY NO. _____ TELEPHONE NO. 702.409.9139
6. DATE OF BIRTH _____ PLACE OF BIRTH Cheyenne, Wyoming
7. ARE YOU A UNITED STATES CITIZEN? YES ☒ NO _____ IF YOU ANSWERED NO ARE YOU: (PLEASE CHECK ONE OF THE FOLLOWING.)
☐ A QUALIFIED ALIEN (AS DEFINED IN 8 U.S.C.A. § 1641).
☐ A NONIMMIGRANT UNDER THE IMMIGRATION AND NATIONALITY ACT (8 U.S.C.A. § 1101 et seq).
☐ AN ALIEN WHO IS PAROLED INTO THE UNITED STATES UNDER 8 U.S.C.A. § 1182(d)(5) FOR LESS THAN ONE YEAR.
☐ A FOREIGN NATIONAL NOT PHYSICALLY PRESENT IN THE UNITED STATES.
☐ OTHER - PLEASE PROVIDE DETAILED EXPLANATION.
8. RESIDENT OF THE STATE OF NEVADA? ☒ IF YES, HOW LONG? Since April 2016
9. DO YOU HAVE A NEVADA BUSINESS LICENSE? YES _____ NO ☒ IF YES, PROVIDE YOUR LICENSE NUMBER _____
10. HAVE YOU EVER SERVED IN THE MILITARY? YES _____ NO ☒ DATES OF SERVICE: FROM _____ TO _____
BRANCH(ES) OF SERVICE _____
11. RESIDENCE ADDRESSES FOR PAST FIVE (5) YEARS 1119 Ashford Dr. Cheyenne, WY 82007
1020 Gettysburg Dr. Cheyenne, WY 82001 / 5621 Sunset Dr. Cheyenne, WY 82009
12. NAMES AND ADDRESSES OF ALL EMPLOYERS FOR PAST FIVE (5) YEARS Albert Simoncelli Mountain West
Chiropractic 9024 W. Sahara Ave Las Vegas, NV 89117
Frontier Chiropractic 207 W. 17th St Cheyenne, WY 82001 Greene Chiro 1507 Shilwa
Ave Suite B Cheyenne, WY 82001
13. HAVE YOU EVER HAD DISCIPLINARY ACTION BROUGHT AGAINST YOU BY A STATE BOARD OR ANY OTHER GOVERNMENTAL AGENCY, OR IS THERE ANY SUCH ACTION NOW PENDING? YES ☒ NO _____ IF YES, GIVE DETAILS AND FINAL DISPOSITION: _____
14. 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, GIVE DETAILS AND FINAL DISPOSITION:
4-12-2006 DUI - Dismissed 4-23-2011 DUI - Guilty
4-23-2015 Grand Theft Auto - Dismissed + Resisting Officer - Nolo Contendere
15. 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 MUST REPORT THIS INFORMATION, INCLUDING JUVENILE RECORDS. YES ☒ NO _____ IF YES, GIVE DETAILS AND FINAL DISPOSITION: _____
4-23-2011 - DUI - Guilty
4-23-2015 - Resisting Arrest - Nolo Contendere

16. HAVE YOU EVER DEFAULTED ON A HEAL (HEALTH EDUCATION ASSISTANCE LOAN)? YES ☒ NO IF YES, GIVE DETAILS AND CURRENT STATUS: _____

CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA

SEP 30 2016

17. REGARDING CHILD SUPPORT, MARK THE APPROPRIATE RESPONSE (FAILURE TO MARK ONE OF THE THREE WILL RESULT IN DENIAL OF THE APPLICATION):

RECEIVED
RENO, NEVADA 89502

☐ 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.

18. REGARDING CHILD ABUSE, THE FOLLOWING MUST BE READ AND INITIALED:

I HAVE BEEN INFORMED THAT I AM REQUIRED BY LAW TO REPORT THE ABUSE OR NEGLECT OF A CHILD TO AN AGENCY THAT 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 HAD BEEN ABUSED OR NEGLECTED.

Please initial here, thereby acknowledging that you have read and understood the above information: BB Date: 09.26.2016

19. HAVE YOU EVER BEEN DRUG OR ALCOHOL DEPENDENT AND/OR ENROLLED IN A DRUG OR ALCOHOL REHABILITATION PROGRAM?

☒ YES NO IF YES, GIVE DETAILS: After 2006 DUI - Completed DUI Education Class

20. ARE YOU CURRENTLY WORKING FOR A NEVADA LICENSED CHIROPRACTOR? ☒ YES NO IF YES, GIVE LICENSEE'S NAME was resolved

AND ADDRESS: Albert Simoncelli 9034 W. Sahara Ave Las Vegas, NV 89117

DATE EMPLOYED: 04.01.2016 DUTIES PERFORMED: Administrative & Clerical work

21. LIST ALL SCHOOLS ATTENDED (HIGH SCHOOL THROUGH CHIROPRACTIC COLLEGE):

| NAME OF SCHOOL | DATES ATTENDED | DATE GRADUATED | DEGREE |
|----------------|----------------|----------------|--------|
|----------------|----------------|----------------|--------|

| | | | |
|-----------------------|-------------|-----------|--------------|
| Cheyenne Central High | 1985 - 1988 | June 1988 | H.S. Diploma |
|-----------------------|-------------|-----------|--------------|

| | | | |
|--------------------------|---------------------|---|---|
| Brigham Young University | Aug 1988 - Apr 1989 | — | — |
|--------------------------|---------------------|---|---|

| | | | |
|------------------------------|---------------------|---|---|
| Laramie County Comm. College | Jan 1992 - May 1994 | — | — |
|------------------------------|---------------------|---|---|

| | | | |
|-------------------------------|----------------------|------------|------------------------|
| Logan College of Chiropractic | Sept 1995 - Dec 1999 | 12.18.1999 | Doctor of Chiropractic |
|-------------------------------|----------------------|------------|------------------------|

| | | | |
|-------------------------------|-----------------|------------|-----------------------|
| Logan College of Chiropractic | 1995 - Dec 1997 | 12.12.1997 | B.S. of Human Biology |
|-------------------------------|-----------------|------------|-----------------------|

22. NUMBER OF CHIROPRACTIC COLLEGE HOURS 5265 DATE OF D.C. DEGREE 12.18.1999

23. HAVE YOU PASSED NATIONAL BOARD: PART I yes PART II yes PART III yes PART IV yes PT yes SPEC —

24. IF YOU ANSWERED "NO" TO PART IV AND SPEC, YOU MUST GIVE DATE YOU ARE SCHEDULED FOR ONE OF THE FOLLOWING

EXAMS: PART IV: _____ or SPEC: _____

25. LIST ANY STATES IN WHICH YOU HAVE APPLIED FOR (WHETHER ISSUED OR NOT) AND IN WHICH YOU HAVE BEEN GRANTED CHIROPRACTIC LICENSURE:

| STATE | DATE OF ISSUANCE | STATUS |
|----------|------------------|---------|
| Colorado | 12.05.2000 | Expired |
| Arizona | 06.16.2000 | Expired |
| Wyoming | 10.01.07 | Expired |
| Wyoming | 05.12.10 | Active |
| Nevada | | Denied |

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 WILL NOTIFY THE CPBN OF ANY AND ALL CHANGES TO THE INFORMATION IN THIS APPLICATION, INCLUDING CHANGES OF ADDRESS AND THAT HE/SHE HAS OTHERWISE MET ALL STATUTORY REQUIREMENTS AND BELIEVES HIM/HERSELF ELIGIBLE FOR LICENSURE TO PRACTICE CHIROPRACTIC, AND THAT HE/SHE HAS READ AND UNDERSTANDS THIS AFFIDAVIT.

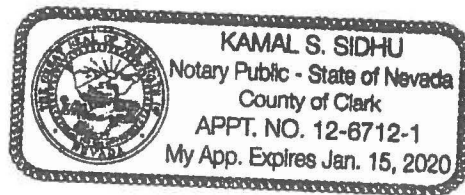
9/29/2016
(DATE)

Burt A Brown, D.C.
(SIGNATURE OF APPLICANT)

STATE OF NEVADA COUNTY OF CLARK

SIGNED AND SWORN TO BEFORE ME ON THIS 29 DAY OF SEP, 2016

[Signature]
(NOTARY PUBLIC)



CHIROPRACTIC PHYSICIANS'
BOARD OF NEVADA

SEP 30 2016

RECEIVED
RENO, NEVADA 89502

COMPLETE AND RETURN TO:

CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA

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

Telephone (775) 688-1921 ~ Fax (775) 688-1920

MORAL CHARACTER REFERENCE INFORMATION FOR
APPLICANT FOR LICENSURE AS A DOCTOR OF CHIROPRACTIC

Please identify three (3) references who have known you for at least three (3) years and complete all information requested. List one licensed DC or Professor at a school of Chiropractic and two individual character references. Please note, the Board may contact the names below to answer any questions regarding your moral turpitude or your application for Doctor of Chiropractic in the State of Nevada.

| | |
|--------------------|------------------------------------|
| DC Applicant Name: | BRET C. BROWN |
| Address: | 1290 WEST HORIZON RIDGE PKWY #2413 |
| | LAS VEGAS NV 89012 |
| | |

DC or Professor: STUART GREENE, D.C.

Address: 1507 B Stillwater Ave Suite B Cheyenne WY 82009

Phone Number: 1(307) 637-7463

Email: greenechiropractic@gmail.com

CHIROPRACTIC PHYSICIANS'
BOARD OF NEVADA

SEP 30 2010

Individual: Mark Mitchell

Relationship: Friend

Address: 10313 Vernon Ave Lubbock, TX 79423

Phone Number: 575-693-1630

Email: Markmitchell8801@yahoo.com

RECEIVED
RENO, NEVADA 89502

Individual: Jenifer Brown

Relationship: Ex-wife

Address: 1700 E Riving Club Rd

Phone Number: 307-921-1543

Email: peaches77@wyoming.com

Dr. Brown's explanations to his
affirmative responses to
question numbers 14 and 15

Question 14 Have you ever been arrested for or charged with any crime other than a traffic violation (include any DUI's)?

04/12/2006 DUI- Ordered to complete substance abuse evaluation, completed (See Attached)
Final Disposition was Dismissal on 07/29/2009

04/23/2011 DUI-Guilty
Drugs misdemeanor unlawful passion controlled substance-Dismissed
Interference with an peace officer with bodily injury-dismissed

04/23/2015 Grand Theft Auto-Final Disposition- Dismissed
Resisting officer-obstruct without violence –Plead Nolo Contendere

Question 15 Have you ever been convicted of a crime other than a traffic violation (include any DUI's)

04/23/2011 – DUI - Guilty

04/23/2015 – Resisting Arrest – Nolo Contendere

CHIROPRACTIC PHYSICIANS'
BOARD OF NEVADA

SEP 30 2016

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OCT 24 2016

Dr. Bret Brown - Detailed answers to questions 14, with full transparency.

Question 14: Have you ever been arrested for or charged with any crime other than a Nevada DUI violation? (Include any DUI's)?

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2016 OCT 24 10:50Z

Regarding the DUI in 2006:

In April of 2006, I was going through a difficult separation with my wife, Jenifer Brown. She had just been advised by her attorney to remove approximately \$55,000.00 from our personal joint checking account, without my knowledge. The entire ordeal caused me to become angered, frustrated and depressed.

On April 12, 2006, I was the keynote speaker at United Medical Center in Cheyenne, WY. After leaving the hospital I went to the Outlaw Saloon to meet staff and co-workers. When I arrived, they had already left. I stayed and consumed approximately 3 beers. Once leaving the bar, I failed to use my turn signal and was pulled over by a police officer. The police officer asked me if I had anything to drink and I admitted to drinking at the bar. I was asked to take a breathalyzer test and I refused. I was therefore arrested for not complying. I allowed my personal issues to cloud my judgment. I now realize this decision was a very poor choice on my part.

When I appeared in court, the Judge placed me on 3 years of probation; pay fines and complete a DUI Education class. I did complete all the terms given to me, and in July 2009 the final disposition was dismissed.

Regarding the DUI in 2011

I was driving North on I-25 in Glendo, Wyoming, to where I owned a cabin. While driving, I opened a can of beer and drank some. When driving I leaned over to get a CD off the floor and briefly crossed the yellow dotted line. I exited the highway at Wheatland, as I needed gas and pulled into the gas station, where there were police officers sitting in their vehicles. Then, two officers approached me. The officers asked me if I would speak with them, I said "yes", at this time they noticed the open container of beer. I was asked to do sobriety tests and failed. The officer then placed me under arrest. I struggled during the arrest.

It was not my intent to be disrespectful, however, I do feel that due to a previous incident in 2008, after my divorce, I began to have frustrations and distrust with the law.

In April of 2008, while I was with my four-year-old daughter, she began crying. She told me she was being touched by an ex-wife's family member, living in my ex-wife's house. When I asked her where, she motioned with her hand and she rubbed her whole body and pubic region. I wasn't sure how to quite interpret that, but I was alarmed and concerned. The next day, while at a park, I took her to the public bathroom and noticed blood in her underwear. I immediately called and brought this to the attention of the local law enforcement, the Cheyenne Wyoming's Sheriff's office. They briefly looked into my daughter's allegations, and my statement, and to my deepest frustration, they chose not to pursue it. I had felt that they failed to protect my children and remove them from a situation that I felt was harmful

and abusive. I tried many avenues to get this looked into, but ultimately was told that the Sheriff's Department did not want to spend the money on the case. This bitterness towards my local law enforcement apparently lingered with me subconsciously for years.

I again made bad choices at the time of my arrest, and feel very regretful. I was ordered to pay fines and was placed on unsupervised probation for 6 months.

Regarding the Arrest in 2015

I was in Orlando, Florida for a Personal Self-Help Avatar Seminar. While attending this seminar I met a woman named Janaina, whom I thought I was beginning to have a relationship with. At the end of the seminar, I was invited to her home to spend the night. Her sister also lived there and she became upset that I was staying the night. The next morning while the sisters were arguing, Janaina gave me the keys to her car and asked me to move it out of the driveway and down the street. So I drove it down the street and parked it. I waited for her for about 20 minutes. After her not arriving, I had to leave in my rental car, as I was scheduled to attend a yoga class. There was a miscommunication or misunderstanding as to what was supposed to happen with her vehicle because I took her keys with me as to not leave her vehicle unattended with keys in it. When arriving at the yoga class, I placed my belongings with my cell phone in a locker. When I was finished with class I had found several text messages from Janaina, asking where her car was. Then saying she notified the police. I was in complete disbelief and shock that she had reacted this way and called the police. Upon returning to her car with the keys, I noticed a police officer in a car next to her car. I became bitter as to why she was behaving this way and made these false accusations. I do not handle confrontational or tense situations well and just wanted to leave. So I began walking away. But the police officer came after me and told me to stop, but I was in so much disbelief, I kept walking away, and that's when I was tased. While the police officer was trying to place the handcuffs on me, I struggled, as I did not feel it was fair for Janaina to call the police on me, and have me arrested. Unfortunately, I have learned the hard way, to abide by any and all commands by law enforcement.

The charges for grand theft auto were dropped, as Janaina did admit to giving me the keys to her car. I did plead Nolo Contendere to resisting arrest.

I declare under penalty of perjury under the laws of Nevada and the United States of America that the foregoing is true and correct. Executed on October 20, 2016.

Sincerely,



Bret Brown, DC

CHIROPRACTIC PHYSICIANS'
BOARD OF NEVADA

OCT 24 2016

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RENO, NEVADA 89502

Dr. Brown's explanation
regarding his affirmative
response to question number 19

16. HAVE YOU EVER DEFAULTED ON A HEAL (HEALTH EDUCATION ASSISTANCE LOAN)? YES ☒ NO IF YES, GIVE DETAILS
AND CURRENT STATUS: _____
CHIROPRACTIC PHYSICIANS
BOARD OF NEVADA

17. 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.

SEP 30 2016
RECEIVED
RENO, NEVADA 89502

18. REGARDING CHILD ABUSE, THE FOLLOWING MUST BE READ AND INITIALED:

I HAVE BEEN INFORMED THAT I AM REQUIRED BY LAW TO REPORT THE ABUSE OR NEGLECT OF A CHILD TO AN AGENCY THAT 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 HAD BEEN ABUSED OR NEGLECTED.

Please initial here, thereby acknowledging that you have read and understood the above information: BB Date: 09.26.2016

19. HAVE YOU EVER BEEN DRUG OR ALCOHOL DEPENDENT AND/OR ENROLLED IN A DRUG OR ALCOHOL REHABILITATION PROGRAM?

☒ YES ☐ NO IF YES, GIVE DETAILS: After 2006 DUI - Completed DUI Education Class

20. ARE YOU CURRENTLY WORKING FOR A NEVADA LICENSED CHIROPRACTOR? ☒ YES ☐ NO IF YES, GIVE LICENSEE'S NAME was resolved

AND ADDRESS: Albert Simoncelli 9034 W. Sahara Ave Las Vegas, NV 89117

DATE EMPLOYED: 04.01.2016 DUTIES PERFORMED: Administrative & Clerical work

21. LIST ALL SCHOOLS ATTENDED (HIGH SCHOOL THROUGH CHIROPRACTIC COLLEGE):

| NAME OF SCHOOL | DATES ATTENDED | DATE GRADUATED | DEGREE |
|--------------------------------------|------------------------------|-------------------|-------------------------------|
| <u>Cheyenne Central High</u> | <u>1985 - 1988</u> | <u>June 1988</u> | <u>H.S. Diploma</u> |
| <u>Brigham Young University</u> | <u>Aug 1988 - April 1989</u> | <u>—</u> | <u>—</u> |
| <u>Laraine County Comm. College</u> | <u>Jan 1992 - May 1994</u> | <u>—</u> | <u>—</u> |
| <u>Logan College of Chiropractic</u> | <u>Sept 1995 - Dec 1999</u> | <u>12.18.1999</u> | <u>Doctor of Chiropractic</u> |
| <u>Logan College of Chiropractic</u> | <u>1995 - Dec 1997</u> | <u>12.12.1997</u> | <u>B.S. of Human Biology</u> |

22. NUMBER OF CHIROPRACTIC COLLEGE HOURS 52165 DATE OF D.C. DEGREE 12.18.1999

23. HAVE YOU PASSED NATIONAL BOARD: PART I yes PART II yes PART III yes PART IV yes PT yes SPEC —

24. IF YOU ANSWERED "NO" TO PART IV AND SPEC, YOU MUST GIVE DATE YOU ARE SCHEDULED FOR ONE OF THE FOLLOWING

EXAMS: PART IV: _____ or SPEC: _____

25. LIST ANY STATES IN WHICH YOU HAVE APPLIED FOR (WHETHER ISSUED OR NOT) AND IN WHICH YOU HAVE BEEN GRANTED CHIROPRACTIC LICENSURE:

| STATE | DATE OF ISSUANCE | STATUS |
|-----------------|-------------------|----------------|
| <u>Colorado</u> | <u>12.05.2000</u> | <u>Expired</u> |
| <u>Arizona</u> | <u>06.16.2000</u> | <u>Expired</u> |
| <u>Wyoming</u> | <u>10.01.07</u> | <u>Expired</u> |
| <u>Wyoming</u> | <u>05.12.10</u> | <u>Active</u> |
| <u>Nevada</u> | | <u>Denied</u> |

Parental Obligation System for
Support Enforcement
Payment Record for
Specified Obligation

12/19/2016
11:34 AM

PARENTAL OBLIGATION SYSTEM FOR SUPPORT ENFORCEMENT
Payment Record for Specified Obligation

Page 1
CSE760P2

Name: BRET C BROWN Obligation ID: 161757 Start Effective Date:
NOTE: This report EXCLUDES abatements and other payments made by the Obligor for other Obligations

Docket ID(s): 02-CV-167-655

| Effic Dt | Pmt Amt | Pmt ID | Rcvd Dt | Received By | Check Number | E O F S | | Sent St | Disb CP | Oth St | St Rtn | Oth St Fee Wth | Futures | Wrt Id | Wrt Stats | Issd Dt |
|-----------|----------|---------|----------|------------------------|--------------|------------|---|---------|---------|----------|--------|-------------------|---------|---------|-----------|----------|
| | | | | | | D | F | | | | | | | | | |
| 12/07/16 | 407.46 | 1910979 | 12/12/16 | STATE OFFICE | | | | 0.00 | 0.00 | 407.46 | 0.00 | 0.00 | 0.00 | | ISSUED | 12/12/16 |
| 11/23/16 | 407.46 | 1902920 | 11/25/16 | STATE OFFICE | | | | 0.00 | 0.00 | 407.46 | 0.00 | 0.00 | 0.00 | | ISSUED | 11/28/16 |
| 11/09/16 | 407.46 | 1896929 | 11/14/16 | STATE OFFICE | | | | 0.00 | 0.00 | 407.46 | 0.00 | 0.00 | 0.00 | | ISSUED | 11/15/16 |
| 10/26/16 | 407.45 | 1890560 | 10/31/16 | STATE OFFICE | | | | 0.00 | 0.00 | 382.45 | 0.00 | 25.00 | 0.00 | | ISSUED | 10/31/16 |
| 10/12/16 | 407.46 | 1883027 | 10/14/16 | STATE OFFICE | | | | 0.00 | 0.00 | 407.46 | 0.00 | 0.00 | 0.00 | | ISSUED | 10/17/16 |
| 09/28/16 | 407.46 | 1876983 | 10/03/16 | STATE OFFICE | | | | 0.00 | 0.00 | 407.46 | 0.00 | 0.00 | 0.00 | | ISSUED | 10/04/16 |
| 09/14/16 | 407.46 | 1869456 | 09/19/16 | STATE OFFICE | | | | 0.00 | 0.00 | 407.46 | 0.00 | 0.00 | 0.00 | | ISSUED | 09/19/16 |
| 08/31/16 | 407.46 | 1863934 | 09/06/16 | STATE OFFICE | | | | 0.00 | 0.00 | 407.46 | 0.00 | 0.00 | 0.00 | | ISSUED | 09/07/16 |
| 08/17/16 | 407.46 | 1856327 | 08/22/16 | STATE OFFICE | | | | 0.00 | 0.00 | 407.46 | 0.00 | 0.00 | 0.00 | | ISSUED | 08/22/16 |
| 08/03/16 | 407.46 | 1850496 | 08/08/16 | STATE OFFICE | | | | 0.00 | 0.00 | 407.46 | 0.00 | 0.00 | 0.00 | | ISSUED | 08/09/16 |
| 07/20/16 | 407.46 | 1843035 | 07/25/16 | STATE OFFICE | | | | 0.00 | 0.00 | 407.46 | 0.00 | 0.00 | 0.00 | | ISSUED | 07/25/16 |
| 07/06/16 | 407.46 | 1836829 | 07/11/16 | STATE OFFICE | | | | 0.00 | 0.00 | 382.46 | 0.00 | 25.00 | 0.00 | | ISSUED | 07/11/16 |
| 06/22/16 | 407.46 | 1829417 | 06/27/16 | STATE OFFICE | | | | 0.00 | 0.00 | 407.46 | 0.00 | 0.00 | 0.00 | | ISSUED | 06/27/16 |
| 06/08/16 | 407.46 | 1823591 | 06/13/16 | STATE OFFICE | | | | 0.00 | 0.00 | 407.46 | 0.00 | 0.00 | 0.00 | | ISSUED | 06/13/16 |
| 2016 Totl | 5704.43 | | | | | | | 0.00 | 0.00 | 5654.43 | 0.00 | 50.00 | 0.00 | | | |
| 08/03/15 | 7500.00 | 7989015 | 08/03/15 | STATE OFFICE | | | | 0.00 | 0.00 | 7500.00 | 0.00 | 0.00 | 0.00 | | ISSUED | 08/04/15 |
| 2015 Totl | 7500.00 | | | | | | | 0.00 | 0.00 | 7500.00 | 0.00 | 0.00 | 0.00 | | | |
| 12/20/14 | 585.00 | 7813511 | 12/26/14 | STATE OFFICE 1896 | | | | 0.00 | 0.00 | 560.00 | 0.00 | 25.00 | 0.00 | | ISSUED | 12/29/14 |
| 12/15/14 | 5000.00 | 7803279 | 12/15/14 | LARAMIE | | | | 0.00 | 5000.00 | 5000.00 | 0.00 | 0.00 | 0.00 | | ISSUED | 12/16/14 |
| 12/15/14 | 1700.00 | 7803285 | 12/15/14 | LARAMIE | | | | 0.00 | 1700.00 | 1700.00 | 0.00 | 0.00 | 0.00 | | ISSUED | 12/16/14 |
| 10/31/14 | 250.00 | 7767990 | 10/31/14 | LARAMIE | | | | 0.00 | 250.00 | 250.00 | 0.00 | 0.00 | 0.00 | | ISSUED | 11/03/14 |
| 08/05/14 | 680.00 | 7699266 | 08/05/14 | LARAMIE | | | | 0.00 | 680.00 | 680.00 | 0.00 | 0.00 | 0.00 | | ISSUED | 08/06/14 |
| 07/03/14 | 650.00 | 7673788 | 07/03/14 | LARAMIE | | | | 0.00 | 650.00 | 650.00 | 0.00 | 0.00 | 0.00 | | ISSUED | 07/07/14 |
| 06/05/14 | 650.00 | 7650936 | 06/05/14 | LARAMIE | | | | 0.00 | 650.00 | 650.00 | 0.00 | 0.00 | 0.00 | | ISSUED | 06/06/14 |
| 05/02/14 | 750.00 | 7621551 | 05/02/14 | LARAMIE | | | | 0.00 | 750.00 | 750.00 | 0.00 | 0.00 | 0.00 | | ISSUED | 05/05/14 |
| 04/17/14 | 162.50 | 7611541 | 04/21/14 | STATE OFFICE 1925 | | | | 0.00 | 0.00 | 162.50 | 0.00 | 0.00 | 0.00 | | ISSUED | 04/22/14 |
| 04/10/14 | 162.50 | 7605244 | 04/11/14 | STATE OFFICE 1867 | | | | 0.00 | 0.00 | 162.50 | 0.00 | 0.00 | 0.00 | | ISSUED | 04/11/14 |
| 03/31/14 | 325.00 | 7597942 | 04/02/14 | STATE OFFICE 1923 | | | | 0.00 | 0.00 | 325.00 | 0.00 | 0.00 | 0.00 | | ISSUED | 04/03/14 |
| 03/17/14 | 329.20 | 7584342 | 03/18/14 | STATE OFFICE 1864 | | | | 0.00 | 0.00 | 329.20 | 0.00 | 0.00 | 0.00 | | ISSUED | 03/19/14 |
| 03/02/14 | 292.50 | 7573147 | 03/05/14 | STATE OFFICE 1834 | | | | 0.00 | 0.00 | 292.50 | 0.00 | 0.00 | 0.00 | | ISSUED | 03/05/14 |
| 02/28/14 | 675.00 | 7570641 | 03/03/14 | STATE OFFICE 1891 | | | | 0.00 | 0.00 | 675.00 | 0.00 | 0.00 | 0.00 | | ISSUED | 03/04/14 |
| 01/27/14 | 675.00 | 7542582 | 01/29/14 | STATE OFFICE 1730 | | | | 0.00 | 0.00 | 675.00 | 0.00 | 0.00 | 0.00 | | ISSUED | 01/29/14 |
| 2014 Totl | 12886.70 | | | | | | | 0.00 | 9680.00 | 12861.70 | 0.00 | 25.00 | 0.00 | | | |
| 12/13/13 | 670.80 | 7509530 | 12/17/13 | STATE OFFICE 1734 | | | | 0.00 | 0.00 | 645.80 | 0.00 | 25.00 | 0.00 | | ISSUED | 12/17/13 |
| 11/05/13 | 675.00 | 7477129 | 11/06/13 | STATE OFFICE 1718 | | | | 0.00 | 0.00 | 675.00 | 0.00 | 0.00 | 0.00 | | ISSUED | 11/06/13 |
| 09/19/13 | 565.00 | 7438175 | 09/20/13 | STATE OFFICE 01 | | | | 0.00 | 0.00 | 565.00 | 0.00 | 0.00 | 0.00 | | ISSUED | 09/20/13 |
| 08/04/13 | 598.56 | 7403586 | 08/08/13 | STATE OFFICE 1703 | | | | 0.00 | 0.00 | 598.56 | 0.00 | 0.00 | 0.00 | | ISSUED | 08/08/13 |
| 06/29/13 | 565.00 | 7370234 | 07/01/13 | STATE OFFICE 1656 | | | | 0.00 | 0.00 | 565.00 | 0.00 | 0.00 | 0.00 | | ISSUED | 07/01/13 |
| 04/22/13 | 100.00 | 7310336 | 04/22/13 | LARAMIE | | | | 0.00 | 100.00 | 100.00 | 0.00 | 0.00 | 0.00 | | ISSUED | 04/23/13 |
| 03/12/13 | 50.00 | 7276533 | 03/12/13 | LARAMIE | | | | 0.00 | 50.00 | 25.00 | 0.00 | 25.00 | 0.00 | | ISSUED | 03/13/13 |
| 01/25/13 | 1000.00 | 7235378 | 01/25/13 | LARAMIE | | | | 0.00 | 1000.00 | 1000.00 | 0.00 | 0.00 | 0.00 | | ISSUED | 01/28/13 |
| 2013 Totl | 4224.36 | | | | | | | 0.00 | 1150.00 | 4174.36 | 0.00 | 50.00 | 0.00 | | | |
| 05/17/12 | 500.00 | 7025126 | 05/17/12 | LARAMIE | | | | 0.00 | 500.00 | 475.00 | 0.00 | 25.00 | 0.00 | | ISSUED | 05/18/12 |
| 01/30/12 | 2480.20 | 6927524 | 01/30/12 | STATE OFFICE 590988673 | | | | 0.00 | 0.00 | 2480.20 | 0.00 | 0.00 | 0.00 | | ISSUED | 02/17/12 |
| 2012 Totl | 2980.20 | | | | | | | 0.00 | 500.00 | 2955.20 | 0.00 | 25.00 | 0.00 | | | |
| 08/12/11 | 266.80 | 6786751 | 08/15/11 | STATE OFFICE 3406 | | | | 0.00 | 0.00 | 266.80 | 0.00 | 0.00 | 0.00 | 1042660 | ISSUED | 08/16/11 |
| 06/27/11 | 4.00 | 7130003 | 06/29/11 | STATE OFFICE 3350 | | | | 0.00 | 0.00 | 4.00 | 0.00 | 0.00 | 0.00 | | ISSUED | 09/19/12 |

* --> Converted Payment, not processed through POSSE R --> Payment Received, not processed yet M --> Pending Month End Distribution at State

CHIROPRACTIC PHYSICIANS'
BOARD OF NEVADA

DEC 21 2016

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RENO, NEVADA 89502

12/19/2016
11:34 AM

PARENTAL OBLIGATION SYSTEM FOR SUPPORT ENFORCEMENT
Payment Record for Specified Obligation

Page 2
CSE760P2

Name: BRET C BROWN Obligation ID: 161757 Start Effective Date:
NOTE: This report EXCLUDES abatements and other payments made by the Obligor for other Obligations

Docket ID(s): 02-CV-167-655

| Effc Dt | Pmt Amt | Pmt ID | Rcvd Dt | Received By | Check Number | E O F S D F | Refunded | Sent St | Disb CP | Oth St | St Rtn | Oth St Fee Wth | Futures | Wrt Id | Wrt Stats | Issd Dt |
|----------|----------|---------|----------|--------------|--------------|-------------------|----------|---------|----------|--------|--------|-------------------|---------|--------|-----------|----------|
| 06/22/11 | 43099.13 | 6741301 | 06/22/11 | LARAMIE | 32620 | | 0.00 | 0.00 | 43099.13 | 0.00 | 0.00 | 0.00 | 0.00 | 801725 | ISSUED | 06/23/11 |
| 02/03/11 | 450.00 | 6616945 | 02/03/11 | LARAMIE | | | 0.00 | 0.00 | 450.00 | 0.00 | 0.00 | 0.00 | 0.00 | 6573 | ISSUED | 02/04/11 |
| 2011 Ttl | 43819.93 | | | | | | 0.00 | 0.00 | 43819.93 | 0.00 | 0.00 | 0.00 | 0.00 | | | |
| 12/06/10 | 450.00 | 6564279 | 12/06/10 | LARAMIE | | | 0.00 | 25.00 | 425.00 | 0.00 | 25.00 | 0.00 | 0.00 | 796491 | ISSUED | 12/07/10 |
| 11/02/10 | 450.00 | 6534953 | 11/02/10 | LARAMIE | 20655 | | 0.00 | 0.00 | 450.00 | 0.00 | 0.00 | 0.00 | 0.00 | 791561 | ISSUED | 11/03/10 |
| 10/04/10 | 400.00 | 6509244 | 10/04/10 | LARAMIE | | | 0.00 | 0.00 | 400.00 | 0.00 | 0.00 | 0.00 | 0.00 | 787244 | ISSUED | 10/05/10 |
| 09/03/10 | 400.00 | 6483772 | 09/03/10 | LARAMIE | | | 0.00 | 0.00 | 400.00 | 0.00 | 0.00 | 0.00 | 0.00 | 783083 | ISSUED | 09/07/10 |
| 08/06/10 | 400.00 | 6459635 | 08/06/10 | LARAMIE | | | 0.00 | 0.00 | 400.00 | 0.00 | 0.00 | 0.00 | 0.00 | 779037 | ISSUED | 08/09/10 |
| 07/06/10 | 400.00 | 6430917 | 07/06/10 | LARAMIE | | | 0.00 | 0.00 | 400.00 | 0.00 | 0.00 | 0.00 | 0.00 | 774425 | ISSUED | 07/07/10 |
| 06/04/10 | 400.00 | 6403797 | 06/04/10 | LARAMIE | | | 0.00 | 0.00 | 400.00 | 0.00 | 0.00 | 0.00 | 0.00 | 770170 | ISSUED | 06/07/10 |
| 05/06/10 | 400.00 | 6379233 | 05/06/10 | LARAMIE | | | 0.00 | 0.00 | 400.00 | 0.00 | 0.00 | 0.00 | 0.00 | 765705 | ISSUED | 05/07/10 |
| 04/07/10 | 400.00 | 6350392 | 04/07/10 | LARAMIE | | | 0.00 | 0.00 | 400.00 | 0.00 | 0.00 | 0.00 | 0.00 | 761275 | ISSUED | 04/08/10 |
| 03/10/10 | 80.00 | 6325990 | 03/10/10 | LARAMIE | | | 0.00 | 0.00 | 80.00 | 0.00 | 0.00 | 0.00 | 0.00 | 757303 | ISSUED | 03/11/10 |
| 03/10/10 | 200.00 | 6325993 | 03/10/10 | LARAMIE | 903320219 | | 0.00 | 0.00 | 200.00 | 0.00 | 0.00 | 0.00 | 0.00 | 757304 | ISSUED | 03/11/10 |
| 02/17/10 | 667.24 | 6303702 | 02/17/10 | STATE OFFICE | | | 0.00 | 0.00 | 642.24 | 0.00 | 25.00 | 0.00 | 0.00 | 891251 | ISSUED | 02/22/10 |
| 02/10/10 | 150.00 | 6298984 | 02/10/10 | LARAMIE | | | 0.00 | 0.00 | 150.00 | 0.00 | 0.00 | 0.00 | 0.00 | 753230 | ISSUED | 02/11/10 |
| 01/20/10 | 194.36 | 6283429 | 01/25/10 | STATE OFFICE | 1176573 | | 0.00 | 0.00 | 194.36 | 0.00 | 0.00 | 0.00 | 0.00 | 750564 | ISSUED | 01/26/10 |
| 2010 Ttl | 4991.60 | | | | | | 0.00 | 25.00 | 4941.60 | 0.00 | 50.00 | 0.00 | 0.00 | | | |
| 12/29/09 | 388.72 | 6261846 | 12/30/09 | STATE OFFICE | 1160786 | | 0.00 | 0.00 | 388.72 | 0.00 | 0.00 | 0.00 | 0.00 | 747396 | ISSUED | 01/04/10 |
| 11/17/09 | 194.36 | 6227131 | 11/20/09 | STATE OFFICE | 1131559 | | 0.00 | 25.00 | 169.36 | 0.00 | 25.00 | 0.00 | 0.00 | 741853 | ISSUED | 11/20/09 |
| 10/16/09 | 1900.00 | 6196517 | 10/16/09 | LARAMIE | | | 0.00 | 0.00 | 1900.00 | 0.00 | 0.00 | 0.00 | 0.00 | 737018 | ISSUED | 10/19/09 |
| 09/29/09 | 194.36 | 6182679 | 09/30/09 | STATE OFFICE | 1103953 | | 0.00 | 0.00 | 194.36 | 0.00 | 0.00 | 0.00 | 0.00 | 734601 | ISSUED | 10/01/09 |
| 07/31/09 | 97.18 | 6132491 | 08/04/09 | STATE OFFICE | 1074174 | | 0.00 | 0.00 | 97.18 | 0.00 | 0.00 | 0.00 | 0.00 | 726768 | ISSUED | 08/05/09 |
| 05/22/09 | 200.00 | 6066142 | 05/22/09 | LARAMIE | | | 0.00 | 0.00 | 200.00 | 0.00 | 0.00 | 0.00 | 0.00 | 716481 | ISSUED | 05/26/09 |
| 04/07/09 | 151.00 | 6023266 | 04/07/09 | LARAMIE | 500936 | | 0.00 | 0.00 | 151.00 | 0.00 | 0.00 | 0.00 | 0.00 | 710355 | ISSUED | 04/08/09 |
| 03/11/09 | 215.00 | 5998468 | 03/11/09 | LARAMIE | 500925 | | 0.00 | 0.00 | 215.00 | 0.00 | 0.00 | 0.00 | 0.00 | 706610 | ISSUED | 03/12/09 |
| 2009 Ttl | 3340.62 | | | | | | 0.00 | 25.00 | 3315.62 | 0.00 | 25.00 | 0.00 | 0.00 | | | |
| 12/02/08 | 1000.00 | 5909635 | 12/02/08 | LARAMIE | 500833 | | 0.00 | 0.00 | 1000.00 | 0.00 | 0.00 | 0.00 | 0.00 | 693653 | ISSUED | 12/03/08 |
| 10/24/08 | 1000.00 | 5874508 | 10/24/08 | LARAMIE | 500809 | | 0.00 | 25.00 | 975.00 | 0.00 | 25.00 | 0.00 | 0.00 | 688445 | ISSUED | 10/27/08 |
| 10/03/08 | 650.00 | 5857149 | 10/03/08 | LARAMIE | 500793 | | 0.00 | 0.00 | 650.00 | 0.00 | 0.00 | 0.00 | 0.00 | 685863 | ISSUED | 10/06/08 |
| 09/10/08 | 610.15 | 5835647 | 09/10/08 | LARAMIE | 5449 | | 0.00 | 0.00 | 610.15 | 0.00 | 0.00 | 0.00 | 0.00 | 682752 | ISSUED | 09/11/08 |
| 09/03/08 | 610.15 | 5827165 | 09/03/08 | LARAMIE | 500765 | | 0.00 | 0.00 | 610.15 | 0.00 | 0.00 | 0.00 | 0.00 | 681745 | ISSUED | 09/04/08 |
| 08/20/08 | 750.00 | 5816637 | 08/20/08 | LARAMIE | 500745 | | 0.00 | 0.00 | 750.00 | 0.00 | 0.00 | 0.00 | 0.00 | 679767 | ISSUED | 08/21/08 |
| 08/06/08 | 250.00 | 5804174 | 08/06/08 | LARAMIE | | | 0.00 | 0.00 | 250.00 | 0.00 | 0.00 | 0.00 | 0.00 | 678203 | ISSUED | 08/07/08 |
| 07/11/08 | 1500.00 | 5778889 | 07/11/08 | STATE OFFICE | | | 0.00 | 0.00 | 1475.00 | 0.00 | 25.00 | 0.00 | 0.00 | 699083 | ISSUED | 07/24/08 |
| 06/13/08 | 1504.00 | 5751636 | 06/13/08 | STATE OFFICE | | | 0.00 | 0.00 | 1479.00 | 0.00 | 25.00 | 0.00 | 0.00 | 686266 | ISSUED | 06/20/08 |
| 06/05/08 | 500.00 | 5743815 | 06/05/08 | LARAMIE | 500637 | | 0.00 | 0.00 | 500.00 | 0.00 | 0.00 | 0.00 | 0.00 | 670132 | ISSUED | 06/06/08 |
| 05/22/08 | 200.00 | 5729615 | 05/22/08 | LARAMIE | 500623 | | 0.00 | 0.00 | 200.00 | 0.00 | 0.00 | 0.00 | 0.00 | 668109 | ISSUED | 05/23/08 |
| 04/07/08 | 450.00 | 5684078 | 04/07/08 | LARAMIE | 400012 | | 0.00 | 0.00 | 450.00 | 0.00 | 0.00 | 0.00 | 0.00 | 662123 | ISSUED | 04/08/08 |
| 03/14/08 | 82.00 | 5662054 | 03/14/08 | LARAMIE | | | 0.00 | 0.00 | 82.00 | 0.00 | 0.00 | 0.00 | 0.00 | 659001 | ISSUED | 03/17/08 |
| 03/07/08 | 774.59 | 5654602 | 03/07/08 | STATE OFFICE | | | 0.00 | 0.00 | 749.59 | 0.00 | 25.00 | 0.00 | 0.00 | 714897 | ISSUED | 09/09/08 |
| 03/05/08 | 500.00 | 5651651 | 03/05/08 | LARAMIE | 500528 | | 0.00 | 0.00 | 500.00 | 0.00 | 0.00 | 0.00 | 0.00 | 657804 | ISSUED | 03/06/08 |
| 02/04/08 | 700.00 | 5622044 | 02/04/08 | LARAMIE | 610247 | | 0.00 | 0.00 | 700.00 | 0.00 | 0.00 | 0.00 | 0.00 | 653570 | ISSUED | 02/05/08 |
| 01/09/08 | 250.00 | 5598976 | 01/09/08 | LARAMIE | 521342 | | 0.00 | 0.00 | 250.00 | 0.00 | 0.00 | 0.00 | 0.00 | 650220 | ISSUED | 01/10/08 |
| 2008 Ttl | 11330.89 | | | | | | 0.00 | 25.00 | 11230.89 | 0.00 | 100.00 | 0.00 | 0.00 | | | |
| 12/11/07 | 75.00 | 5572341 | 12/11/07 | LARAMIE | | | 0.00 | 0.00 | 75.00 | 0.00 | 0.00 | 0.00 | 0.00 | 646454 | ISSUED | 12/12/07 |
| 11/30/07 | 1000.00 | 5561532 | 11/30/07 | LARAMIE | 126410 | | 0.00 | 0.00 | 1000.00 | 0.00 | 0.00 | 0.00 | 0.00 | 644912 | ISSUED | 12/03/07 |
| 11/05/07 | 1000.00 | 5537875 | 11/05/07 | LARAMIE | 520966 | | 0.00 | 25.00 | 975.00 | 0.00 | 25.00 | 0.00 | 0.00 | 641453 | ISSUED | 11/06/07 |
| 10/25/07 | 1500.00 | 5527962 | 10/25/07 | LARAMIE | 520884 | | 0.00 | 0.00 | 1107.00 | 0.00 | 393.00 | 0.00 | 0.00 | 640083 | ISSUED | 10/26/07 |
| 08/31/07 | 7500.00 | 5477074 | 08/31/07 | LARAMIE | 346876 | | 0.00 | 0.00 | 4510.00 | 0.00 | 0.00 | 0.00 | 2990.00 | 632982 | ISSUED | 09/04/07 |

* --> Converted Payment, not processed through POSSE R --> Payment Received, not processed yet M --> Pending Month End Distribution at State

12/19/2016
11:34 AM

PARENTAL OBLIGATION SYSTEM FOR SUPPORT ENFORCEMENT
Payment Record for Specified Obligation

Page 3
CSE760P2

Name: BRET C BROWN Obligation ID: 161757 Start Effective Date:
NOTE: This report EXCLUDES abatements and other payments made by the Obligor for other Obligations

Docket ID(s): 02-CV-167-655

| Effc Dt | Pmt Amt | Pmt ID | Rcvd Dt | Receipted By | Check Number | E O F S D F Refunded | Sent St | Disb CP | Oth St | St Rtn | Oth St Fee Wth Futures | Wrt Id | Wrt Stats | Issd Dt |
|----------|-----------|---------|----------|--------------|--------------|----------------------------|----------|-----------|--------|--------|---------------------------|---------|---------------------|-----------------|
| 08/27/07 | 2100.00 | 5471715 | 08/27/07 | LARAMIE | 520521 | 0.00 | 0.00 | 2100.00 | 0.00 | 0.00 | 0.00 | 0.00 | 631996 | ISSUED 08/28/07 |
| 08/16/07 | 2000.00 | 5463020 | 08/16/07 | LARAMIE | 520447 | 0.00 | 0.00 | 2000.00 | 0.00 | 0.00 | 0.00 | 0.00 | 630826 | ISSUED 08/17/07 |
| 08/07/07 | 2000.00 | 5454767 | 08/07/07 | LARAMIE | | 0.00 | 0.00 | 2000.00 | 0.00 | 0.00 | 0.00 | 0.00 | 629703 | ISSUED 08/08/07 |
| 08/06/07 | 1107.00 | 5451641 | 08/06/07 | LARAMIE | | 0.00 | 0.00 | 1107.00 | 0.00 | 0.00 | 0.00 | 0.00 | 629427 | ISSUED 08/07/07 |
| 07/05/07 | 1000.00 | 5422979 | 07/05/07 | LARAMIE | 520172 | 0.00 | 0.00 | 1000.00 | 0.00 | 0.00 | 0.00 | 0.00 | 592523 | ISSUED 07/06/07 |
| 06/21/07 | 1800.00 | 5409445 | 06/21/07 | LARAMIE | 520084 | 0.00 | 0.00 | 1800.00 | 0.00 | 0.00 | 0.00 | 0.00 | 590546 | ISSUED 06/22/07 |
| 06/01/07 | 697.00 | 5389576 | 06/01/07 | LARAMIE | 519947 | 0.00 | 0.00 | 697.00 | 0.00 | 0.00 | 0.00 | 0.00 | 587898 | ISSUED 06/04/07 |
| 05/03/07 | 2500.00 | 5361664 | 05/03/07 | LARAMIE | 125164 | 0.00 | 0.00 | 2500.00 | 0.00 | 0.00 | 0.00 | 0.00 | 584122 | ISSUED 05/04/07 |
| 04/02/07 | 1200.00 | 5328179 | 04/02/07 | LARAMIE | 519484 | 0.00 | 0.00 | 1200.00 | 0.00 | 0.00 | 0.00 | 0.00 | 579869 | ISSUED 04/05/07 |
| 03/28/07 | 2750.00 | 5325059 | 03/28/07 | LARAMIE | 519450 | 0.00 | 0.00 | 2750.00 | 0.00 | 0.00 | 0.00 | 0.00 | 579868 | ISSUED 04/05/07 |
| 03/01/07 | 2607.00 | 5299148 | 03/01/07 | LARAMIE | 519279 | 0.00 | 0.00 | 2607.00 | 0.00 | 0.00 | 0.00 | 0.00 | 574938 | ISSUED 03/02/07 |
| 2007 Ttl | 30836.00 | | | | | 0.00 | 25.00 | 27428.00 | 0.00 | 418.00 | 0.00 | 2990.00 | | |
| Total: | 127614.73 | | | | | 0.00 | 11430.00 | 123881.73 | 0.00 | 743.00 | 0.00 | 2990.00 | Number of Payments: | 99 |

=====
Total Paid: 127614.73
Total Refunded: - 0.00

Total dollars applied to obligation: 127614.73
=====

* --> Converted Payment, not processed through POSSE R --> Payment Receipted, not processed yet M --> Pending Month End Distribution at State

12/19/2016
11:34 AM

PARENTAL OBLIGATION SYSTEM FOR SUPPORT ENFORCEMENT
Payment Record for Specified Obligation

Page 4
CSE760P2

Name: BRET C BROWN Obligation ID: 161757 Start Effective Date:
NOTE: This report EXCLUDES abatements and other payments made by the Obligor for other Obligations

Docket ID(s): 02-CV-167-655

This is not a balance certification. It is only a listing of payments and disbursements.

| | | | | | |
|-------------------|----------------------------|----|-------------------------------------|----------------|------------|
| Number of LARAMIE | County Receipted Payments: | 64 | Total LARAMIE | County Amount: | 100,932.41 |
| | | | | | ===== |
| | | | 0 converted payments for a total of | | 0.00 |
| | | | 64 POSSE payments for a total of | | 100,932.41 |

| | | | | | |
|-----------|---------------------------|----|-------------------------------------|---------|-----------|
| Number of | STATE Receipted Payments: | 35 | Total STATE | Amount: | 26,682.32 |
| | | | | | ===== |
| | | | 0 converted payments for a total of | | 0.00 |
| | | | 35 POSSE payments for a total of | | 26,682.32 |

**Dr. Brown's Wyoming Board of
Chiropractic Examiners initial
Application for Licensure and his
Chiropractor Renewal Applications
from 2006 through 2017**

DO NOT WRITE IN THE SPACE BELOW - FOR OFFICE USE ONLY

Date Application & Fee Received _____

License Number _____

Approved for License _____

Issue Date _____

APPLICATION FOR LICENSURE

WYOMING BOARD OF CHIROPRACTIC EXAMINERS

1800 Carey Avenue Suite 4th Floor
Cheyenne WY 82002
(307) 777-7387

Please type or print neatly.

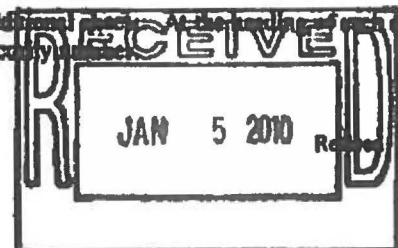


1. Name: Brown Bret C
Last First Middle Initial Previous Names Used
2. Social Security: _____ Date of Birth: _____
3. Citizenship: ☐ U.S. ☐ Other (U.S. Code Title 8, Chapter 14, Section 1621 requires proof of legal presence in the United States. Attach acceptable documentation from enclosed List A and B.)
4. Home Address: 1803 Spring Ct. Telephone Number(s): (307) 631-9717
Cheyenne WY 82009
5. Business Address: _____ Telephone Number(s): ()
_____ ()
6. Preferred Mailing Address: ☒ Home ☐ Business
The Board often receives requests for a list of license holders from organizations offering continuing education courses, or other information, which could be of interest to you. The list provided includes your name, license information and business mailing address, which by law are public records. If you have not provided a business address, your address appears on this list as "Address Not Available". The Board will not release your home address without your expressed consent.
☐ I consent to the release of my resident address in the absence of a business address.
7. I hereby apply for licensure by the following method:
☐ By Reciprocity (Licensed over 2 years in another state) ☒ New License
A personal appearance before the Board at scheduled exam is required of ALL applicants.

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RENO, NEVADA 89502

If additional space is needed to detail any answer in this application, please attach additional sheets. At the heading of each additional sheet, include your full name as presented on the application as well as your social security number.



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NEVADA BOARD

8. Indicate registration(s) or license(s) in all states where you are currently or have been previously registered or licensed in any health care profession. Begin with your original registration license. Note carefully any registrations not currently in good standing.

| STATE(S) | LICENSE NUMBER | ISSUE DATE Month/Day/Year | EXPIRATION DATE Month/Day/Year | CURRENT STATUS Active, Inactive, Other | LICENSED BY |
|----------|----------------|------------------------------|-----------------------------------|---|-------------------|
| Wyoming | 593 | 6/2/2008 | 6/1/2009 | Inactive | Brenda Cowley |
| Arizona | 7009 | 6/16/2000 | 1/1/2006 | Inactive | State of Arizona |
| Colorado | 5037 | 12/5/2000 | 7/31/2003 | Inactive | State of Colorado |
| | | | | | |

9. References

Give the names of two individuals (not related to you) who will be submitting letters of reference to the Board on your behalf, who have recent knowledge of your character, ability and professional performance in the practice of chiropractic.

| NAME | ADDRESS | TELEPHONE |
|-----------------|--|--------------|
| Stuart Green DC | 1507 B Stillwater Ave Cheyenne WY 82009 | 307 637 7467 |
| Becky Essert | 909 Montclair Cheyenne WY 82009 | 307 634 2021 |
| | | |

10. Education

List ALL universities and colleges attended. Begin with the institution from which your associates degree was obtained. Official transcripts of ALL college or university coursework must be sent DIRECTLY to the Board.

| UNIVERSITY/COLLEGE | ADDRESS | DATES ATTENDED | MAJOR(S) | DEGREE/DATE/ST |
|-------------------------------|---------|------------------------|----------|---|
| Logan College of Chiropractic | | Aug 1995 - Dec 1999 | | Bachelor of Science in Human Biology |
| Logan College of Chiropractic | | Aug 1995 - Dec 1999 | | Doctorate of Chiropractic |
| | | | | |

11. Has any state rejected your application for licensure or restricted, revoked or suspended your license? Yes ☐ No ☒
12. Have you ever voluntarily surrendered your license in order to avoid disciplinary action by a regulatory agency? Yes ☐ No ☒
13. Have you ever been convicted of a felony or high misdemeanor?
(A plea of no contest shall create a rebuttable presumption of guilt to the underlying criminal charges.) Yes ☐ No ☒
14. Do you now use, or within the last five (5) years have you used, alcoholic beverages habitually to excess? Yes ☐ No ☒
15. Do you now use, or within the last five (5) years have you used, hallucinogenics, barbiturates, narcotics habitually to excess? Yes ☐ No ☒

If you answer "YES" to any of questions 11 through 15 above, please attach a written explanation.

I BRET BROWN ATTENDED THE FOLLOWING
COLLEGES DURING THE FOLLOWING TIME PERIODS.

| | | |
|----------------------------------|-------------------------|-----------|
| Brigham Young University | Sept 1988 - April 1989 | no degree |
| Laramie County Community College | Jan 1993 - May 1995 | no degree |
| Saint Louis Community College | Jan 1996 - May 1996 | no degree |
| New College of California | June 1996 - August 1996 | no degree |

Thank you Bret Brown

CHIROPRACTIC PHYSICIANS'
BOARD OF NEVADA

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RENO, NEVADA 89502

AFFIDAVIT

The undersigned, being duly sworn, upon his oath deposes and says that he is the person making the foregoing statements and that they are made in good faith and are true in every respect.

Bret C Brown D.C.

SIGNATURE OF APPLICANT

State of Wyoming)

County of Laramie)

I, Loe L Miller a Notary Public in and for said County, in the State aforesaid, DO HEREBY CERTIFY that Bret C Brown known to me to be the same person whose name is subscribed to the foregoing instrument, appeared before me this day in person, and acknowledge that he or she signed, sealed and delivered the said instrument as his or her free and voluntary act, for the uses and purposes therein set forth.

GIVEN UNDER MY HAND AND NOTARIAL SEAL THIS 4th DAY OF January 2012

Loe L Miller
NOTARY PUBLIC



NOTORIAL SEAL

MY COMMISSION EXPIRES 4-30-2013

CHIROPRACTIC PHYSICIANS'
BOARD OF NEVADA

OCT 13 2016

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RENO, NEVADA 89502

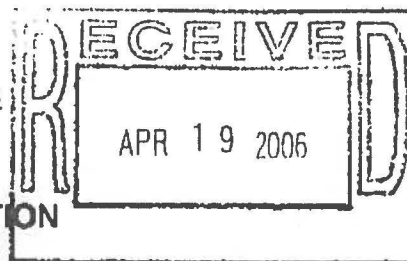
WYOMING STATE BOARD OF CHIROPRACTIC EXAMINERS

2020 CAREY AVENUE, SUITE 201

CHEYENNE, WY 82002

(307) 777-7387

<http://plboards.state.wy.us/chiropractic>



2006 LICENSE RENEWAL APPLICATION

License #593

Bret C. Brown
Sunrise Chiropractic Inc
1439 Stillwater Ave Unit #5
Cheyenne WY 82009

Return this application with the \$100.00 renewal fee POSTMARKED by June 1, 2006. Renewals postmarked June 2 through July 1, 2006 will be subject to a late fee of \$100.00 in addition to the renewal fee.

Information on File

Corrections

1. Name: Bret C. Brown

Name: _____

2. Residence Address and Telephone

Residence

1515 North Star Loop
Cheyenne WY 82009
(307) 634-2571

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

3. Business, Address and Telephone

Business

Sunrise Chiropractic Inc
1439 Stillwater Ave Unit #5
Cheyenne WY 82009
(307) 778-7648

Business: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

4. Preferred Address for Correspondence:

☐ Residence

☒ Business

5. E-mail address: bretjen@hotmail.com

6. ☐ I consent to the release of my residence address in the absence of a business address.

The Board often receives requests for a list of license holders from organizations offering continuing education courses, or other information, which could be of interest to you. The list provided includes your name, license information and business mailing address, which by law are public records. If you have not provided a business address, your address appears on this list as "Address Not Available". The Board will not release your home address without your expressed consent.

OVER

OCT 13 2016

If you answer "YES" to any of questions 7 through 13 below, attach a written explanation.

7. During the last two (2) years has any state(s) rejected your application for licensure? ☐ Yes ☒ No
8. During the last two (2) years has any state revoked, suspended, refused to renew, or otherwise disciplined your license? ☐ Yes ☒ No
9. During the last two (2) years have you voluntarily surrendered your license in order to avoid disciplinary action by any regulatory agency? ☐ Yes ☒ No
10. During the last two (2) years have you been convicted of a misdemeanor involving moral turpitude? (A plea of no contest shall create a presumption of guilt to the underlying criminal charges.) ☐ Yes ☒ No
11. During the last two (2) years have you been convicted of any felony? (A plea of no contest shall create a presumption of guilt to the underlying criminal charges.) ☐ Yes ☒ No
12. Are you addicted to the use of alcohol, any narcotic, or other drugs having similar effects to an extent or in a manner dangerous to yourself, any other person or the public, or to an extent that use impairs your ability to provide services with safety to the public? ☐ Yes ☒ No
13. Is there any disciplinary action pending against you by any licensing jurisdiction? ☐ Yes ☒ No

WARNING

Making a false statement or giving a false answer to any question on this form is a felony punishable by imprisonment for not more than two (2) years, a fine of not more than two thousand dollars (\$2,000.00), or both. (W.S. § 6-5-303.)

AGREEMENT AND AFFIDAVIT

In signing this renewal application, I do hereby state that I am the person making the foregoing statements and they are made in good faith and are true in every respect. I have read, understand, and agree to abide by the rules and regulations promulgated by the Wyoming Board of Chiropractic Examiners, and W.S. § 33-10-101 through 117.

Butch B. DL.

Signature of Applicant

4/18/06

Date

Chiropractors licensed in the State and in active practice are required to maintain 12 hours of educational requirements per applicable renewal year. Please provide the information requested below and attach verification for proof of attendance indicating approved hours to this form (if practicing in Wyoming). Refer to W.S. 33-10-113 of your current copy of the Rules and Regulations for specific statutory conditions and Chapter 4, Section 5 for exemptions to the educational requirement for licensure renewal.

CONTINUING EDUCATION ACTIVITIES – June 2, 2005 – June 1, 2006

| Course Dates Month/Date/Year | Course Sponsor | Course Title | Continuing Education Hours |
|---------------------------------|---|--|----------------------------------|
| <i>2/25-2/26/06</i> | <i>Southern Calif. Univ. of Health Sciences</i> | <i>Whiplash & Brain Injuries I</i> | <i>12</i> ✓ |
| | | | |
| | | CHIROPRACTIC PHYSICIANS BOARD OF NEVADA | |
| | | OCT 13 2016 | |
| | | RECEIVED RENO, NEVADA 89502 | |

TOTAL HOURS SUBMITTED

12 ✓

WYOMING BOARD OF CHIROPRACTIC EXAMINERS

1800 CAREY AVENUE, 4th Floor
CHEYENNE, WY 82002
(307) 777-7387
<http://plboards.state.wy.us/chiropractic>

JUN 4 2007

2007 LICENSE RENEWAL APPLICATION License #593

Bret C. Brown, D.C.
Sunrise Chiropractic Inc
1439 Stillwater Ave Unit #5
Cheyenne WY 82009

Return this application with the \$200.00 renewal fee
POSTMARKED by June 1, 2007. Renewals postmarked
June 2 through June 1, 2007 will be subject to a late fee
of \$200.00 in addition to the renewal fee.

Information on File

Corrections

1. Name: Bret C. Brown

Name: _____

2. Residence Address And Telephone

Residence

1515 North Star Loop
Cheyenne WY 82009
(307) 634-2571

Address: 1803 Spring Ct.

City: Cheyenne State: WY Zip: 82009

Telephone: 307-221-7862

3. Business, Address and Telephone

Business

Sunrise Chiropractic Inc
1439 Stillwater Ave Unit #5
Cheyenne WY 82009
(307) 778-7648

Business: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

4. Preferred Address for Correspondence:

☐ Residence

☒ Business

5. E-mail address: brown9103@yahoo.com

6. The Board often receives requests for a list of license holders from organizations offering continuing education courses, or other information, which could be of interest to you. The list provided includes your name, license information, and business mailing address, which by law are public records. If you have not provided a business address, your address appears on this list as "Address Not Available". The Board will not release your home address without your expressed consent.

☐ I consent to the release of my residence address in the absence of a business address.

CHIROPRACTIC PHYSICIANS'
BOARD OF NEVADA

OVER

OCT 13 2016

If you answer "YES" to any of questions 7 through 13 below, attach a written explanation.

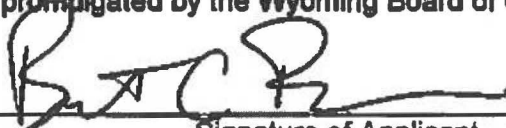
7. During the last two (2) years has any state(s) rejected your application for licensure? ☐ Yes ☒ No
8. During the last two (2) years has any state revoked, suspended, refused to renew, or otherwise disciplined your license? ☐ Yes ☒ No
9. During the last two (2) years have you voluntarily surrendered your license in order to avoid disciplinary action by any regulatory agency? ☐ Yes ☒ No
10. During the last two (2) years have you been convicted of a misdemeanor involving moral turpitude? (A plea of no contest shall create a presumption of guilt to the underlying criminal charges.) ☐ Yes ☒ No
11. During the last two (2) years have you been convicted of any felony? (A plea of no contest shall create a presumption of guilt to the underlying criminal charges.) ☐ Yes ☒ No
12. Are you addicted to the use of alcohol, any narcotic, or other drugs having similar effects to an extent or in a manner dangerous to yourself, any other person or the public, or to an extent that use impairs your ability to provide services with safety to the public? ☐ Yes ☒ No
13. Is there any disciplinary action pending against you by any licensing jurisdiction? ☐ Yes ☒ No

WARNING

Making a false statement or giving a false answer to any question on this form is a felony punishable by imprisonment for not more than two (2) years, a fine of not more than two thousand dollars (\$2,000.00), or both. (W.S. § 6-5-303.)

AGREEMENT AND AFFIDAVIT

In signing this renewal application, I do hereby state that I am the person making the foregoing statements and they are made in good faith and are true in every respect. I have read, understand, and agree to abide by the rules and regulations promulgated by the Wyoming Board of Chiropractic Examiners, and W.S. § 33-10-101 through 117.



Signature of Applicant

6-1-07

Date

Chiropractors licensed in the State and in active practice are required to maintain 12 hours of educational requirements per applicable renewal year. Please provide the information requested below and attach verification for proof of attendance indicating approved hours to this form (if practicing in Wyoming). Refer to W.S. 33-10-113 of your current copy of the Rules and Regulations for specific statutory conditions and Chapter 4, Section 5 for exemptions to the educational requirement for licensure renewal.

CONTINUING EDUCATION ACTIVITIES – June 2, 2006 – June 1, 2007

| Course Dates Month/Date/Year | Course Sponsor | Course Title | Continuing Education Hours |
|---------------------------------|-----------------------------|--------------------------------------|----------------------------------|
| 2/25/06 - 2/26/06 | Spine Research of San Diego | Whiplash & Brain Injury Traumatology | 12 ✓ |
| | | | |
| | | | |
| | | | |

CHIROPRACTIC PHYSICIANS'
BOARD OF NEVADA

OCT 13 2016

RECEIVED
RENO, NEVADA 89502

TOTAL HOURS SUBMITTED

12 ✓ PB

WYOMING STATE BOARD OF CHIROPRACTIC EXAMINERS

1800 CAREY AVENUE, 4TH FLOOR

CHEYENNE, WY 82002

(307) 777-7387

<http://plboards.state.wy.us/chiropractic>

JUN 2 2008

2008 LICENSE RENEWAL APPLICATION

License #593

Bret C. Brown
Sunrise Chiropractic Inc
1439 Stillwater Ave Unit #5
Cheyenne WY 82009

Return this application with the \$200.00 renewal fee POSTMARKED by June 1, 2008. Renewals postmarked June 2 through July 1, 2008 will be subject to a late fee of \$200.00 in addition to the renewal fee.

Information on File

Corrections

1. Name: Bret C. Brown

Name: _____

2. Residence Address and Telephone

Residence

1803 Spring Ct
Cheyenne WY 82009
(307) 221-7862

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

3. Business, Address and Telephone

Business

Sunrise Chiropractic Inc
1439 Stillwater Ave Unit #5
Cheyenne WY 82009
(307) 778-7648

Business: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

CHIROPRACTIC PHYSICIANS'
BOARD OF NEVADA

OCT 13 2016

RECEIVED
RENO, NEVADA 89502

4. Preferred Address for Correspondence:

☐ Residence

☒ Business

5. E-mail address: brown9103@yahoo.com

6. The Board often receives requests for a list of license holders from organizations offering continuing education courses, or other information, which could be of interest to you. The list provided includes your name, license information and business mailing address, which by law are public records. If you have not provided a business address, your address appears on this list as "Address Not Available".

☐ I consent to the release of my residence address in the absence of a business address.

OVER

If you answer "YES" to any of questions 7 through 13 below, attach a written explanation.

7. During the last two (2) years has any state(s) rejected your application for licensure? ☐ Yes ☒ No
8. During the last two (2) years has any state revoked, suspended, refused to renew, or otherwise disciplined your license? ☐ Yes ☒ No
9. During the last two (2) years have you voluntarily surrendered your license in order to avoid disciplinary action by any regulatory agency? ☐ Yes ☒ No
10. During the last two (2) years have you been convicted of a misdemeanor involving moral turpitude? (A plea of no contest shall create a presumption of guilt to the underlying criminal charges.) ☐ Yes ☒ No
11. During the last two (2) years have you been convicted of any felony? (A plea of no contest shall create a presumption of guilt to the underlying criminal charges.) ☐ Yes ☒ No
12. Are you addicted to the use of alcohol, any narcotic, or other drugs having similar effects to an extent or in a manner dangerous to yourself, any other person or the public, or to an extent that use impairs your ability to provide services with safety to the public? ☐ Yes ☒ No
13. Is there any disciplinary action pending against you by any licensing jurisdiction? ☐ Yes ☒ No

WARNING

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AGREEMENT AND AFFIDAVIT

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Burt C. Brown
Signature of Applicant

5-30-08
Date

Chiropractors licensed in the State and in active practice are required to maintain 12 hours of educational requirements per applicable renewal year. Please provide the information requested below and attach verification for proof of attendance indicating approved hours to this form (if practicing in Wyoming). Refer to W.S. 33-10-113 of your current copy of the Rules and Regulations for specific statutory conditions and Chapter 4, Section 5 for exemptions to the educational requirement for licensure renewal.

CONTINUING EDUCATION ACTIVITIES – June 2, 2007 – June 1, 2008

| Course Dates Month/Date/Year | Course Sponsor | Course Title | Continuing Education Hours |
|---------------------------------|-------------------------------------|---|----------------------------------|
| 5/18/2008 | Western States Chiropractic College | Motor Vehicle Collision Injuries | 12 ✓ |
| | | CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA | |
| | | OCT 13 2016 | |
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TOTAL HOURS SUBMITTED

12 ✓ pb

WYOMING STATE BOARD OF CHIROPRACTIC EXAMINERS

1800 CAREY AVENUE, 4TH FLOOR

CHEYENNE, WY 82002

(307) 777-7387

<http://plboards.state.wy.us.chiropractic>

JUN - 2

2010 LICENSE RENEWAL APPLICATION

License #701

Bret C. Brown
1803 Spring Ct
Cheyennne WY 82809

Return this application with the \$200.00 renewal fee POSTMARKED by June 1, 2010. Renewals incomplete after June 1, 2010 and renewals postmarked June 2 through July 1, 2010 will be subject to a late fee of \$200.00 in addition to the renewal fee.

Information on File

Corrections

1. Name: Brett C. Brown

Name: Bret C. Brown

2. Residence Address and Telephone

Residence

1803 Spring Ct
Cheyennne WY 82809
(307) 631-9717

Address: _____

City: _____

State: _____

Zip: _____

Telephone: _____

3. Business, Address and Telephone

Business

Business: _____

Address: _____

City: _____

State: _____

Zip: _____

Telephone: _____

4. Preferred Address for Correspondence:

☒ Residence

☐ Business

5. E-mail address: _____

brown9103@yahoo.com

OVER

CHIROPRACTIC PHYSICIANS'
BOARD OF NEVADA

OCT 13 2016

Revised 03/10

If you answer "YES" to any of questions 6 through 12 below, attach a written explanation.

6. During the last two (2) years has any state(s) rejected your application for licensure? ☐ Yes ☒ No
7. During the last two (2) years has any state revoked, suspended, refused to renew, or otherwise disciplined your license? ☐ Yes ☒ No
8. During the last two (2) years have you voluntarily surrendered your license in order to avoid disciplinary action by any regulatory agency? ☐ Yes ☒ No
9. During the last two (2) years have you been convicted of a misdemeanor involving moral turpitude? (A plea of no contest shall create a presumption of guilt to the underlying criminal charges.) ☐ Yes ☒ No
10. During the last two (2) years have you been convicted of any felony? (A plea of no contest shall create a presumption of guilt to the underlying criminal charges.) ☐ Yes ☒ No
11. Are you addicted to the use of alcohol, any narcotic, or other drugs having similar effects to an extent or in a manner dangerous to yourself, any other person or the public, or to an extent that use impairs your ability to provide services with safety to the public? ☐ Yes ☒ No
12. Is there any disciplinary action pending against you by any licensing jurisdiction? ☐ Yes ☒ No

WARNING

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AGREEMENT AND AFFIDAVIT

In signing this renewal application, I do hereby state that I am the person making the foregoing statements and they are made in good faith and are true in every respect. I have read, understand, and agree to abide by the rules and regulations promulgated by the Wyoming Board of Chiropractic Examiners, and W.S. § 33-10-101 through 117.

But C Brown

Signature of Applicant

5/24/2010

Date

Chiropractors licensed in the State and in active practice are required to maintain 12 hours of educational requirements per applicable renewal year. If you are practicing in Wyoming, please provide the information requested below and attach verification for proof of attendance indicating approved hours to this form. Refer to W.S. 33-10-113 of your current copy of the Rules and Regulations for specific statutory conditions and Chapter 4, Section 5 for exemptions to the educational requirement for licensure renewal.

CONTINUING EDUCATION ACTIVITIES – June 2, 2009 – June 1, 2010

| Course Dates Month/Date/Year | Course Sponsor | Course Title | Continuing Education Hours |
|---------------------------------|--------------------------------|---|----------------------------------|
| April 24-25, 2010 | Life Chiropractic College West | Validating Chiropractic 2010 | 12 ✓ |
| | | CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA | |
| | | OCT 13 2016 | |
| | | RECEIVED RENO, NEVADA 89502 | |

TOTAL HOURS SUBMITTED

12

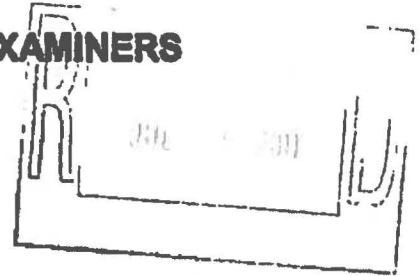
WYOMING STATE BOARD OF CHIROPRACTIC EXAMINERS

1800 CAREY AVENUE, 4TH FLOOR

CHEYENNE, WY 82002

(307) 777-7387

<http://plboards.state.wy.us/chiropractic>



2011 LICENSE RENEWAL APPLICATION

License #701

Bret C. Brown
1803 Spring Ct
Cheyenne WY 82809

Return this application with the \$200.00 renewal fee POSTMARKED by June 1, 2011. Renewals incomplete after June 1, 2011 and renewals postmarked June 2 through July 1, 2011 will be subject to a late fee of \$200.00 in addition to the renewal fee.

Information on File

Corrections

1. Name: Bret C. Brown

Name: _____

2. Residence Address and Telephone

Residence

1803 Spring Ct
Cheyenne WY 82809
(307) 631-9717

Address: 1119 Ashford

City: Cheyenne State: WY Zip: 82007

Telephone: _____

3. Business, Address and Telephone

Business

(307) 778-7648

Business: Greene Chiropractic

Address: 1507-B 5th/1st Ave

City: Cheyenne State: WY Zip: 82001

Telephone: _____

4. Preferred Address for Correspondence:

☒ Residence

☐ Business

5. E-mail address:

phoenix strength ss@yahoo.com

OVER

OCT 13 2016

If you answer "YES" to any of questions 6 through 12 below, attach a written explanation.

6. During the last two (2) years has any state(s) rejected your application for licensure? ☐ Yes ☒ No
7. During the last two (2) years, has any state revoked, suspended, refused to renew, or otherwise disciplined your license? ☐ Yes ☒ No
8. During the last two (2) years have you voluntarily surrendered your license in order to avoid disciplinary action by any regulatory agency? ☐ Yes ☒ No
9. During the last two (2) years have you been convicted of a misdemeanor involving moral turpitude? (A plea of no contest shall create a presumption of guilt to the underlying criminal charges.) ☐ Yes ☒ No
10. During the last two (2) years have you been convicted of any felony? (A plea of no contest shall create a presumption of guilt to the underlying criminal charges.) ☐ Yes ☒ No
11. Are you addicted to the use of alcohol, any narcotic, or other drugs having similar effects to an extent or in a manner dangerous to yourself, any other person or the public, or to an extent that use impairs your ability to provide services with safety to the public? ☐ Yes ☒ No
12. Is there any disciplinary action pending against you by any licensing jurisdiction? ☐ Yes ☒ No

WARNING

Making a false statement or giving a false answer to any question on this form is a felony punishable by imprisonment for not more than two (2) years, a fine of not more than two thousand dollars (\$2,000.00), or both. (W.S. § 6-6-303.)

AGREEMENT AND AFFIDAVIT

In signing this renewal application, I do hereby state that I am the person making the foregoing statements and they are made in good faith and are true in every respect. I have read, understand, and agree to abide by the rules and regulations promulgated by the Wyoming Board of Chiropractic Examiners, and W.S. § 33-10-101 through 117.

Signature of Applicant

Date

Chiropractors licensed in the State and in active practice are required to maintain 12 hours of educational requirements per applicable renewal year. If you are practicing in Wyoming, please provide the information requested below and attach verification for proof of attendance indicating approved hours to this form. Refer to W.S. 33-10-113 of your current copy of the Rules and Regulations for specific statutory conditions and Chapter 4, Section 5 for exemptions to the educational requirement for licensure renewal.

CONTINUING EDUCATION ACTIVITIES – June 2, 2010 – June 1, 2011

| Course Dates Month/Date/Year | Course Sponsor | Course Title | Continuing Education Hours |
|---------------------------------|-----------------------------------|---|----------------------------------|
| Sep 10, 11, 2010 | Colorado Chiropractic Association | Stuart M. McCall / Rehab | 15 ✓ |
| | | CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA | |
| | | OCT 13 2016 | |
| | | RECEIVED RENO, NEVADA 89502 | |

TOTAL HOURS SUBMITTED

15 ✓

Revised 03/11

WYOMING STATE BOARD OF CHIROPRACTIC EXAMINERS

1800 CAREY AVENUE, 4TH FLOOR
CHEYENNE, WY 82002
(307) 777-7387
<http://plboards.state.wy.us/chiropractic>

MAY 31 2012

2012 LICENSE RENEWAL APPLICATION License #701

Bret C. Brown
1119 Ashford
Cheyennne WY 82007

Return this application with the \$200.00 renewal fee POSTMARKED by June 1, 2012. Renewals incomplete after June 1, 2012 and renewals postmarked June 2 through July 1, 2012 will be subject to a late fee of \$200.00 in addition to the renewal fee.

Information on File

Corrections

1. Name: Bret C. Brown

Name: BE

2. Residence Address and Telephone

Residence

1119 Ashford
Cheyennne WY 82007
(307) 631-9717

Address: _____

City: _____

State: _____

Zip: _____

Telephone: _____

424-777-6334

3. Business, Address and Telephone

Business

Green Chiropractic
1507-B Stillwater Ave
Cheyenne WY 82009
(307) 778-7648

Business: _____

Address: _____

City: _____

State: _____

Zip: _____

Telephone: _____

4. Preferred Address for Correspondence:

☒ Residence

☐ Business

5. E-mail address: _____

phoenixstrength88@yahoo.com

OVER

CHIROPRACTIC PHYSICIANS'
BOARD OF NEVADA

OCT 13 2016

If you answer "YES" to any of questions 6 through 12 below, attach a written explanation.

6. During the last two (2) years has any state(s) rejected your application for licensure? ☐ Yes ☒ No
7. During the last two (2) years has any state revoked, suspended, refused to renew, or otherwise disciplined your license? ☐ Yes ☒ No
8. During the last two (2) years have you voluntarily surrendered your license in order to avoid disciplinary action by any regulatory agency? ☐ Yes ☒ No
9. During the last two (2) years have you been convicted of a misdemeanor involving moral turpitude? (A plea of no contest shall create a presumption of guilt to the underlying criminal charges.) ☐ Yes ☒ No
10. During the last two (2) years have you been convicted of any felony? (A plea of no contest shall create a presumption of guilt to the underlying criminal charges.) ☐ Yes ☒ No
11. Are you addicted to the use of alcohol, any narcotic, or other drugs having similar effects to an extent or in a manner dangerous to yourself, any other person or the public, or to an extent that use impairs your ability to provide services with safety to the public? ☐ Yes ☒ No
12. Is there any disciplinary action pending against you by any licensing jurisdiction? ☐ Yes ☒ No

WARNING

Making a false statement or giving a false answer to any question on this form is a felony punishable by imprisonment for not more than two (2) years, a fine of not more than two thousand dollars (\$2,000.00), or both. (W.S. § 6-5-303.)

AGREEMENT AND AFFIDAVIT

In signing this renewal application, I do hereby state that I am the person making the foregoing statements and they are made in good faith and are true in every respect. I have read, understand, and agree to abide by the rules and regulations promulgated by the Wyoming Board of Chiropractic Examiners, and W.S. § 33-10-101 through 117.

Burt E. Brown
Signature of Applicant

5-31-12
Date

Chiropractors licensed in the State and in active practice are required to maintain 12 hours of educational requirements per applicable renewal year. If you are practicing in Wyoming, please provide the information requested below and attach verification for proof of attendance indicating approved hours to this form. Refer to W.S. 33-10-113 of your current copy of the Rules and Regulations for specific statutory conditions and Chapter 4, Section 5 for exemptions to the educational requirement for licensure renewal.

CONTINUING EDUCATION ACTIVITIES - June 2, 2011 - June 1, 2012

| Course Dates Month/Date/Year | Course Sponsor | Course Title | Continuing Education Hours |
|---------------------------------|--------------------------------|---|----------------------------------|
| | Parker College of Chiropractic | Las Vegas 2012 Parker Seminar | 1.5 ✓ |
| 10-24/10-25-11 | Life Chiropractic College West | California Town | 10.5 ✓ |
| | | CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA | |
| | | OCT 13 2016 | |

RECEIVED
RENO, NEVADA 89502

TOTAL HOURS SUBMITTED

12.0 ✓
Revised 03/12

WYOMING STATE BOARD OF CHIROPRACTIC EXAMINERS

2800 CENTRAL AVENUE
CHEYENNE, WY 82002
(307) 777-7387

<http://plboards.state.wy.us/chiropractic>

**2013 LICENSE RENEWAL APPLICATION
License #701**

Bret C. Brown
1119 Ashford
Cheyennne WY 82007
phoenixstrength88@yahoo.com

Return this application with the \$200.00 renewal fee POSTMARKED by June 1, 2013. Renewals incomplete after June 1, 2013 and renewals postmarked June 2 through July 1, 2013 will be subject to a late fee of \$200.00 in addition to the renewal fee.

Information on File

Corrections

1. Name: Bret C. Brown

Name: _____

2. Residence Address and Telephone

Residence

1119 Ashford
Cheyennne WY 82007
(424) 777-5334
phoenixstrength88@yahoo.com

Address: 5621 Sunset Drive
City: Cheyenne State: WY Zip: 82009
Telephone: 307 286 8319

3. Business, Address and Telephone

Business

Business: Frontier Chiropractic
Address: 207 W 17th
City: Cheyenne State: WY Zip: 82001
Telephone: 307 632 1500

4. Preferred Address for Correspondence:

☒ Residence

☐ Business

5. E-mail address:

limitlessft88@yahoo.com

OVER

CHIROPRACTIC PHYSICIANS'
BOARD OF NEVADA

OCT 13 2016

RECEIVED
RENO, NEVADA 89502

If you answer "YES" to any of questions 6 through 12 below, attach a written explanation.

6. During the last two (2) years has any state(s) rejected your application for licensure? ☐ Yes ☒ No
7. During the last two (2) years has any state revoked, suspended, refused to renew, or otherwise disciplined your license? ☐ Yes ☒ No
8. During the last two (2) years have you voluntarily surrendered your license in order to avoid disciplinary action by any regulatory agency? ☐ Yes ☒ No
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12. Is there any disciplinary action pending against you by any licensing jurisdiction? ☐ Yes ☒ No

WARNING

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AGREEMENT AND AFFIDAVIT

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Burt C. Brown D.C. 5/31/13
Signature of Applicant Date

Chiropractors licensed in the State and in active practice are required to maintain 12 hours of educational requirements per applicable renewal year. If you are practicing in Wyoming, please provide the information requested below and attach verification for proof of attendance indicating approved hours to this form. Refer to W.S. 33-10-113 of your current copy of the Rules and Regulations for specific statutory conditions and Chapter 4, Section 5 for exemptions to the educational requirement for licensure renewal.

CONTINUING EDUCATION ACTIVITIES – June 2, 2012 – June 1, 2013

| Course Dates Month/Date/Year | Course Sponsor | Course Title | Continuing Education Hours |
|---------------------------------|-------------------------------|--|----------------------------------|
| Sept 29, 2012 | Arkansas Chiropractic Society | Natural Management of Common Medical Injuries | 12 ✓ |
| | | | |
| | | | |
| | | | |

CHIROPRACTIC PHYSICIANS'
BOARD OF NEVADA

OCT 13 2016

RECEIVED
RENO, NEVADA 89502

TOTAL HOURS SUBMITTED

12 AB

Revised 04/13

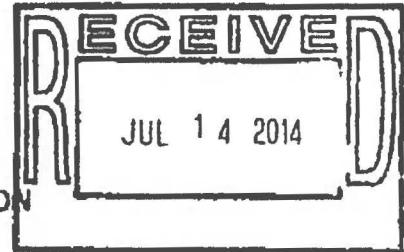
WYOMING STATE BOARD OF CHIROPRACTIC EXAMINERS

2001 CAPITOL AVENUE, ROOM 104

CHEYENNE, WY 82002

(307) 777-7387

<http://plboards.state.wy.us/chiropractic>



2014 LICENSE RENEWAL APPLICATION License #701

Bret C. Brown
5621 Sunset Drive
Cheyenne WY 82009

Return this application with the \$200.00 renewal fee POSTMARKED by August 1, 2014. Renewals incomplete after August 1, 2014 and renewals postmarked August 2 through August 31, 2014 will be subject to a late fee of \$200.00 in addition to the renewal fee.

Information on File

Corrections

1. Name: Bret C. Brown

Name: _____

2. Residence Address and Telephone

Bret C. Brown
5621 Sunset Drive
Cheyenne, WY 82009
(307) 286-8319

Residence

Address: 1020 Gettysburg Dr.
City: Cheyenne State: WY Zip: 82001
Telephone: 307-757-5191

3. Business, Address and Telephone

Frontier Chiropractic
207 W 17th
Cheyenne, WY 82001
(307) 632-1500

Business

Business: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____

4. Preferred Address for Correspondence:

☒ Residence

☐ Business

5. E-mail address: limitlessst88@yahoo.com

6. Pursuant to W.S. 31-1-116 et seq are you a: ☐ Military Service Member, or a ☐ Military Spouse

I acknowledge, understand and forfeit the right to practice if my license is not renewed by August 1, 2014.

BB
(Initials)

CHIROPRACTIC PHYSICIANS'
BOARD OF NEVADA

OCT 13 2016

Revised 08/14

If you answer "YES" to any of questions 7 through 13 below, attach a written explanation.

7. During the last two (2) years has any state(s) rejected your application for licensure? ☐ Yes ☒ No
8. During the last two (2) years has any state revoked, suspended, refused to renew, or otherwise disciplined your license? ☐ Yes ☒ No
9. During the last two (2) years have you voluntarily surrendered your license in order to avoid disciplinary action by any regulatory agency? ☐ Yes ☒ No
10. During the last two (2) years have you been convicted of a misdemeanor involving moral turpitude? (A plea of no contest shall create a presumption of guilt to the underlying criminal charges.) ☐ Yes ☒ No
11. During the last two (2) years have you been convicted of any felony? (A plea of no contest shall create a presumption of guilt to the underlying criminal charges.) ☐ Yes ☒ No
12. Are you addicted to the use of alcohol, any narcotic, or other drugs having similar effects to an extent or in a manner dangerous to yourself, any other person or the public, or to an extent that use impairs your ability to provide services with safety to the public? ☐ Yes ☒ No
13. Is there any disciplinary action pending against you by any licensing jurisdiction? ☐ Yes ☒ No

WARNING

Making a false statement or giving a false answer to any question on this form is a felony punishable by imprisonment for not more than two (2) years, a fine of not more than two thousand dollars (\$2,000.00), or both. (W.S. § 6-5-303.)

AGREEMENT AND AFFIDAVIT

In signing this renewal application, I do hereby state that I am the person making the foregoing statements and they are made in good faith and are true in every respect. I have read, understand, and agree to abide by the rules and regulations promulgated by the Wyoming Board of Chiropractic Examiners, and W.S. § 33-10-101 through 117.

Buck Burr PC
Signature of Applicant

6-11-14
Date

Chiropractors licensed in the State and in active practice are required to maintain 12 hours of educational requirements per applicable renewal year. If you are practicing in Wyoming, please provide the information requested below and attach verification for proof of attendance indicating approved hours to this form. Refer to Chapter 4, Section 3 and Section 4 of the Rules and Regulations (dated December 18, 2013) for specific requirements for licensure renewal.

CONTINUING EDUCATION ACTIVITIES – June 2, 2013 – July 31, 2014

| Course Dates Month/Date/Year | Course Sponsor | Course Title | Continuing Education Hours |
|---------------------------------|-------------------|--|----------------------------------|
| 1/9/14 | Parker University | Facial Movement Taping LVI Certification - Parts I, II, III | 4.75 |
| 1/10/14 | Parker University | Polyvagal Theory and Chiropractic - Parts I + II | 1.75 |
| | | The Feet + Ankles: The Foundation of your house | 1.5 |
| | | ICD-10 Coding Basics | 1.5 |
| | | Clinical Radiology Rounds | 1.5 |
| | | The Perfect Storm: The Path to Autism and more | 1.5 |

TOTAL HOURS SUBMITTED 12.5

CHIROPRACTIC PHYSICIANS'
BOARD OF NEVADA

Revised 08/14

OCT 13 2016

RECEIVED
RENO, NEVADA 89502

PR3

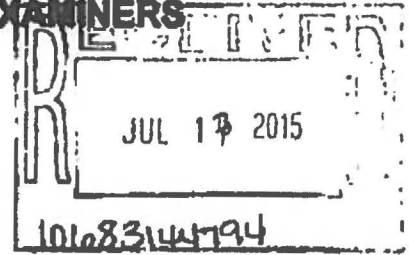
WYOMING STATE BOARD OF CHIROPRACTIC EXAMINERS

2001 CAPITOL AVENUE, ROOM 104

CHEYENNE, WY 82002

(307) 777-7387

<http://plboards.state.wy.us/chiropractic>



2015 LICENSE RENEWAL APPLICATION

License #701

Bret C. Brown
1020 Gettysburg Drive
Cheyennne WY 82001

Return this application with the \$200.00 renewal fee POSTMARKED by August 1, 2015. Renewals incomplete after August 1, 2015 and renewals postmarked August 2 through August 31, 2015 will be subject to a late fee of \$200.00 in addition to the renewal fee.

Information on File

Corrections

1. Name: Bret C. Brown

Name: _____

2. Residence Address and Telephone

Residence

Bret C. Brown
1020 Gettysburg Drive
Cheyennne, WY 82001
(307) 757-5191

Address: 5621 Sunset Drive

City: Cheyenne State: WY Zip: 82009

Telephone: 908-445-4044

3. Business, Address and Telephone

Business

Frontier Chiropractic
207 W 17th
Cheyenne, WY 82001
(307) 632-1500

Business: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

4. Preferred Address for Correspondence:



Residence



Business

5. E-mail address: limitlessst88@yahoo.com

6. Pursuant to W.S. 31-1-116 *et seq* are you a: ☐ Military Service Member, or a ☐ Military Spouse

I acknowledge, understand and forfeit the right to practice if my license is not renewed by August 1, 2015.

BB
(Initials)

CHIROPRACTIC PHYSICIANS'
BOARD OF NEVADA

OCT 13 2016

Revised 04/2015

If you answer "YES" to any of questions 7 through 13 below, attach a written explanation.

7. During the last two (2) years has any state(s) rejected your application for licensure? ☐ Yes ☒ No
8. During the last two (2) years has any state revoked, suspended, refused to renew, or otherwise disciplined your license? ☐ Yes ☒ No
9. During the last two (2) years have you voluntarily surrendered your license in order to avoid disciplinary action by any regulatory agency? ☐ Yes ☒ No
10. During the last two (2) years have you been convicted of a misdemeanor involving moral turpitude? (A plea of no contest shall create a presumption of guilt to the underlying criminal charges.) ☐ Yes ☒ No
11. During the last two (2) years have you been convicted of any felony? (A plea of no contest shall create a presumption of guilt to the underlying criminal charges.) ☐ Yes ☒ No
12. Are you addicted to the use of alcohol, any narcotic, or other drugs having similar effects to an extent or in a manner dangerous to yourself, any other person or the public, or to an extent that use impairs your ability to provide services with safety to the public? ☐ Yes ☒ No
13. Is there any disciplinary action pending against you by any licensing jurisdiction? ☐ Yes ☒ No

Chiropractors licensed in the State and in active practice are required to maintain 12 hours of educational requirements per applicable renewal year. If you are practicing in Wyoming, please provide the information requested below and attach verification for proof of attendance indicating approved hours to this form. Refer to Chapter 4, Section 3 and Section 4 of the Rules and Regulations (dated December 18, 2013) for specific requirements for licensure renewal.

CONTINUING EDUCATION ACTIVITIES – August 1, 2014 – July 31, 2015

| Course Dates (mm/dd/yyyy) | Course Sponsor | Course Title | Continuing Education Hours |
|------------------------------|---|------------------------------|----------------------------------|
| 07/13/15 - 07/15/15 | California Chiropractic Association CCE | Chiropractic Sports Medicine | 12 |
| | | | |
| | | | |
| | | | |

TOTAL HOURS SUBMITTED 12

WARNING

Making a false statement or giving a false answer to any question on this form is a felony punishable by imprisonment for not more than two (2) years, a fine of not more than two thousand dollars (\$2,000.00), or both. (W.S. § 6-6-303.)

AGREEMENT AND AFFIDAVIT

In signing this renewal application, I do hereby state that I am the person making the foregoing statements and they are made in good faith and are true in every respect. I have read, understand, and agree to abide by the rules and regulations promulgated by the Wyoming Board of Chiropractic Examiners, and W.S. § 33-10-101 through 117.

[Signature]

Signature of Applicant

CHIROPRACTIC PHYSICIANS
BOARD OF NEVADA

2-17-15
Date

OCT 13 2016

RECEIVED
RENO, NEVADA 89502

Wyoming Board of Chiropractic Examiners
2001 Capitol Avenue, Room 104
Cheyenne, WY 82002

AUG 2 2016

2016-2017 CHIROPRACTOR RENEWAL APPLICATION

Please type or print neatly.

| 1. Applicant Information | | | |
|----------------------------|---------------------------|-----------------------------|---------------------|
| Last Name Brown | First Name Bret | Middle Initial C. | Previous Names Used |
| WY License # 701 | | DEA # NA | |

| 2. Home Address | | | |
|--|--------------------------|-----------------------------------|---------------------|
| Home Address 1290 W Horizon Ridge PKWY | City Henderson | State NV | Zip 89012 |
| Home Phone 702 409 9139 | | Cell Phone 702-409-9139 | |

| 3. Business Address | | | |
|------------------------------------|--------------|-------|-----|
| WYOMING Business Name NA | | | |
| Business Address | City | State | Zip |
| Business Phone | Business Fax | | |
| OTHER Business Address | City | State | Zip |
| Business Phone | Business Fax | | |

| 4. Correspondence from Board Office | |
|---|-------------------|
| I prefer to receive mail at my: <input checked="" type="checkbox"/> Home <input type="checkbox"/> Business | Email address is: |

| 5. Active Practice | |
|---|---|
| I actively practiced as a chiropractor in 2016. | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| If no, what year did you last practice? | |

CHIROPRACTIC PHYSICIANS'
BOARD OF NEVADA

OCT 13 2016

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RENO, NEVADA 89502

5. Continuing Education

To show completion of the required twelve (12) hours of continuing education, please itemize your continuing education below and attach copies of your certificates. Incomplete charts will be returned.

| | DATE(S) | PRESENTER | COURSE/ACTIVITY | PROGRAM SPONSOR | HOURS |
|------------------------|---------|----------------|-------------------------------|-----------------|-------|
| A | 3/18/16 | California Jan | Chiropractic, Nutrition, etc. | Life University | 6.25 |
| B | 3/19/16 | California Jan | Chiropractic, Nutrition, etc. | Life University | 6.75 |
| C | 3/20/16 | California Jan | Radiology | Life University | 5 |
| D | | | | | |
| TOTAL HOURS SUBMITTED: | | | | | 18 |

6. Practice History

If you mark "Yes" to any of the following questions, you must attach a detailed explanation and provide copies of relevant documents (if any).

| | |
|--|---|
| a. Within the last five (5) years have you ever had any application for licensure or certification refused, dismissed, denied, or withdrawn by any professional licensing authority? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| b. Within the last five (5) years have you ever allowed any professional license to lapse in lieu of disciplinary action, or had a limited, conditioned, restricted, or probationary license issued by any licensing authority? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| c. Within the last five (5) years have you had a professional license revoked, voluntarily surrendered, suspended, reprimanded, censured, conditioned, restricted, or otherwise disciplined? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| d. Within the last five (5) years, have any unresolved or pending complaints ever been filed against you with any licensing agency or association? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| e. Is there any disciplinary action pending against you by any licensing authority or any state drug enforcement authority? <i>If YES, where and when?</i> | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| f. Within the last five (5) years have you ever been charged or convicted (including a nolo contendere plea or guilty plea) of a misdemeanor, felony, or other criminal offense (other than minor traffic violations) in any state or federal court? <i>If YES, in addition to the affidavit, attach a certified copy of the court records regarding your conviction, the nature of the offense date of discharge, if applicable, as well as a statement from the probation or parole officer.</i> | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| g. Are you currently addicted to or abusing any chemical substance including alcohol (excluding tobacco and caffeine) that would impair your ability to practice? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| h. Do you currently have or have you been previously diagnosed with any condition or impairment (including but not limited to, substance abuse, alcohol abuse, or a mental, emotional or nervous disorder, or condition) that in any way affects your ability to practice in a competent, ethical, and professional manner? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| i. Within the last five (5) years, have you been named as a defendant to a civil suit related to your practice or profession (i.e. malpractice, Medical Review Panel)? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

7. Warning, Agreement, Affidavit, and Signature

By signing this application

I understand that making a false statement or giving a false answer to any question on this form is a felony punishable by imprisonment for not more than two (2) years, a fine of not more than two thousand dollars (\$2,000.00), or both. (W.S. § 6-5-303.)

I do hereby state that I have read, understand, and agree to abide by the rules and regulations promulgated by the Board of Chiropractic Examiners, and W.S. § 33-10-101 through 117. I also agree to adhere to the codes of ethics applicable to my profession and this application.

I verify that I am the person making the foregoing statements and that they are made in good faith and are true in every respect.

Paul Brown D.C.
SIGNATURE OF APPLICANT

7/26/16
DATE

CHIROPRACTIC PHYSICIANS'
BOARD OF NEVADA

OCT 13 2016

RECEIVED
RENO, NEVADA 89502

National Practitioner Data Bank

NPDBP.O. Box 10832
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>

DCN: 5500000114553804

Process Date: 10/19/2016

Page: 1 of 1

BROWN, BRET COVEY

For authorized use by:

CHIROPRACTIC PHYSICIANS BOARD OF
NEVADA**BROWN, BRET COVEY - ONE-TIME QUERY RESPONSE****A. SUBJECT IDENTIFICATION INFORMATION (Recipients should verify that subject identified is, in fact, the subject of interest.)**

Practitioner Name: BROWN, BRET COVEY
 Date of Birth: Gender: MALE
 Organization Name: MOUNTAIN WEST CHIROPRACTIC
 Organization Type: CHIROPRACTIC GROUP/PRACTICE (361)
 Work Address: 9034 W SAHARA AVE, LAS VEGAS, NV 89117-5744
 Home Address: 1290 W HORIZON RIDGE PKWY APT 2413, HENDERSON, NV 89012-5537
 Social Security Number: ***-**-****
 License: CHIROPRACTOR, 701, WY
 Professional School(s): UTAH STATE UNIVERSITY (1999)

B. QUERY INFORMATION

Statutes Queried: Title IV; Section 1921; Section 1128E
 Query Type: This is a One-Time query response. Your organization will only receive future reports on this practitioner if another query is submitted.
 Entity Name: CHIROPRACTIC PHYSICIANS BOARD OF NEVADA (DBID ending in ...20)
 Authorized Submitter: JULIE STRANDBERG, EXECUTIVE DIRECTOR, (775) 688-1923

C. SUMMARY OF REPORTS ON FILE WITH THE DATA BANK AS OF 10/19/2016**The following report types have been searched:**

| | | | |
|--|----------------|-------------------------------------|------------|
| Medical Malpractice Payment Report(s): | No Reports | Health Plan Action(s): | No Reports |
| State Licensure Action(s): | Yes, See Below | Professional Society Action(s): | No Reports |
| Exclusion or Debarment Action(s): | No Reports | DEA/Federal Licensure Action(s): | No Reports |
| Government Administrative Action(s): | No Reports | Judgment or Conviction Report(s): | No Reports |
| Clinical Privileges Action(s): | No Reports | Peer Review Organization Action(s): | No Reports |

CHIROPRACTIC PHYSICIANS BOARD OF NEVADA**STATE LICENSURE**

Basis for Action: - OTHER, SEE SECTION C. OF THE REPORT FOR DETAILS

Initial Action: - DENIAL OF INITIAL LICENSE
 DCN: 5500000112249439

Date of Action: 09/10/2016

----- Unabridged Report(s) Follow -----

NPDBP.O. Box 10832
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>

DCN: 5500000112249439

Process Date: 09/15/2016

Page: 1 of 3

BROWN, BRET COVEY

For authorized use by:

CHIROPRACTIC PHYSICIANS BOARD OF
NEVADA**BROWN, BRET COVEY****CHIROPRACTIC PHYSICIANS BOARD OF NEVADA****STATE LICENSURE ACTION****Date of Action: 09/10/2016****Initial Action****Basis for Initial Action**

- DENIAL OF INITIAL LICENSE

- OTHER, SEE SECTION C. OF THE REPORT FOR DETAILS

**A. REPORTING
ENTITY**

Entity Name: CHIROPRACTIC PHYSICIANS BOARD OF NEVADA

Address: 4600 KIETZKE LN STE M245

City, State, Zip: RENO, NV 89502-5000

Country:

Name or Office: JULIE STRANDBERG

Title or Department: EXECUTIVE DIRECTOR

Telephone: (775) 688-1923

Entity Internal Report Reference: 09/10/16

Type of Report: INITIAL

**B. SUBJECT
IDENTIFICATION
INFORMATION
(INDIVIDUAL)**

Subject Name: BROWN, BRET COVEY

Other Name(s) Used:

Gender: MALE

Date of Birth:

Organization Name:

Work Address: 1290 W HORIZON RIDGE PKWY APT 2413

City, State, ZIP: HENDERSON, NV 89012-5537

Organization Type:

Home Address:

City, State, ZIP:

Deceased: UNKNOWN

Federal Employer Identification Numbers (FEIN):

Social Security Numbers (SSN):

Individual Taxpayer Identification Numbers (ITIN):

National Provider Identifiers (NPI): 1316002272

Professional School(s) & Year(s) of Graduation: LOGAN UNIVERSITY (1999)

Occupation/Field of Licensure (Code): CHIROPRACTOR

State License Number, State of Licensure: NO LICENSE, NV

Drug Enforcement Administration (DEA) Numbers:

Unique Physician Identification Numbers (UPIN):

Name(s) of Health Care Entity (Entities) With Which Subject Is
Affiliated or Associated (Inclusion Does Not Imply Complicity in
the Reported Action.):

Business Address of Affiliate:

City, State, ZIP:

Nature of Relationship(s):

NPDBP.O. Box 10832
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>

DCN: 5500000112249439

Process Date: 09/15/2016

Page: 2 of 3

BROWN, BRET COVEY

For authorized use by:

CHIROPRACTIC PHYSICIANS BOARD OF
NEVADA**C. INFORMATION
REPORTED**

Type of Adverse Action: STATE LICENSURE

Basis for Action: OTHER - NOT CLASSIFIED, SPECIFY (99)

Other, as Specified: CONTACT THE BOARD FOR ADDITIONAL INFORMATION

Name of Agency or Program
That Took the Adverse Action

Specified in This Report: CHIROPRACTIC PHYSICIANS BOARD OF NEVADA

Adverse Action

Classification Code(s): DENIAL OF INITIAL LICENSE (1149)

Date Action Was Taken: 09/10/2016

Date Action Became Effective: 09/10/2016

Length of Action: INDEFINITE

Total Amount of Monetary Penalty,

Assessment and/or Restitution:

Is Subject Automatically Reinstated After

Adverse Action Period Is Completed?: NO

Description of Subject's Act(s) or Omission(s) or Other
Reasons for Action(s) Taken and Description of Action(s) Taken
by Reporting Entity:

Respondent applied for licensure in the State of Nevada on April 4, 2016. During the application process, the Board received documentation that raised issues and concerns that could only be addressed by the Board. Therefore, the respondent was required to appear before the Board at its meeting on Saturday, September 10, 2016 so that the Board could receive a presentation from Dr. Brown and his counsel, could ask him questions, and could consider approval of his application. At the close of the matter, the Board unanimously determined to deny Dr. Brown's application.

☐ Subject identified in Section B has appealed the reported adverse action.
**D. SUBJECT
STATEMENT**

If the subject identified in Section B of this report has submitted a statement, it appears in this section.

E. REPORT STATUS

Unless a box below is checked, the subject of this report identified in Section B has not contested this report.

- ☐ This report has been disputed by the subject identified in Section B.
- ☐ At the request of the subject identified in Section B, this report is being reviewed by the Secretary of the U.S. Department of Health and Human Services to determine its accuracy and/or whether it complies with reporting requirements. No decision has been reached.
- ☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services and a decision was reached. The subject has requested that the Secretary reconsider the original decision.
- ☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services. The Secretary's decision is shown below:

PDB

Box 10832
Hendry, VA 20153-0832
<https://www.npdb.hrsa.gov>

DCN: 5500000112249439**Process Date:** 09/15/2016**Page:** 3 of 3**BROWN, BRET COVEY****For authorized use by:****CHIROPRACTIC PHYSICIANS BOARD OF
NEVADA**

Date of Original Submission: 09/15/2016**Date of Most Recent Change:** 09/15/2016

This report is maintained under the provisions of: Section 1921

The information contained in this report is maintained by the National Practitioner Data Bank for restricted use under the provisions of Section 1921 of the Social Security Act, and 45 CFR Part 60. All information is confidential and may be used only for the purpose for which it was disclosed. Disclosure or use of confidential information for other purposes is a violation of federal law. For additional information or clarification, contact the reporting entity identified in Section A.

END OF REPORT

Federation of Chiropractic Licensing Boards

[Return to List](#)[Print This Page](#)

Federation of Chiropractic Licensing Boards

DATABANK ACTION REPORT

CHIROPRACTIC REGULATORY BOARD ACTIONS

QUERY REPORT: CIN-BAD

Questions? Bridget Seader, CIN-BAD Administrator (970) 356-3500 / FAX (970) 356-3599 / E-mail bseader@fclb.org

For authorized use by Nevada State Board of Chiropractic Physicians
 Log-in by Julie Strandberg
 User title Executive Director

Contact Phone 775-686-1921
 Contact Email chirobd@chirobd.nv.gov
 Last accessed 10/13/2016 1:31:19 PM

SUBJECT NAME Bret Covey Brown**Date of birth**

Other names used No Information Reported

Deceased: N
 Gender Male
 U.S. NPI # 1316002272

CONTACT INFORMATION:

Address 1: 1290 W. Horizon Ridge Pkwy Suite 2413, Henderson, NV 89012
 Address 2: 1439 Stillwater Ave Ste #5, Cheyenne, WY 82009-7367

EDUCATION INFORMATION:

Chiropractic Education: Logan University - College of Chiropractic - MO (1999)
 Degree: D.C.
 Other Certifications: No Information Reported
 Other Prof'l Licenses: No Information Reported

PRIMARY SOURCE VERIFIED DATA FOLLOWS**LICENSURE INFORMATION:**

| | License# | Licensed Since |
|---------|----------|----------------|
| WYOMING | 701 | 5/12/2010 |

BOARD ACTIONS:**NEVADA**

Reference #08/10/16

Date of Action: 9/10/2016
 Effective Date: 9/10/2016
 Appeal Date:

Basis 1: Other - Not Classified, Specify
 Note: Denial for Licensure
 Action 1: Denied for Initial Licensure

Length Indefinite Auto Reinstate: N

Comments Dr. Brown applied for licensure in the State of Nevada on April 4, 2016. During the application process, the Board received documentation that raised issues and concerns that could only be addressed by the Board. Therefore, Dr. Brown was required to appear before the Board at its meeting on Saturday, September 10, 2016 so that the Board could receive a presentation from Dr. Brown and his counsel, could ask him questions, and could consider approval of his application. At the close of the matter, the Board unanimously determined to deny Dr. Brown's application.

No Medicare sanctions reported

REMEMBER: Do not take official actions without consulting the board(s) which took action.
 Information is copyrighted by the Federation of Chiropractic Licensing Boards, all rights reserved

For Internal use of Nevada State Board of Chiropractic Physicians only.

Please note that not being listed in the database does not guarantee that actions have not been taken by regulatory boards. Reports can be in process and not yet received by the FCLB. It is strongly urged that you contact the board(s) to verify: (1) if the doctor has a license in good standing; (2) has any pending or previous actions; (3) has any complaints filed against him/her. It is the responsibility of the person initiating the search to query at a later date to see if new actions have been reported after the date of the search. This Chiropractic Information Network-Board Action Databank (CIN-BAD) is a "red-flag" service designed to bring attention to matters of potential concern or positive status. Any subsequent actions taken as a result of this report must be based on complete information obtained directly from the licensing authority(ies) which took the original board action(s), or other authorities as noted in this report. It is understood that CIN-BAD is compiled from

Letters of Support/Recommendation

October 12, 2016

To Whom It May Concern:

I am aware that Bret Brown D.C. has applied for licensure to practice Chiropractic in the state of Nevada. I want to write to you and express the reasons why I can recommend Bret Brown D.C for the licensure to practice Chiropractic medicine in the state of Nevada.

I have known Bret for twenty years, and in that time I have seen him go through the challenges that life may offer. I have seen him rise above many adversities using various capacities of strength, will, determination and resilience. In my time knowing Bret I have learned that he is an invaluable member of the Chiropractic community. I have seen him strive to achieve and surpass goals regarding the education of key foundational benefits of Chiropractic medicine and an improved quality of lifestyle/healthcare within a community. I have witnessed first hand his dedication, determination and passion for providing excellence in patient care as well as for the profession of Chiropractic medicine. As well as witnessing his ability to responsibly nurture the privilege of being a Doctor of Chiropractic Medicine.

I believe you are dealing with a person of valuable and integral moral character and you would be happy to have Bret as part of your Nevada Chiropractic community. He is hardworking and I believe in Bret's abilities to succeed in the future.

Please feel free to contact me if you need further elaboration with specific questions or examples.


Sincerely,

Jenifer Brown

1700 E Riding Club Rd

Cheyenne, WY 82009

PH (307) 121-1543/email: peaches77@wyoming.com

 10/12/16

To Chiropractic Physicians Board of Nevada:

Greene Chiropractic Clinic
1507B Stillwater Ave Suite B
Cheyenne, Wyoming 82009

September 21, 2016

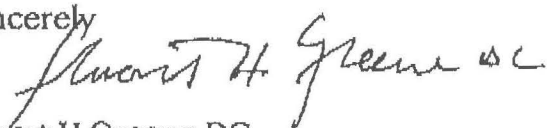
CHIROPRACTIC PHYSICIANS'
BOARD OF NEVADA

SEP 30 2016

RECEIVED
RENO, NEVADA 89502

I am Stuart Greene D.C. owner of Chiropractic in Cheyenne Wyoming for the past 30 years. I have know Bret Brown for 25 years and have not only treated him and his family as patients but have also worked with him in my office in 2011-2012. He is a respected and positive member of our community and liked by many. On November 21 our office had an "emergency" patient and Dr. Brown came in after hours to treat the patient and to ensure the patient got some relief before traveling for the holidays. Also while employed in my office Dr. brown was responsible for Patient intake, radiographs, treatment and scheduling and note taking and performed these duties professionally and ethically. Dr. Brown is a good friend and a missed chiropractic physician? He has always had the best interests and welfare of the public as a priority and I recommend him for licensure as a Chiropractic physician in the state of Nevada.

Sincerely


Stuart H Greene DC

From: Mark Mitchell

10313 Vernon Ave.

Lubbock, TX 79423

575-693-1630

Mark Mitchell88101@yahoo.com

CHIROPRACTIC PHYSICIANS'
BOARD OF NEVADA

SEP 30 2016

RECEIVED
RENO, NEVADA 89502

To Whom It May Concern:

I am writing this letter in regards to the character and person of Bret Brown.

I have known Bret for well over 25 years now and he is one of the best people I know. I have admired the trials he has been through in life and the person and Dr. he has become. Bret has always been there when I needed anything. He has done a fantastic job taking care of his family and it hasn't always been easy. As a Dr. of Chiropractic care he has helped many people including my self and done so in a respectful manner. He is always kind and truly wants to help a person that is hurting....always keeping his patients best interests at heart.

Bret has persevered through several trials in his life and done so with his head held high every time. We are close friends and I have yet to ever see him take the low road in any situation. Bret has an inner self awareness like none I have ever seen. He truly speaks ill of no one....and that is one of his rarest qualities. He is truly a kind person that spreads laughter and love to anyone he comes in contact with.... It's almost annoying to see someone that enjoys life and embraces it as much as he does. I do not write these things simply because he is my friend.... I write them because HE IS my friend. I will always cherish our friendship, and look forward to the opportunities we do get in life to hang out.

In Short Bret is a great person with high moral character and a passion for helping people...and he truly does make the world a better place. If for any reason you need to speak with me, my contact info is above.

Thank you,

Mark Mitchell

A handwritten signature in black ink, appearing to read 'Mark Mitchell', with a long horizontal line extending to the right.

CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA

AGENDA ACTION SHEET

TITLE: **Agenda Item 8** Approval of the September 10, 2016 Meeting Minutes. - For possible action.

RECOMMENDED MOTION: **Approve the minutes of the September 10, 2016 meeting as drafted.**

PRESENTED BY: **Ben Lurie, DC**

MEETING DATE: **January 13, 2017**

TIME REQUIRED: **5 minutes**

BACKGROUND INFORMATION:

REVIEWED BY: X President X Secretary X Executive Director

ACTION: Approved Approved w/Modifications Denied Continued

BRIAN SANDOVAL
Governor
BENJAMIN LURIE, DC
President
MAGGIE COLUCCI, DC
Vice President
JASON O. JAEGER, DC
Secretary-Treasurer

STATE OF NEVADA



LAWRENCE DAVIS, DC
Member
DAVID G. ROVETTI, DC
Member
TRACY DiFILLIPPO, ESQ
Consumer Member
SHELL MERCER, ESQ
Consumer Member
JULIE STRANDBERG
Executive Director

CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA

4600 Kietzke Lane, Suite M245

Reno, Nevada 89502-5000

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MINUTES OF MEETING/HEARING

A meeting of the Chiropractic Physicians' Board was held on Saturday, September 10, 2016 at the Grant Sawyer Building, 555 E. Washington St., Room 1100, Las Vegas, NV 89101..

The following Board Members were present at roll call:

Benjamin Lurie, President
Maggie Colucci, Vice President
Jason O. Jaeger, Secretary-Treasurer
Lawrence Davis, Member
David G. Rovetti, Member
Shell Mercer, Consumer Member
Tracy DiFillippo, Consumer Member

Also present were CPBN Counsel Mr. Ling and Executive Director Julie Strandberg.

President, Dr. Benjamin Lurie determined a quorum was present and called the meeting to order at 8:03 a.m.

Dr. Colucci led those present in the Pledge of Allegiance. Dr. Jaeger stated the purpose of the Board

Agenda Item 1 Public Interest Comments - No action.

There was no public comment.

Agenda Item 2 Approval of agenda – For possible action.

Dr. Davis moved to approve the agenda. Dr. Jaeger seconded, and the motion passed with all in favor.

Agenda Item 6 Approval of the March 5, 2016 Meeting Minutes and the June 4, 2016 Meeting Minutes - For possible action.

Dr. Colucci moved to approve the meeting minutes. Ms. DiFillippo seconded, and the motion passed with all in favor. Mr. Ling stated that with respect to hearings minutes can be summarized.

September 10, 2016 Meeting Agenda

Agenda Item 7 Ratification of granting of DC licenses to applicants who passed the examination on June 8, July 13, and August 10, 2016 – For possible action.

Dr. Davis moved to approve the ratification of granting of the DC licenses to those who passed the examination on June 8 and July 13, 2016. Dr. Lurie seconded, and the motion passed with all in favor.

Agenda Item 8 Ratification of granting of CA certificates to applicants who passed the examination on August 18, 2016. – For possible action

Dr. Davis moved to approve the ratification of granting of CA certificates to those who passed the examinations on August 18, 2016. Dr. Jaeger seconded, and the motion passed with all in favor.

Agenda Item 3 Discussion/possible action regarding the Application for Doctor of Chiropractic of Bret Brown, DC – For possible action. (Note: The Board may go into closed session pursuant to NRS 241 to consider the character alleged misconduct, or professional competence of Dr. Brown)

Dr. Lurie stated that this is the discussion/possible action regarding the application for Doctor of Chiropractic of Bret Brown, DC, for possible action. Dr. Lurie asked if Dr. Brown would like to go into closed session and he stated that he did not. Dr. Lurie began by summarizing the history of Dr. Brown's background. Dr. Brown's attorney, Mr. Murphy provided the Board with additional documents and began with his opening remarks. Dr. Brown's attorney requested to go into closed session. Dr. Colucci moved to approve the meeting go into closed session. Dr. Jaeger seconded, and the motion passed with all in favor.

Dr. Lurie opened up questioning to the Board. Conversation ensued between the Board and Bret Brown, DC and his attorney, Mr. Murphy.

Ms. DiFillippo moved to go back to an open meeting. Ms. Mercer seconded, and the motion passed with all in favor.

Ms. DiFillippo moved to deny the application for Bret Brown, DC. Ms. Mercer seconded, and the motion passed with all in favor. Mr. Ling stated that Bret Brown, DC shall be allowed to re-apply for DC licensure.

Agenda Item 4 Discussion/possible action regarding the Application for Chiropractor's Assistant of Charles Morgan – For possible action. (Note: The Board may go into closed session pursuant to NRS 241 to consider the character alleged misconduct, or professional competence of Mr. Morgan)

Dr. Lurie stated that Mr. Morgan is a former employee at Neck and Back and turned the chair to Dr. Colucci, Vice President. Dr. Colucci stated that this is the discussion/possible action regarding the application for Chiropractor's Assistant of Charles Morgan. Dr. Colucci asked Mr. Morgan if he would like to go into closed session and he stated that he did not. Mr. Morgan gave the Board a brief summary of his past history. The Board asked questions of Mr. Morgan.

Ms. DiFillippo moved to approve the application for Mr. Morgan. Ms. Mercer seconded, and the motion passed with all in favor. Dr. Lurie recused himself from this matter.

Agenda Item 5 Discussion/possible action in the Matter of Mark Rubin, DC, Complaint 15-06S – For possible action. (Note: The Board may go into closed session pursuant to NRS 241 to consider the character alleged misconduct, or professional competence of Dr. Rubin)

Dr. Lurie stated that this is the discussion/possible action regarding Mark Rubin, DC, Complaint 15-06S for possible action. Dr. Lurie asked if Dr. Rubin would like to go into closed

September 10, 2016 Meeting Agenda

session and Dr. Rubin stated that he did not. Mr. Ling stated that Ms. Sophia Long, Deputy Attorney General was in attendance to represent the Board since he will prosecute this matter. Mr. Ling summarized the charges against Dr. Rubin. Mr. Ling stated that a Notice of Charges was issued stating Four Causes of Action and Dr. Rubin's counsel answered. Mr. Ling stated that this brings us to the Settlement Agreement being presented today. Mr. Ling stated that Dr. Rubin admitted to the First Cause of Action, failure to make records and Second, failure to notify patients that he did not carry malpractice. Dr. Rubin did not contest the Fourth allegation that he gave false statements to the Board during the investigation. The third cause of action is that Dr. Rubin failed to notify the Social Security Administration that he was also earning income for practicing chiropractic. Dr. Rubin's license shall be on probation for three years, he shall pay the Boards' fees and costs of \$2,500.00 and pay a fine of \$1,500, and take and pass the Ethics and Boundaries exam and the Boards' jurisprudence exam. Dr. Rubin will be assigned a Practice Monitor and provide written evidence that he has contact the Social Security Administration to allow the IBM to request records from the Social Security Administration to verify compliance.

Dr. Rubin's attorney Mr. Roger Crouteau gave a brief summary of Dr. Rubin's background.

Dr. Lurie asked if there were any questions from the Board and there were none.

Dr. Davis made a motion to accept the Settlement Agreement. Dr. Colucci seconded. Dr. Lurie asked for discussion. Dr. Lurie asked Dr. Rubin if he would have a physical practice or mobile practice and advised that he notify the Board within 15 days of his physical location. Dr. Rubin stated that he will have a physical practice. Dr. Rovetti stated his concern regarding the limitations of what the assigned Monitor was allowed to monitor in Dr. Rubin's practice. Dr. Rovetti noted that the settlement agreement stated that basically the only things the Monitor could investigate and report back to the Board was on Dr. Rubin's records, his malpractice notification, and his malpractice purchase. Mr. Ling stated that it was understood that if the Monitor noticed any other violations by Dr. Rubin of any Nevada Chiropractic Laws, the Monitor would discuss with Dr. Rubin and also report that to the IBM. The motion passed with all in favor. Ms. DiFillippo recused herself as the Investigating Board Member.

Agenda Item 13 NCC Report – No action.

Dr. Stephanie Youngblood and Andrea Waller, Executive Director were present on behalf of the NCC. Dr. Youngblood stated that the NCC will be holding its first, one-day convention in Las Vegas on October 15, 2016 and will offer 10 hours of Continuing Education. Dr. Youngblood stated that the NCC will have four guest speakers and the focus will be on documentation, personal injury, spinal biomechanics, whiplash, and treatment of ligamentation. Dr. Lurie asked if the NCC had advertised the conference to CA's. Dr. Youngblood stated they had not, but will ensure that it is communicated. Ms. Waller stated that the NCA's membership is at approximately 20 members. Dr. Youngblood stated that the NCC is on probation with culinary for about one year prior to being accepted as a state association that a DC can be a member of. Dr. Colucci recommended that the NCC become PACE approved through the National Board.

Agenda Item 9 Status report regarding anonymous profiles of possible disciplinary actions.

Board action will be limited to either dismissing the matter if the Board determines there is no violation, it has no jurisdiction over the subject, or providing direction to pursue the matter further – For possible action:

A. Complaint 15-01S (Dr. Lurie)

Dr. Lurie asked Mr. Ling if there had been any communication from the individual's attorney that the website would be taken down. Mr. Ling stated that he had not heard anything other than the individual nor the attorney have access to remove the website. Dr. Lurie asked Mr. Ling to communicate with the administrator of the website to have the website removed.

B. Complaint 15-06S (Ms. DiFillippo)

Ms. DiFillippo stated that this is the Settlement Agreement in the Matter of Mark Rubin, DC that was heard before the Board today.

C. Complaint 15-11S (Dr. Rovetti)

Dr. Rovetti stated that this is the continuation of the investigation conducted by the Federal Government due to Medicare billing. The DC entered into a Settlement Agreement with the Department of Justice and was fined \$150,000 and the MD was fined \$90,000 for alleged medicare fraud. Dr. Rovetti spoke to the DC and the DC stated that he would be willing to surrender his license. The Board received a letter from the DC stating that he was officially surrendering his license. The Board followed up with the DC with a letter outlining specific stipulations. This letter was brought before the Board for approval. Dr. Rovetti recommended to dismiss this case with the letter stating that the DC surrenders his license B00797.

Dr. Colucci moved to accept the surrender of the DC's license. Dr. Lurie seconded for discussion. Dr. Lurie asked that the letter be modified to include if the DC plans to obtain a license in another state that he notify the Chiropractic Physicians' Board of Nevada.

Dr. Colucci amended her motion to accept the modification. Dr. Lurie seconded, and the motion passed with all in favor with the exception of Dr. Davis, who opposed.

D. Complaint 15-18N (Dr. Lurie)

Dr. Lurie stated that he is still gathering information, so this complaint is on-going.

E. Complaint 15-27S (Dr. Lurie)

Dr. Lurie stated that this complaint is against a DC who cannot be located. Mr. Ling stated that he would prepare a citation for the January 13, 2016 Board meeting. Dr. Lurie stated to move this complaint to the dormant section until the DC re-appears.

F. Complaint 15-29S (Dr. Colucci)

Dr. Colucci stated that this complaint was received from the National Insurance Crime Bureau regarding billing, coding, and diagnostic procedure codes. Dr. Colucci reviewed the diagnosis and procedure codes of several patient files and found that the codes matched the procedure(s) and Dr. Colucci recommended dismissal. Ms. Mercer moved to dismiss complaint 15-29S. Dr. Rovetti seconded, and the motion passed with all in favor. Dr. Colucci recused herself as the Investigating Board Member.

G. Complaint 15-33S (Colucci)

Dr. Colucci stated that this complaint was received from an anonymous individual regarding a DC's office advertising as specialists. Dr. Colucci spoke with the DC's who own the practice who advised that the advertisement had been removed. Dr. Colucci recommended dismissal with a letter of instruction.

Dr. Jaeger moved to dismiss complaint 15-33S with a letter of instruction. Ms. Mercer seconded, and the motion passed with all in favor with the exception of Dr. Davis, who opposed. Dr. Colucci recused herself as the Investigating Board Member.

H. Complaint 16-01S (Jaeger)

Dr. Jaeger stated that there were allegations that a DC was practicing while under the influence of marijuana. Dr. Jaeger stated that the DC is in compliance with the voluntary drug testing, however, recommended that the monitoring continue for six more months.

I. Complaint 16-02S (Lurie)

Dr. Lurie stated that this complaint was submitted by an individual who indicated that they were injured by a Physical Therapist who allegedly performed a chiropractic technique. Dr. Lurie stated that he had not been able to make contact with the complainant. Dr. Lurie will continue to attempt to make contact with the complainant. If there is no contact prior to the January 13, 2017 Board meeting the complaint will be dismissed.

J. Complaint 16-04S (Colucci)

Dr. Colucci stated that this complaint was received from the National Insurance Crime Bureau regarding billing, coding, and diagnostic procedure codes. Dr. Colucci reviewed the diagnosis and procedure codes of several patient files and found that the codes matched the procedure(s) and recommended dismissal. Dr. Jaeger moved to dismiss complaint 16-04S. Dr. Rovetti seconded, and the motion passed with all in favor. Dr. Colucci recused herself as the Investigating Board Member.

K. Complaint 16-05S (Colucci)

Dr. Colucci stated that this complaint was received from the National Insurance Crime Bureau regarding billing, coding, and diagnostic procedure codes. Dr. Colucci reviewed the diagnosis and procedure codes of several patient files and found that the codes matched the procedure(s) and recommended dismissal. Dr. Rovetti moved to dismiss complaint 16-05S. Dr. Jaeger seconded, and the motion passed with all in favor. Dr. Colucci recused herself as the Investigating Board Member.

L. Complaint 16-07N (Jaeger)

Dr. Jaeger stated that the complainant is asking the Board to get his money back, because he didn't receive the "guaranteed" results that he was told he would receive by the DC. Dr. Jaeger spoke to the DC who stated that the appointment was a nutraceutical/weight loss intervention. Dr. Jaeger stated that the DC was well within the scope and the patient appears to be unhappy since he did not get the results that he wanted.

Dr. Jaeger noted that the DC's literature, however did not disclose that he is a chiropractor. Dr. Jaeger explained to the DC that he is required to state that he is a chiropractor and recommended dismissal.

Dr. Colucci asked if there was a contract signed between the patient and the DC and if the patient completed the entire program. Dr. Lurie asked if the treatment was set up on a pre-payment plan. Dr. Jaeger stated that he did not have the answers to those

September 10, 2016 Meeting Agenda

questions and would recommend bringing the answers back to the Board at its next meeting. Dr. Lurie stated to table complaint 16-07N until the January 13, 2017 meeting.

M. Complaint 16-08S (Jaeger)

Dr. Jaeger stated that he has reviewed the documentation and reached out to the complainant, but has not heard back. This complaint will continue to be investigated.

N. Complaint 16-09S (Lurie)

Dr. Lurie stated that a DC republished an article originally published in a national publication. The DC changed the title and the author to themselves and had the article published in another magazine. Dr. Lurie stated that this complaint is still under investigation.

O. Complaint 16-10S (Colucci)

Dr. Colucci stated the complainant received a treatment known as long access traction and left the office feeling fine. The patient stated that a few days later he was chewing on food and fractured his tooth and attributed it to the treatment provided. The patient communicated this to the DC who recommended that the patient complete an incident report. The patient submitted the incident report, but received no response. Dr. Colucci instructed the chiropractor to talk with their malpractice insurance carrier and provide a response to the patient, which was done. Dr. Colucci recommended dismissal of this complaint.

Ms. Mercer moved to dismiss complaint 16-10S. Dr. Lurie seconded, and the motion passed with all in favor. Dr. Colucci recused herself as the Investigating Board Member.

Agenda Item 10 FARB Forum – For possible action.

A. Update on January 2016 FARB Forum – Orlando, FL – Ms. Mercer

Ms. Mercer stated that she was unable to attend FARB.

B. 41st FARB Forum, San Antonio, TX – January 26-29, 2017

Dr. Lurie asked if anyone was interested in attending. Ms. Mercer requested to attend and it was approved.

Agenda Item 11 FCLB/NBCE Matters – For possible action.

Dr. Colucci reported that the FCLB District meeting will be held in Colorado Springs, CO, October 13-16 and she will be in attendance. Dr. Colucci reported that the National Board is in the process of pulling back on the computer-based testing and going back to paper and pencil until they get new IT formats.

Agenda Item 12 NCA Report – For possible action

There was nobody in attendance to report on the NCA.

Agenda Item 14 Board Counsel Report – No action.

Mr. Ling stated that he attended the Governor's Drug Abuse Prevention Summit and it was a success with over 500 attendees. The Governor focused on how policy makers can assist in helping the opioid abuse in the state. There was discussion with respect to chiropractors getting

September 10, 2016 Meeting Agenda

paid as part of a larger pain management strategy. Mr. Ling stated that the Centers for Disease Control discussed looking at other modalities besides writing prescriptions for pain medications.

Dr. Lurie requested an update on Agenda Item 13 from the June 5th Board meeting agenda regarding revisions to NAC 634 and Agenda Item 11 regarding discussion with the Attorney General's office with respect to the Physical Therapy Board. Mr. Ling stated that there appeared to be an oversight with respect to finalizing the Administrative Code. Mr. Ling stated that the Physical Therapy Board is no longer being represented by the Attorney General's office and are now being represented by a Private Attorney, Hal Taylor. Dr. Lurie stated that the Boards' bill has been submitted to Capitol Partners and Randy Kirner is holding our position

Agenda Item 9L

Dr. Lurie recommended that the Board go back to Agenda Item 9L, Complaint 16-07N. Dr. Jaeger indicated that he was able to obtain additional information to clarify questions from the Board during the previous discussion. Dr. Jaeger stated that the patient entered into a pre-payment plan and the program was completed. Dr. Jaeger recommended dismissal with the advertisement letter to the DC instructing that they correct the flyer to indicate DC. Ms. DiFillippo moved to dismiss complaint 16-07N. Ms. Mercer seconded, and the motion passed with all in favor. Dr. Jaeger recused himself as the Investigating Board Member.

Agenda Item 15 Executive Director Reports:

- A. Status of Pending Complaints – No action.
- B. Status of Current Disciplinary Actions – No action.
- C. Legal/Investigatory Costs – No action.
- D. Boards' Financial Institution – For possible action

Julie Strandberg summarized each of the Executive Director reports. She stated that the quarterly reports for Dr. Luzod, Dr. Raines, and Dr. Stella are included in the Board packets.

Agenda Item 16 Financial Status Reports:

- A. Current cash position & projections – No action.
- B. Accounts Receivable Summary – No action.
- C. Accounts Payable Summary – No action.
- D. Employee Accrued Compensation – No action.
- E. Income/Expense Actual to Budget Comparison as of July 31, 2016 – No action.

Julie Strandberg summarized the financial status reports. Julie Strandberg stated that the Board will be changing from Wells Fargo Bank to Nevada State Bank. Julie Strandberg confirmed an error in the total cash balance date. The date printed states 4/30/16 and it should be 7/30/16.

Agenda Item 17 Committee Reports

- A. Continuing Education Committee (Dr. Davis) – For possible action.
Dr. Davis stated that CE applications are getting approved quickly. The only issue that continues to come up is organizations not providing a co-sponsor.
- B. Legislative Committee (Dr. Lurie) – For possible action.
Dr. Lurie stated that he spoke with Capitol Partners and they are watching the elections. The Boards' BDR is in place. Mendy Elliott will be meeting with the Physical Therapists lobbyist to discuss the BDR they have submitted.

September 10, 2016 Meeting Agenda

C. Preceptorship Committee (Dr. Rovetti) – For possible action.

Julie Strandberg stated that two students just completed the Preceptor Program and one application has been received.

D. Test Committee (Dr. Colucci) - For possible action.

Dr. Colucci stated that the CA failure rate remains high, however the test remained the same. Dr. Colucci stated that it's imperative that the exam is offered online. Julie Strandberg stated that the DC exam has been launched and is available online through Myicourse.

Agenda Item 18 Consideration of possible revisions of the Preceptor laws and regulations - For possible action.

Dr. Rovetti stated that Dr. Jaeger provided some revisions to NAC 634.341. Following discussion Ms. DiFillippo moved to approve the revised language. Dr. Lurie seconded, and the motion passed with all in favor.

Agenda Item 19 Continuation of chiropractic college presentations – For possible action.

Dr. Rovetti stated that he travels to Palmer West to educate the chiropractic students on what the Board is about and how to stay out of trouble. Dr. Rovetti requested that the Board continue to pay him \$150.00 per quarter upon his departure from his position on the Board. Mr. Ling stated that the Board would need to contract with Dr. Rovetti if this were to continue. Following discussion, there was no motion by the Board.

Agenda Item 20 Establish dates for the next Chiropractor's Assistant examination and Board meetings – For possible action.

Dr. Lurie clarified that the Chiropractor's Assistant examination will be administered in person, paper and pencil on Thursday, February 16, 2017 at CSN in Las Vegas and at the Board complex in Reno.

Dr. Lurie recommended that Board meetings be held on Fridays. The Board agreed, and set the following dates for 2017: Friday, January 13, 2017 in Las Vegas, Friday, April 21, 2017 in Reno, and Friday, July 14, 2017 in Reno.

Agenda Item 21 New Board Member Training – Nevada Leadership Program through UNR – For possible action.

Dr. Rovetti stated that UNR administers a Nevada Leadership program that would be beneficial for new Board Members. Dr. Lurie moved to approve optional Board Member training through UNR and stated that the Board would cover the cost. Dr. Davis seconded, and the motion passed with all in favor.

Agenda Item 22 Correspondence Report – No action.

Dr. Lurie stated that there were no correspondence to report.

Agenda Item 23 Outstanding Staff/Board Items – For possible action.

Dr. Lurie stated that there were no outstanding items other than those he mentioned during the Board Counsel report.

Agenda Item 24 Board Member Comments – No action.

September 10, 2016 Meeting Agenda

Dr. Davis stated that this is his last meeting and gave his thanks and appreciation to the Board. Dr. Rovetti gave his thanks and appreciation to all the Board members. Each Board member acknowledged their appreciation and guidance from Dr. Davis and Dr. Rovetti.

Agenda Item 25 Public Interest Comments – No action.

This portion of the meeting is open to the public to speak on any topic NOT on today's agenda and may be limited to 3 minutes.

There were no public interest comments.

Agenda Item 26 Adjournment – For possible action.

Dr. Davis moved to adjourn the meeting. Dr. Rovetti seconded, and the motion passed unanimously.

Approved January 13, 2017

Dr. Jason O. Jaeger, Secretary-Treasurer

CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA

AGENDA ACTION SHEET

TITLE: **Agenda Item 9** Ratification of granting of DC licenses to applicants who passed the examinations from September to December 2016 – For possible action

RECOMMENDED MOTION: Ratify granting of licenses to those who passed their examinations from September to December 2016.

PRESENTED BY: Ben Lurie, DC

MEETING DATE: January 13, 2017

TIME REQUIRED: 2 minutes

BACKGROUND INFORMATION: All exams from September to December were taken online which requires a 90% pass rate.

The average score was 92%.

| <u>September</u> | <u>November</u> | <u>December</u> |
|--------------------|-----------------|-----------------|
| Richard Ford | Brianna McNall | Joshua Redd |
| Charles Griffin II | Jonathan Parham | John Walsh |
| Glenn Lunceford | | |
| Alexander Peters | | |

REVIEWED BY: X President X Secretary X Executive Director

ACTION: Approved Approved w/Modifications Denied Continued

CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA

AGENDA ACTION SHEET

TITLE: **Agenda Item 10** Legislative Matters – No action
A. Capitol Partners report

RECOMMENDED MOTION: **No recommendation**

PRESENTED BY: **Ben Lurie, DC**

MEETING DATE: **January 13, 2017**

TIME REQUIRED: **30 minutes**

BACKGROUND INFORMATION:

REVIEWED BY: X President X Secretary X Executive Director

ACTION: Approved Approved w/Modifications Denied Continued

Agenda Item 10

CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA

AGENDA ACTION SHEET

TITLE: **Agenda Item 11** Board Counsel Report – No action

RECOMMENDED MOTION: **Non-Action item.**

PRESENTED BY: **Louis Ling**

MEETING DATE: **January 13, 2017**

TIME REQUIRED: **15 minutes**

BACKGROUND INFORMATION:

REVIEWED BY: X President X Secretary X Executive Director

ACTION: Approved Approved w/Modifications Denied Continued

CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA

AGENDA ACTION SHEET

TITLE: Agenda Item 12 Status report regarding anonymous profiles of possible disciplinary actions. Board action will be limited to either dismissing the matter if the Board determines there is no violation, it has no jurisdiction over the subject, or providing direction to pursue the matter further – For possible action:

RECOMMENDED MOTION: Dismiss the complaint if recommended by the IBM.

- A. Complaint 04-4 (Ms. Mercer)
- B. Complaint 15-01S (Dr. Lurie)
- C. Complaint 15-18N (Dr. Lurie)
- D. Complaint 15-27S (Dr. Lurie)
- E. Complaint 16-01S (Dr. Jaeger)
- F. Complaint 16-02S (Dr. Lurie)
- G. Complaint 16-08S (Jaeger)
- H. Complaint 16-09S (Lurie)
- I. Complaint 16-11S (Colucci)
- J. Complaint 16-12S (Colucci)
- K. Complaint 16-13S (Lurie)
- L. Complaint 16-14S (Jaeger)
- M. Complaint 17-01S (Lurie)

PRESENTED BY: Ben Lurie, DC

MEETING DATE: January 13, 2017

TIME REQUIRED: 20 minutes

BACKGROUND INFORMATION:

REVIEWED BY: X President X Secretary X Executive Director

ACTION: Approved Approved w/Modifications Denied Continued

CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA

AGENDA ACTION SHEET

TITLE: Agenda Item 12A Status report regarding anonymous profiles of possible disciplinary actions. Board action will be limited to either dismissing the matter if the Board determines there is no violation, it has no jurisdiction over the subject, or providing direction to pursue the matter further – For possible action:

A. Complaint 04-4 (Ms. Mercer)

RECOMMENDED MOTION: No recommendation

PREPARED BY: Ms. Mercer

MEETING DATE: January 13, 2017

TIME REQUIRED: 5 minutes

BACKGROUND INFORMATION: Under the term of the Order Granting Reinstatement with Conditions in the Matter of Dr. Francis Raines, he is being monitored to ensure compliance by Ms. Mercer.

REVIEWED BY: X President X Secretary X Executive Director

ACTION: Approved Approved w/Modifications Denied Continued

Agenda Item 12A

CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA

AGENDA ACTION SHEET

TITLE: Agenda Item 12B Status report regarding anonymous profiles of possible disciplinary actions. Board action will be limited to either dismissing the matter if the Board determines there is no violation, it has no jurisdiction over the subject, or providing direction to pursue the matter further – For possible action:

B. Complaint 15-01S (Dr. Lurie)

RECOMMENDED MOTION: Recommend dismissal.

PREPARED BY: Ben Lurie, DC

MEETING DATE: January 13, 2017

TIME REQUIRED: 5 minutes

BACKGROUND INFORMATION: A website was discovered which advertises this individual as a licensed Nevada DC and according to our records that is not the case. Dr. Lurie and Mr. Ling have confirmed that the website has been removed.

REVIEWED BY: X President X Secretary X Executive Director

ACTION: Approved Approved w/Modifications Denied Continued

Agenda Item 12B

CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA

AGENDA ACTION SHEET

TITLE: **Agenda Item 12C** Status report regarding anonymous profiles of possible disciplinary actions. Board action will be limited to either dismissing the matter if the Board determines there is no violation, it has no jurisdiction over the subject, or providing direction to pursue the matter further – For possible action:

C. Complaint 15-18N (Dr. Lurie)

RECOMMENDED MOTION: **No recommendation.**

PRESENTED BY: **Ben Lurie, DC**

MEETING DATE: **January 13, 2017**

TIME REQUIRED: **5 minutes**

BACKGROUND INFORMATION: **The complainant indicates that a relationship between their ex and the individuals supervising DC ensued while working for the DC and being treated. The employee remains employed in the DC's office.**

REVIEWED BY: X President X Secretary X Executive Director

ACTION: Approved Approved w/Modifications Denied Continued

Agenda Item 12C

CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA

AGENDA ACTION SHEET

TITLE: Agenda Item 12D Status report regarding anonymous profiles of possible disciplinary actions. Board action will be limited to either dismissing the matter if the Board determines there is no violation, it has no jurisdiction over the subject, or providing direction to pursue the matter further – For possible action:

D. Complaint 15-27S (Dr. Lurie)

RECOMMENDED MOTION: Issue Citation to suspend the DC's license.

PREPARED BY: Ben Lurie, DC

MEETING DATE: January 13, 2017

TIME REQUIRED: 5 minutes

BACKGROUND INFORMATION: The Board has received complaints from three different Las Vegas law firms requesting patient files. However, at this time the DC cannot be located. The Board has not been able to reach the DC at the contact information on file and it has been confirmed that his practice is closed. A citation was sent to the DC's last known address via certified mail. The return receipt has been returned to the Board as delivered. The DC has been reported to CIN-BAD and the National Practitioners Data Bank.

REVIEWED BY: X President X Secretary X Executive Director

ACTION: Approved Approved w/Modifications Denied Continued

DEC 06 2016

RECEIVED
RENO, NEVADA 89502

CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA

CITATION

CITATION NO: 15-06 CASE NO: 15-27S

THE CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA
HEREBY ISSUES THIS CITATION TO:

James Lo, D.C.
701 S. Decatur Blvd.
Las Vegas, Nevada 89107

License No. B845

THE CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA HEREBY DECLARES UNDER PENALTY OF PERJURY THAT ON, BEFORE, AND ABOUT THE DATE OF THIS CITATION AND ON A CONTINUOUS BASIS IN LAS VEGAS, NEVADA AND ELSEWHERE DID UNLAWFULLY ENGAGE IN THE FOLLOWING ACTIVITY, TO WIT:

Dr. James Lo is a Nevada licensed chiropractic physician (License No. B845) with a last known address to the Board's office of 701 S. Decatur Blvd., Las Vegas, Nevada 89107. The Board's office received three complaints from three different law firms (dated 10/5/15, 11/27/15, and 12/28/15) in which the allegations were that the law firms sought patient records from Dr. Lo's office and were unable to obtain the records. Subsequent to the receipt of the complaints, the Board's staff also attempted to contact Dr. Lo at his last known address and telephone number and was unable to contact Dr. Lo. Dr. Lo, therefore, has in his possession or control numerous patients' medical records that the patients are unable to obtain from Dr. Lo. Furthermore, Dr. Lo has failed to maintain with the Board's office a valid physical address or telephone number.

**ALL OF THE ABOVE IS CONTRARY TO
NEVADA REVISED STATUTES (NRS) 634.140(1) and 634.129 and
634.018(10) and/or NRS 634.018(11) and/or NRS 634.018(17) and NEVADA
ADMINISTRATIVE CODE (NAC) 634.380 and NAC 634.430(1)(i).**

For the violation, you are hereby issued this citation and are assessed a fine in the amount of \$5,000.00 and fees and costs of the investigation of this matter and preparation of this Citation of \$130.00, for a total due and payable immediately of \$5,130.00.

You may resolve this matter by paying the fine by certified check or cashier's check for the full amount of the assessed fine made payable to "Chiropractic Physicians' Board of Nevada" and by providing written evidence: (1) of your present physical and mailing addresses and valid telephone number; and (2) that you have provided all requested medical records to any and all patients who have requested such. The fine and written evidence must be received at the Board's office at the above address within 10 days of the date of issuance of this citation. If you pay the fine and provide the written evidence, it will constitute a satisfactory resolution of the matter for purposes of public disclosure of the disposition of the violation.

If you wish not to pay the fine and to contest the charges made herein, you may appeal the findings of this violation by written request to the Chiropractic Physicians' Board of Nevada, which must be received at the Board's office within 30 days after the date of the issuance of the citation. If you seek an appeal, a hearing will be scheduled before the Board at its next regularly scheduled meeting. If you seek an appeal, you must appear at the hearing before the Board. If you appeal and are unsuccessful, the Board may assess its attorney's fees and costs of the hearing against you in addition to the fine assessed in this citation.

If you do not timely pay the fine assessed and do not appeal the matter to the Board pursuant to the above paragraphs, the Board may proceed as it deems appropriate to collect the fine and may assess attorney's fees and costs incurred in the investigation, prosecution, and collection of sums due herein.

12-6-2016
DATE OF ISSUANCE


SIGNATURE OF REPRESENTATIVE

CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA

AGENDA ACTION SHEET

TITLE: Agenda Item 12E Status report regarding anonymous profiles of possible disciplinary actions. Board action will be limited to either dismissing the matter if the Board determines there is no violation, it has no jurisdiction over the subject, or providing direction to pursue the matter further – For possible action:

E. Complaint 16-01S (Dr. Jaeger)

RECOMMENDED MOTION: Dismiss the complaint if recommended by the IBM.

PREPARED BY: Jason O. Jaeger, DC

MEETING DATE: January 13, 2017

TIME REQUIRED: 5 minutes

BACKGROUND INFORMATION: The DC entered into an agreement to be voluntarily monitored over a period of one year with random urinalysis tests. This item will remain on the agenda until March 2017, which is the end of the monitoring period.

REVIEWED BY: X President X Secretary X Executive Director

ACTION: Approved Approved w/Modifications Denied Continued

Agenda Item 12E

CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA

AGENDA ACTION SHEET

TITLE: Agenda Item 12F Status report regarding anonymous profiles of possible disciplinary actions. Board action will be limited to either dismissing the matter if the Board determines there is no violation, it has no jurisdiction over the subject, or providing direction to pursue the matter further – For possible action:

F. Complaint 16-02S (Dr. Lurie)

RECOMMENDED MOTION: No recommendation.

PREPARED BY: Ben Lurie, DC

MEETING DATE: January 13, 2017

TIME REQUIRED: 5 minutes

BACKGROUND INFORMATION: This complaint was received from a patient of a physical therapist who feels that chiropractic techniques were administered, which has allegedly caused injury.

REVIEWED BY: X President X Secretary X Executive Director

ACTION: Approved Approved w/Modifications Denied Continued

Agenda Item 12F

CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA

AGENDA ACTION SHEET

TITLE: Agenda Item 12G Status report regarding anonymous profiles of possible disciplinary actions. Board action will be limited to either dismissing the matter if the Board determines there is no violation, it has no jurisdiction over the subject, or providing direction to pursue the matter further – For possible action:

G. Complaint 16-08S (Dr. Jaeger)

RECOMMENDED MOTION: No recommendation

PREPARED BY: Jason O. Jaeger, DC

MEETING DATE: January 13, 2017

TIME REQUIRED: 5 minutes

BACKGROUND INFORMATION: The complainant alleges that a DC is conducting an unethical practice and not performing proper standard of care. The complainant was referred to a pain specialist by the DC who was also unprofessional. It is possible that there is a partnership between the DC and the pain specialist.

The complainant has also filed a complaint with the Medical Board against the Pain Specialist. A message was left for the investigator to get the status of their complaint.

REVIEWED BY: ___X___ President ___X___ Secretary ___X___ Executive Director

ACTION: _____Approved _____Approved w/Modifications _____Denied _____Continued

Agenda Item 12G

CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA

AGENDA ACTION SHEET

TITLE: Agenda Item 12H Status report regarding anonymous profiles of possible disciplinary actions. Board action will be limited to either dismissing the matter if the Board determines there is no violation, it has no jurisdiction over the subject, or providing direction to pursue the matter further – For possible action:

H. Complaint 16-09S (Dr. Lurie)

RECOMMENDED MOTION: Recommend dismissal.

PREPARED BY: Benjamin Lurie, DC

MEETING DATE: January 13, 2017

TIME REQUIRED: 5 minutes

BACKGROUND INFORMATION: Dr. Lurie obtained confirmation from the original author that permission was given to the DC to publish the article.

REVIEWED BY: X President X Secretary X Executive Director

ACTION: Approved Approved w/Modifications Denied Continued

Agenda Item 12H

CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA

AGENDA ACTION SHEET

TITLE: Agenda Item 12I Status report regarding anonymous profiles of possible disciplinary actions. Board action will be limited to either dismissing the matter if the Board determines there is no violation, it has no jurisdiction over the subject, or providing direction to pursue the matter further – For possible action:

I. Complaint 16-11S (Dr. Colucci)

RECOMMENDED MOTION: No recommendation.

PREPARED BY: Maggie Colucci, DC

MEETING DATE: January 13, 2017

TIME REQUIRED: 5 minutes

BACKGROUND INFORMATION: The Board received copies of two depositions involving an Associate DC who, under the direction of another DC allegedly utilized a template for all patients which identified the same treatment codes, x-rays, etc. for all patients.

REVIEWED BY: ___X___ President ___X___ Secretary ___X___ Executive Director

ACTION: ___ Approved ___ Approved w/Modifications ___ Denied ___ Continued

Agenda Item 12I

CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA

AGENDA ACTION SHEET

TITLE: Agenda Item 12J Status report regarding anonymous profiles of possible disciplinary actions. Board action will be limited to either dismissing the matter if the Board determines there is no violation, it has no jurisdiction over the subject, or providing direction to pursue the matter further – For possible action:

J. Complaint 16-12S (Dr. Colucci)

RECOMMENDED MOTION: No recommendation.

PREPARED BY: Maggie Colucci, DC

MEETING DATE: January 13, 2017

TIME REQUIRED: 5 minutes

BACKGROUND INFORMATION: The complainant indicates that a Chiropractic office is claiming to perform MRI's out of their office, but only for auto accidents. Possible conflict of interest.

REVIEWED BY: ___X___ President ___X___ Secretary ___X___ Executive Director

ACTION: ___ Approved ___ Approved w/Modifications ___ Denied ___ Continued

Agenda Item 12J

CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA

AGENDA ACTION SHEET

TITLE: Agenda Item 12K Status report regarding anonymous profiles of possible disciplinary actions. Board action will be limited to either dismissing the matter if the Board determines there is no violation, it has no jurisdiction over the subject, or providing direction to pursue the matter further – For possible action:

K. Complaint 16-13S (Dr. Lurie)

RECOMMENDED MOTION: No recommendation.

PREPARED BY: Benjamin Lurie, DC

MEETING DATE: January 13, 2017

TIME REQUIRED: 5 minutes

BACKGROUND INFORMATION: The Complainant states that the DC conducted inappropriate sexual behavior during their exam.

REVIEWED BY: X President X Secretary X Executive Director

ACTION: Approved Approved w/Modifications Denied Continued

Agenda Item 12K

CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA

AGENDA ACTION SHEET

TITLE: Agenda Item 12L Status report regarding anonymous profiles of possible disciplinary actions. Board action will be limited to either dismissing the matter if the Board determines there is no violation, it has no jurisdiction over the subject, or providing direction to pursue the matter further – For possible action:

L. Complaint 16-14S (Dr. Jaeger)

RECOMMENDED MOTION: No recommendation

PREPARED BY: Jason O. Jaeger, DC

MEETING DATE: January 13, 2017

TIME REQUIRED: 5 minutes

BACKGROUND INFORMATION: Complainant alleges that a Physical Therapist performed a chiropractic technique while sitting in a chair, which has left them with pain.

REVIEWED BY: X President X Secretary X Executive Director

ACTION: Approved Approved w/Modifications Denied Continued

Agenda Item 12L

CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA

AGENDA ACTION SHEET

TITLE: Agenda Item 12M Status report regarding anonymous profiles of possible disciplinary actions. Board action will be limited to either dismissing the matter if the Board determines there is no violation, it has no jurisdiction over the subject, or providing direction to pursue the matter further – For possible action:

M. Complaint 17-01S (Dr. Lurie)

RECOMMENDED MOTION: No recommendation.

PREPARED BY: Benjamin Lurie, DC

MEETING DATE: January 13, 2017

TIME REQUIRED: 5 minutes

BACKGROUND INFORMATION: The Board is in receipt of an advertisement complaint stating that a DC is allegedly making false or misleading communications.

REVIEWED BY: X President X Secretary X Executive Director

ACTION: Approved Approved w/Modifications Denied Continued

Agenda Item 12M

CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA

AGENDA ACTION SHEET

TITLE: Agenda Item 13 Approval of proposed Payment Arrangements in the matter of Heriberto "Eddie" Soltero, Complaint 15-05S – for Possible Action

RECOMMENDED MOTION: Approve Mr. Soltero's recommended payment arrangements.

PRESENTED BY: Dr. Ben Lurie

MEETING DATE: January 13, 2017

TIME REQUIRED: 10 minutes

BACKGROUND INFORMATION: Pursuant to the Citation ordered to Mr. Soltero on December 8, 2015 he has been making monthly payments of \$100.00 towards his fine and Board costs, which total \$2,795.00. To date, Mr. Soltero has paid \$1,100.00.

This notice is to advise the Board the Mr. Soltero has provided correspondence and has indicated that he will start paying \$200.00 beginning January 2017 and will then increase to \$250.00 each month. Mr. Soltero stated that he plans to pay the amount in full by July 2017.

REVIEWED BY: X President X Secretary X Executive Director

ACTION: Approved Approved w/Modifications Denied Continued

Heriberto Soltero
7447 Poppy Hills Ct
Las Vegas, NV 89113

CHIROPRACTIC PHYSICIANS'
BOARD OF NEVADA

DEC 02 2016

RECEIVED
RENO, NEVADA 89502

November 30, 2016

Dear Julie Strandberg,

I am providing the Chiropractic Physicians Board with an up-date on the status of my financial agreement to continue to pay and increase the monthly payment toward the citation / board cost. I will begin to send payments of \$200.00 on or before the 15 of each month starting January of 2017 and will increase shortly there after to \$250.00 each month so that I may pay off entirely the full amount by July 15, 2017

I am still great full for the opportunity to have made this possible for me and full fill this obligation.

Thank you;

Sincerely,

A handwritten signature in black ink, appearing to read 'H. Soltero' with a stylized flourish at the end.

Heriberto 'Eddie' Soltero L.M.T BCTMB

CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA

AGENDA ACTION SHEET

TITLE: Agenda Item 14 FCLB/NBCE Matters – For possible action

- A. Selection of Board's choice for FCLB Voting Delegate
- B. Selection of Board's choice for FCLB Alternate Delegate
- C. Selection of Board's choice for NBCE Voting Delegate
- D. Selection of Board's choice for NBCE Alternate Delegate
- E. Selection of Board Member to participate in the Spring National Board Part IV Exam - May 19, 20, & 21, 2017
- F. Selection of Board Member to participate in the National Board Part IV Test Committee meeting - June 9 & 10, 2017
- G. Selection of Board Member to participate in the Fall National Board Part IV Exam - November 10, 11, & 12, 2017
- H. Other FCLB/NBCE matters

RECOMMENDED MOTION: No recommendation.

PRESENTED BY: Ben Lurie, DC

MEETING DATE: January 13, 2017

TIME REQUIRED: 5 minutes

BACKGROUND INFORMATION:

The FCLB and NBCE Voting Delegate and Alternate Delegate positions serve a one-year term.

Each year the National Board of Chiropractic Examiners administers two Part IV Practical Examinations and hosts a Part IV Test Committee meeting. The NBCE recommends that two state board members participate as examiners in the administration of each practical exam, and one board member (licensed DC) participate in the June Test Committee.

REVIEWED BY: X President X Secretary X Executive Director

ACTION: Approved Approved w/Modifications Denied Continued

CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA

AGENDA ACTION SHEET

TITLE: **Agenda Item 15** Committee Reports - For possible action

- A. Continuing Education Committee**
- B. Legislative Committee (Dr. Lurie)**
- C. Preceptorship Committee**
- D. Test Committee (Dr. Colucci)**
 - 1. CA Exam
 - a. CCCA - FCLB
 - b. Law Exam Administered by the CPBN On-Line
 - i. 25 Law & 25 X-Ray Questions

RECOMMENDED MOTION: **No recommendation**

PRESENTED BY: **Ben Lurie, DC**

MEETING DATE: **January 13, 2017**

TIME REQUIRED: **15 minutes**

BACKGROUND INFORMATION: **One Board member is assigned to each committee and shall report on the happenings of the committee at each Board meeting.**

REVIEWED BY: X President X Secretary X Executive Director

ACTION: Approved Approved w/Modifications Denied Continued

NAC 634.305 Examination for certification as chiropractor's assistant. ([NRS 634.030](#))

1. At least once each year, the Board will administer an examination to applicants for a certificate as a chiropractor's assistant.

2. The examination will consist of the following subjects, including, without limitation:

- (a) Radiographic technology, protection, quality control and positioning of the patient;
- (b) Ancillary procedures and applications relating to chiropractic; and
- (c) The provisions of NRS and NAC that are related to the practice of chiropractic.

3. An applicant who receives a score of at least 75 percent on the examination is entitled to a certificate as a chiropractor's assistant.

4. If an applicant fails to receive a score of at least 75 percent on the examination the first time he or she takes the examination, the applicant may retake the examination within 1 year without payment of an additional fee.

5. If an applicant who receives training and employment as a chiropractor's assistant trainee pursuant to subparagraph (2) of paragraph (a) of subsection 2 of [NAC 634.355](#) fails to receive a score of at least 75 percent on the examination after two attempts and wishes to continue working as a chiropractor's assistant trainee, the supervising licensee must, within 30 days after the date of the notice from the Board of the results of the examination, submit a plan for additional training to the Board. The chair of the test committee will:

(a) Approve or deny the plan; and

(b) Determine whether the chiropractor's assistant trainee may continue working as a chiropractor's assistant trainee.

6. If, pursuant to paragraph (b) of subsection 5, the chair of the test committee determines that a chiropractor's assistant trainee may continue working as a chiropractor's assistant trainee, the chiropractor's assistant trainee may continue working as a chiropractor's assistant trainee if he or she:

(a) Pursuant to [NAC 634.350](#), submits a new application for a certificate as a chiropractor's assistant and pays the required fee; and

(b) Provides the chair of the test committee with proof that the chiropractor's assistant trainee is enrolled in an educational course in a subject described in subsection 2.

7. If a chiropractor's assistant trainee who has submitted an application pursuant to paragraph (a) of subsection 6 fails to pass any portion of the examination after two attempts, the chiropractor's assistant trainee shall not work as a chiropractor's assistant trainee until the chiropractor's assistant trainee has passed all the portions of the examination.

8. An applicant for a certificate as a chiropractor's assistant who fails on two occasions to appear for an examination that he or she has been scheduled to take:

(a) Shall be deemed to have withdrawn his or her application;

(b) Forfeits any application fees paid to the Board; and

(c) Must, if he or she has been receiving training and employment as a chiropractor's assistant trainee pursuant to subparagraph (2) of paragraph (a) of subsection 2 of [NAC 634.355](#), cease working as a chiropractor's assistant trainee.

➤ If the applicant applies thereafter for a certificate, the applicant must establish eligibility for the certificate in accordance with the provisions of this chapter and [chapter 634](#) of NRS.

9. As used in this section, "chair of the test committee" means the member of the Board who is assigned by the Board to serve as the chair of the committee that is created by the Board to administer an examination to applicants for a certificate as a chiropractor's assistant.

(Added to NAC by Bd. of Chiropractic Exam'rs, eff. 5-13-82; A 1-31-94; A by Chiropractic Physicians' Bd. by R030-98, 9-10-98; R095-03, 10-22-2003; R014-10, 5-5-2011)

CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA

AGENDA ACTION SHEET

TITLE: **Agenda Item 16** Reassign Committees - For possible action

RECOMMENDED MOTION: **No recommendation**

PRESENTED BY: **Ben Lurie, DC**

MEETING DATE: **January 13, 2017**

TIME REQUIRED: **15 minutes**

BACKGROUND INFORMATION:

Current Committees

- A. Continuing Education Committee (Dr. Davis) Needs to be re-assigned**
- B. Legislative Committee (Dr. Lurie)**
- C. Preceptorship Committee (Dr. David Rovetti) Needs to be re-assigned**
- D. Test Committee (Dr. Colucci)**

REVIEWED BY: X President X Secretary X Executive Director

ACTION: Approved Approved w/Modifications Denied Continued

CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA

AGENDA ACTION SHEET

TITLE: **Agenda Item 17** Executive Director Reports:

- A. Status of Pending Complaints – No action**
- B. Status of Current Disciplinary Actions – No action**
- C. Legal/Investigatory Costs – No action**
- D. 2017/2018 DC Renewal Statistics**

RECOMMENDED MOTION: **Non-Action item.**

PRESENTED BY: **Julie Strandberg**

MEETING DATE: **January 13, 2017**

TIME REQUIRED: **5 minutes**

BACKGROUND INFORMATION: **See attached reports.**

REVIEWED BY: X President X Secretary X Executive Director

ACTION: Approved Approved w/Modifications Denied Continued

STATUS OF PENDING COMPLAINTS – January 13, 2017

| <u>Complaint No.</u> | <u>Date Received</u> | <u>Investigator</u> | <u>Nature of Complaint</u> | <u>Current Status</u> | <u>Costs To Date</u> |
|----------------------|----------------------|----------------------------------|---|------------------------------|----------------------|
| 15-01S | 1/2/2015 | Lurie | Advertising as a Nevada DC without a valid NV license. | Recommend dismissal | \$2,689.60 |
| 15-18N | 6/10/2015 | Nolle Reassigned to Dr. Lurie | Possible Sexual Misconduct | Pending Settlement Agreement | \$304.80 |
| 15-27S | 10/6/2015 | Lurie | Unable to locate DC for patient records | Citation Issued | \$130.00 |
| 16-01S | 1/3/2016 | Jaeger | DC allegedly using controlled substance on the job. NRS 634.018(9) | Pending Resolution | |
| 16-02S | 1/7/2016 | Lurie | PT allegedly practicing outside of scope | Under investigation | |
| 16-08S | 8/31/2016 | Jaeger | Alleged malpractice/misconduct | Under investigation | |
| 16-09S | 9/2/2016 | Lurie | Alleged Plagiarism | Recommend dismissal | |
| 16-11S | 9/7/2016 | Colucci | Erroneous records and billings | Under investigation | |
| 16-12S | 10/12/2016 | Colucci | Valid use of MRI machine | Under investigation | |
| 16-13S | 10/20/2016 | Lurie | Possible sexual misconduct, | Under investigation | |
| 16-14S | 11/22/2016 | Jaeger | PT allegedly practicing outside of scope | Under investigation | |
| 17-01S | 1/5/2017 | Lurie | DC is allegedly making false or misleading communications in their advertisement. | Under investigation | |

DORMANT COMPLAINTS:

| | | | | | |
|---------------|-----------|---------|---|--|--|
| 11-23S | 11/7/2011 | Rovetti | Unredeemable “nsf” check written on Doctor's business account | To be held in abeyance; to be addressed if the licensee requests reinstatement in the future | |
| 13-23N | 9/30/2013 | Rovetti | Possible malpractice | To be held in abeyance; to be addressed if the licensee requests reinstatement in the future | |

STATUS OF CURRENT DISCIPLINARY ACTIONS at September 10, 2016**Disciplinary Action with Probation****1. Daniel Brady, DC, License No. B1391**

By Settlement Agreement, Dr. Brady shall comply with all terms and conditions of the California Board's Decision and Order dated April 24, 2012 (eff. May 24, 2012) which placed him on probation for five years with certain terms and conditions. He reimbursed the Board's \$325.00 costs on November 12, 2012 and passed the Board's jurisprudence examination with a score of 81%. **Dr. Brady returned to Active status and is no longer tolling as of February 2015. He is currently in compliance with the requirements of his probation.**

2. Casey D. Robinson, DC, License No. B1263

Dr. Robinson was granted a license on September 14, 2007 under the condition that he comply with all of the terms and conditions of his Agreement on Conditions for Licensure with California and monitoring of his practice by Board-appointed Compliance Monitor, Dr. Jeff Andrews. Dr. Robinson's 5-year probation with California commenced on February 14, 2006. He was required to reimburse the California Board's costs of \$3,103.75 and serve 4 hours per month of community service for 2-1/2 years of his probation. It was subsequently determined that Dr. Robinson did not comply with the terms and conditions of his agreement with California. This was addressed at the June 4, 2011 meeting and a new Agreed Settlement was approved that extends his probation for another five years concurrent with and under the same terms and conditions as his settlement agreement with California. **Dr. Robinson was placed in tolling status effective November 18, 2015 and has a five year tolling limit. Dr. Robinson is current and in compliance with the terms and conditions of his California probation per the California Board.**

3. Paul Rovetti, DC, License No. B328

On April 7, 2016 the Board ordered Dr. Rovetti's license be suspended for three months, but the suspension shall be stayed pending successful completion of the following terms: The term of probation shall be from the effective date of this Order until December 31, 2018. Take and pass the Board's jurisprudence exam and the EBAS within 90 days of the effective date of this Order. Provide written evidence of completion of at least 4.5 hours of continuing education every 90 days throughout the period of probation. Pay the Boards' fees and costs totaling \$1,718.90 and pay a fine of \$1,000.00. Dr. Rovetti's failure to comply with the Board's order within 90 days has resulted in suspension of his license effective July 28, 2016.

4. Mark Rubin, DC, License No. B753

On September 10, 2016 Dr. Rubin entered into a Settlement Agreement and Order with the Board. Dr. Rubin will be on probation for three years with a practice monitor who will assure compliance with the terms and conditions of the settlement agreement. Dr. Rubin shall provide documentation as noted in the Settlement Agreement and Order to the Investigating Board Member within the time frames identified. Dr. Rubin was ordered to pay a fine and the Boards' costs in the amount of \$4,000.00 and is making monthly payments of \$100.00. **The current balance is \$3,800.00**

5. David Stella, DC, License No. B753

Effective November 16, 2013 Dr. Stella is on probation for three years with a practice monitor who will assure compliance with the terms and conditions of the settlement agreement, including that a member of his staff will be present in the room when he interviews, treats, or otherwise interacts with a female patient, and that manual cervical traction procedures are properly performed and billed. Dr. Stella is required to pay a total fine of \$16,000. Dr. Stella has satisfied the terms of his Settlement Agreement by passing the National Board Ethics and Boundaries Examination, and completing two hours of approved continuing education relating to billing and coding and two hours regarding record keeping and

chiropractic documentation. On October 27, 2016 Dr. Stella paid his fine in full. **This is the last reporting for Dr. Stella.**

6. Timothy Francis, DC, License No. B309

Pursuant to the Board Order Dr. Francis is on probation for three years effective August 21, 2015 and shall pay the costs incurred in the investigation and prosecution within the three years in the amount of \$60,484.16. Dr. Francis passed the Ethics and Boundaries Assessment Services (EBAS) Essay Examination on October 22, 2015 and passed the Board's jurisprudence exam on October 9, 2015. Dr. Francis submitted the written correction plan to address policies, procedures, and steps he intends to take regarding teaching and chiropractic practices to assure that he maintains proper and distinct professional boundaries between his students, his mentees, his personal friends, his paramours, and his patients, which is in the process of review and approval. The IBM may speak to Dr. Francis at his discretion to ensure Dr. Francis is following the correction plan that was agreed to.

Disciplinary Actions with No Probation

7. Francis Raines, DC, License No. B0187

Under the March 12, 2013 Board Order, Dr. Raines shall be monitored by the Investigating Board Member, a chiropractic physician, and a mental health monitor for 24 months from the date he begins practicing, which occurred on December 8, 2015. Dr. Raines' wife is serving as the business and financial manager and is currently the only employee. Dr. Raines was ordered to pay a fine in the amount of \$20,000.00 and has been making monthly payments of \$75.00 per month since May 30, 2013 and continues to do so. **The current balance is \$17,296.00.** Dr. Raines is in compliance with the terms of the Order.

8. Heriberto "Eddie" Soltero, NVMT.3862

Under the December 8, 2015 settlement agreement, Mr. Soltero was found in violation of performing chiropractic without a valid license. Mr. Soltero shall pay a fine totaling \$500 and pay board costs totaling \$2,295.55. Mr. Soltero has been making monthly payments of \$100.00, however effective January 2017 he will begin making monthly payments of \$200.00. **The current balance is \$1,195.00.**

IAN YAMANE, D.C.
2851 N. TENAYA WAY, SUITE 103
LAS VEGAS, NEVADA 89128
(702) 292-4000
(702)309-4879 fax

INITIAL REPORT

November 5, 2016

Tracy DiFillipo, J.D.
Chiropractic Physician's Board of Nevada
4600 Kietzke Lane, M-245
Reno, NV 89502

RE: Mark Rubin, D.C.

Probationary Period: 9/10/2016-9/9/2019
Case No: 15-06S

Dear Ms. DiFillipo:

The Board's Agreed Settlement of Disciplinary Action and Order dated 9/10/2016 delineated areas of concern and areas of supervision that the Board wished to have monitored over the three year period of probation. On 11/2/2016, I met with Dr. Rubin at Mountain West Chiropractic to discuss parameters of my supervision and formalize our arrangements. He was employed by Albert Simoncelli, D.C. of Mountain West Chiropractic on a temporary basis from June 12, 2016 through September 19, 2016. Prior to June he was on disability for several months. He currently is not employed or in active practice. He is currently seeking employment or possibly starting his own practice. He does understand that wherever he does treat patients that the patient records need to be produced at any time, particularly when the quarterly compliance visits are made. He

also understands that failure to pay for the compliance costs is deemed to be in breach of the Settlement Agreement and Order.

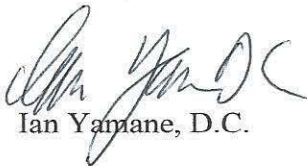
We discussed his clinical record keeping practices, the status of his malpractice insurance, and future compliance visits. He indicated that he provided the board with a sample SOAP note format and proof of malpractice insurance coverage. Dr. Simoncelli provided malpractice coverage while he was under his employ. Now that Dr. Rubin is unemployed, he is currently seeking coverage in preparation for treating patients in the near future.

The board order was dated on 9/10/16 so Dr. Rubin treated patients through 9/19/16. I evaluated a sampling of five records (MC, MW, AM, JM, LS) that he produced during that week of treating patients. The practice utilized an EMR software called Chirotouch. This assisted Dr. Rubin with meeting the standard of care regarding record keeping. The only issue that I found were on files MC and LS. He did not leave his signature after the SOAP notes were completed. I did instruct him on this oversight and he does understand that he needs to initial all notes for the future.

Conclusion

Dr. Rubin produced SOAP notes that met the minimal standard for record keeping. There were two files where there was no signature after the SOAP note was completed. He indicated he will make sure not to make this mistake again. He is currently looking into an EMR software system so that he can continue to be compliant in his record keeping when he does start to treat patients in the future. My next inspection of his records will be in February of 2017.

Sincerely,

A handwritten signature in black ink, appearing to read 'Ian Yamane', with a stylized flourish at the end.

Ian Yamane, D.C.

Cc: Mark Rubin, D.C.
CPBN Office

IAN YAMANE, D.C.
2851 N. TENAYA WAY, SUITE 103
LAS VEGAS, NEVADA 89128
(702) 309-4878
(702)309-4879 fax

QUARTERLY REPORT

October 1, 2016

Ben Lurie, D.C.
Chiropractic Physician's Board of Nevada
4600 Kietzke Lane, M-245
Reno, NV 89502

RE: Devin Luzod, D.C.

Probationary Period: 6/1/2013-5/31/2016

Case No: 12-11S, 12-13S, 12-17S, 12-21S, 12-22S, 13-01S

Dear Dr. Lurie:

Facility Inspection

On September 28th and 29th of 2016 I conducted quarterly inspections at each of Dr. Luzod's offices. Since my last visit, Dr. Gardner terminated his employment at the Summerlin office in June. He has not been replaced. Leslie Mati terminated her employment in August. She was replaced by Charmaine Gianopolis who started working at the front desk two weeks ago.

Henderson Location: 55 Valle Verde Drive, #235

An inspection was performed at this practice on 9/28/16. Dr. Hecker and Michelle Lindsay work at this location.

Summerlin Location: 1930 Village Center Circle, #11

An inspection was performed at this practice on 9/29/16. Drs. Luzod and Lynette Villa continues to work at this location.

Brandi Moya continues to work as the practice administrator for both offices.

Patient Base and Referral Sources

Dr. Luzod continues to coordinate and perform all advertising and marketing for all of his offices. He continues to offer the same deals on Groupon.

Equipment

Each of his offices continues to utilize the TQ Solo cold level laser which is FDA cleared. The assistants at each of the offices are placing and setting the laser on each of the patients as directed by the doctor.

Record Keeping

I reviewed a random selection of patient charts from the Henderson office: PW, GS, JC, PG, GM and the Summerlin office: LH, CW, JD, TE, JB to assure their compliance with NAC 634.435. Each of the electronic records automatically labeled the doctor on the top of each note in addition to a signature on file notation towards the end of the note. Exams were performed in a timely fashion and the goals were updated. Subjective complaints including the activities of daily living were dynamic. Objective findings were updated but the assessment remained unchanged even after a re-evaluation was performed. There was file GS where the pain scale worsened from the first visit to the next reevaluation. In addition, there were no changes in the ADLs. No additional recommendations were made despite the worsening of the condition.

Status of Probation Requirements

The Amended Board's Agreed Settlement of June 1, 2013 included multiple conditions to be observed during the course of Dr. Luzod's probation which ends on May 31, 2016. Probation has been extended until further notice.

The table below summarizes the status of those requirements to date.

| Item | Status |
|--|---|
| 1. Take and pass the CPBN Jurisprudence Exam by 9/1/13. | Passed test in August 2013. |
| 2. Complete 6 hours of CE related to billing, coding, and radiology by 9/1/13. | Completed on 8/23/13. |
| 3. Take and pass the NBCE Ethics and Boundaries Exam by 12/1/13. | Completed on 8/13/13. |
| 4. Pay \$17,410.42 for costs by 5/31/2016. | Agreed to pay \$527.59 per month for 33 payments. All payments have been fulfilled. |
| 5. Audit of records for laser charges from 10/19/11 to the date of audit. | Pending |
| 6. Repayment of laser charges to patients or third party payors(to be determined by IBM from the audit). | Pending |

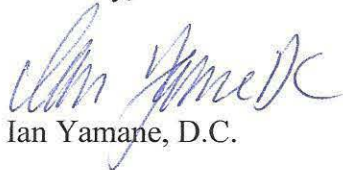
| | |
|---|-------------------------------|
| 7. 3 year's probation, with quarterly practice monitoring status reports. | Ongoing until further notice. |
| 8. Compliance monitoring as determined from the onsite audits from Chiropractic Compliance Solutions (CCS). | Ongoing until further notice. |
| 9. Any violation of conditions may lead to further Board action. | Ongoing |
| 10. Any default in payment of costs will cause further Board action. | Completed in May of 2016. |
| 11. No supervision of chiropractic students. | Ongoing |
| | |

Conclusion

The Chirotouch EMR software has been utilized for the past several months. Short and long term treatment goals were continually updated in the "plan section" after each reevaluation was performed. Multiple treatment plans were recommended to patients (26, 32, 38, 52). Each note did indicate who performed the laser treatment. There were no double billing charges or inconsistencies between the financial ledger and SOAP note. Provider signatures were labeled after the completion of each note. The SOAP notes were more dynamic in nature. A canned statement has been added in the objective section indicating that the objective findings would be updated every reevaluation. Updating of diagnosis needs to be updated after each reevaluation. Whenever the pain patterns and ADLs of a patient are not improving, alternative treatment recommendations or additional diagnostic tests should be made for the care of the patient. Co-management with a medical specialist should be a consideration as well. Dr. Luzod indicated that he will improve on the management of patients who do not improve in a timely fashion.

My next inspection will be in December of 2016.

Sincerely,



Ian Yamane, D.C.

Cc: Devin Luzod, D.C.
CPBN Office

Dr. Jo Briggs

9555 So. Eastern Ave., Suite 240
Las Vegas, NV 89123
(702) 385-3090

December 7, 2016

Chiropractic Physicians' Board of Nevada
4600 Kietzke Lane
Suite M-245
Reno, NV 89502

Update on Dr. David Stella

After a conversation with Dr. Stella last week, I am writing the final report on his probation. He is continuing to be quite busy in both offices so will be keeping both of his offices.

He has a full time employee that works with him in both offices. He also has a part time employee who coordinates with the attorneys that refer patients for care.

He is in full compliance with his agreement with the board as of this date.

Sincerely,

A handwritten signature in black ink that reads "Dr Jo Briggs". The signature is written in a cursive, flowing style.

Dr. Jo Briggs
Chiropractic Physician
Compliance Monitor

CHIROPRACTIC PHYSICIANS' BOARD

Legal/Investigatory Costs

| Costs Incurred | | Since Last Report 8/1/16- 11/30/16 | Year-To-Date Fiscal Year 2017/2018 |
|------------------|--------------|---|--|
| Advantage Group | | 265.80 | 265.80 |
| Attorney General | | 370.45 | 370.45 |
| | Sub-Total | 636.25 | 636.25 |
| Staff Attorney | | 5,330.00 | 6,094.00 |
| | Total | \$ 5,966.25 | \$ 6,730.25 |

Costs Reimbursed

| | | |
|--------------------------|---------------|----------------------|
| Timothy Francis, DC | -0- | 0.00 |
| Paul Rovetti, DC | -0- | 0.00 |
| Mark Rubin, DC | 100.00 | 100.00 |
| Heriberto "Eddie Soltero | 300.00 | 500.00 |
| Corazon Murillo, DC | -0- | 10,024.21 |
| Obteen Nassiri, DC | -0- | 114,614.24 |
| | Totals | \$ 124,638.45 |

Deemed Uncollectible

Date Assessed

Amount Due

Assigned to the State Controller for collection 4/1/10:

| | | |
|------------------------|-----------|-----------|
| Verl Bel | 7/16/2009 | 14,240.00 |
| David Buanno | 6/27/2008 | 19,439.00 |
| James T. Overland, Jr. | 8/1/2007 | 64,427.36 |
| | Sub-Total | 98,106.36 |

Assigned to the State Controller for collection 12/14/11:

| | | |
|------------------|-----------|----------|
| Charles Musich | 3/13/2009 | 3,757.34 |
| Reginald Profant | 9/11/2009 | 4,843.11 |
| | Sub-Total | 8,600.45 |

Total assigned to the State Controller for collection

106,706.81

Debt Written Off @ 6/30/13

Edward Johnson, DC

(deceased)

28,653.56

2017/2018 DC License Renewal Statistics

| | 1/1/2017 | 2016 | Difference | Percent Change |
|----------------|----------|------|------------|-------------------|
| Active | 582 | 695 | 113 | 16% |
| Inactive | 106 | 122 | 16 | 13% |
| <u>Pending</u> | 129 | | | |
| | 817 | 817 | 0 | |

CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA

AGENDA ACTION SHEET

TITLE: **Agenda Item 18** Financial Status Reports - No action

- A. Current cash position & projections**
- B. Accounts Receivable Summary**
- C. Accounts Payable Summary**
- D. Employee Accrued Compensation**
- E. Income/Expense Actual to Budget Comparison as of November 30, 2016**
- F. June 30, 2016 Audit – Bertrand & Associates**

RECOMMENDED MOTION: **Non-Action item.**

PRESENTED BY: **Jason O. Jaeger, DC/Julie Strandberg**

MEETING DATE: **January 13, 2017**

TIME REQUIRED: **10 minutes**

BACKGROUND INFORMATION: **See attached reports.**

REVIEWED BY: X President X Secretary X Executive Director

ACTION: Approved Approved w/Modifications Denied Continued

**CHIROPRACTIC PHYSICIANS' BOARD
BANK BALANCE REPORT
As of November 30, 2016**

| | |
|-------------------------------|---------------------|
| CHECKING ACCOUNT | 147,772.80 |
| SAVINGS ACCOUNT(S) | 47,057.56 |
| Total Cash Balance @ 11/30/16 | <u>\$194,830.36</u> |

ACCOUNTS RECEIVABLE SUMMARY AS OF November 30, 2016

| | |
|---------------------|--------------------|
| Fines | 20,446.00 |
| Cost Reimbursements | 65,898.61 |
| Total A/R | <u>\$86,344.61</u> |

**ACCOUNTS PAYABLE SUMMARY
As of November 30, 2016**

State Treasurer - Fines collected/payable

| | |
|------------------------|---------------------|
| Total Accounts Payable | <u>\$ 18,554.00</u> |
|------------------------|---------------------|

Extraordinary Items

***Employee Accrued Compensation as of 11/30/16**

| | Vacation Hours | Sick-Leave Hours |
|-----------------|----------------|------------------|
| Julie Standberg | 143.32 | 786.47 |
| Brett Canady | 37.50 | 25.50 |
| | | |

Note: \$11,904.64 balance due Lucinda Wade for unused sick and annual leave

Chiropractic Physicians' Board of Nevada
Income/Expense Report To Budget - CASH BASIS
For the Period Ending November 30, 2016

| | Actual July 1, 2016 thru November 30, 2016 | Budget FY 06/30/17 | Variance |
|--|---|-----------------------|----------------------|
| Revenue | | | |
| License & Fees | 144,136.25 | 488,750.00 | 344,613.75 |
| Application & Fees | 11,718.25 | 26,450.00 | 14,731.75 |
| Interest/Gain Loss on Invest | 368.71 | 1,200.00 | 831.29 |
| Exam Fees | 5,488.52 | 9,375.00 | 3,886.48 |
| Reinstatement Fees | 1,525.00 | 7,500.00 | 5,975.00 |
| Miscellaneous | 9,015.75 | 22,125.00 | 13,109.25 |
| Reimbursement Income | 600.00 | 12,582.00 | 11,982.00 |
| TOTAL REVENUE | \$ 172,852.48 | \$ 567,982.00 | \$ 395,129.52 |
| Expenses | | | |
| Background Checks | 2,769.00 | 7,000.00 | 4,231.00 |
| Banking Expenses | 2,915.65 | 4,000.00 | 1,084.35 |
| Dues & Registration | 1,810.00 | 4,000.00 | 2,190.00 |
| Equipment Repair | - | - | - |
| COMPUTER: Equipment/Software/Websites | 7,086.52 | 12,500.00 | 5,413.48 |
| Insurance | 1,041.03 | 1,500.00 | 458.97 |
| Legal & Professional | 16,080.00 | 59,800.00 | 43,720.00 |
| Operating Supplies | 1,275.24 | 4,000.00 | 2,724.76 |
| Printing & Copying | 1,416.63 | 3,500.00 | 2,083.37 |
| Postage | 2,520.09 | 5,000.00 | 2,479.91 |
| Casual Labor - Clerical | 0.00 | 4,000.00 | 4,000.00 |
| Personnel | | | |
| Office Salaries | 53,234.48 | 170,000.00 | 116,765.52 |
| Board Salaries | 1,050.00 | 10,000.00 | 8,950.00 |
| Workman's Compensation | 214.66 | 5,750.00 | 5,535.34 |
| Retirement - PERS | 8,414.25 | 21,810.00 | 13,395.75 |
| Employee Insurance - PEBP | 9,703.87 | 21,818.00 | 12,114.13 |
| Unemployment | 592.75 | 4,550.00 | 3,957.25 |
| Medicare & Social Security | 1,226.08 | 10,002.00 | 8,775.92 |
| Payroll Processing | 418.93 | 162.00 | (256.93) |
| Rent | 6,811.24 | 13,937.00 | 7,125.76 |
| Telephone | 827.27 | 4,000.00 | 3,172.73 |
| Travel | | | - |
| In State | 2,877.47 | 10,000.00 | 7,122.53 |
| Out State | 1,197.69 | 10,000.00 | 8,802.31 |
| TOTAL EXPENSES | \$ 123,482.85 | \$ 387,329.00 | \$ 263,846.15 |
| NET RESULT | \$ 49,369.63 | \$ 180,653.00 | |
| BEGINNING CASH BALANCE 07/01/16 | 144,738.94 | | |
| NET OPERATING RESULT | 194,108.57 | | |
| Equipment Purchases | | 1,000.00 | |

**Chiropractic Physicians' Board of Nevada
Income/Expense Report - CASH BASIS
For the Period July 1, 2016 thru November 30, 2016**

AGENDA ITEM 18E

| | Actual July 1, 2016 thru November 30, 2016 | Actual July 1, 2015 thru November 30, 2015 |
|--|---|---|
| Revenue | | |
| License & Fees | 144,136.25 | 10,150.00 |
| Application & Fees | 11,718.25 | 14,252.00 |
| Interest/Gain Loss on Invest | 368.71 | 267.26 |
| Exam Fees | 5,488.52 | 4,937.00 |
| Reinstatement Fees | 1,525.00 | 870.00 |
| Miscellaneous | 9,015.75 | 6,316.93 |
| Reimbursement Income | 600.00 | - |
| TOTAL REVENUE | \$ 172,852.48 | \$ 36,793.19 |
| Expenses | | |
| Background Checks | 2,769.00 | 2,683.50 |
| Banking Expenses | 2,915.65 | 1,526.28 |
| Dues & Registration | 1,810.00 | 1,891.65 |
| Equipment Repair | - | - |
| COMPUTER: Equipment/Software/Websites | 7,086.52 | 6,842.10 |
| Insurance | 1,041.03 | 1,041.03 |
| Legal & Professional | 16,080.00 | 47,162.13 |
| Operating Supplies | 1,275.24 | 824.48 |
| Printing & Copying | 1,416.63 | 1,217.31 |
| Postage | 2,520.09 | 1,584.84 |
| Casual Labor - Clerical | - | - |
| Personnel | - | - |
| Office Salaries | 53,234.48 | 65,332.16 |
| Board Salaries | 1,050.00 | 4,525.57 |
| Workman's Compensation | 214.66 | (472.74) |
| Retirement - PERS | 8,414.25 | 6,836.43 |
| Employee Insurance - PEBP | 9,703.87 | 7,987.22 |
| Unemployment | 592.75 | 919.20 |
| Medicare & Social Security | 1,226.08 | 2,190.07 |
| Payroll Processing | 418.93 | 364.59 |
| Rent | 6,811.24 | 6,354.30 |
| Telephone | 827.27 | 914.00 |
| Travel | - | - |
| In State | 2,877.47 | 6,299.55 |
| Out State | 1,197.69 | 2,280.02 |
| TOTAL EXPENSES | \$ 123,482.85 | \$ 168,303.69 |
| NET RESULT | \$ 49,369.63 | \$ (131,510.50) |
| BEGINNING CASH BALANCE 07/01/16 | 144,738.94 | |
| NET OPERATING RESULT | 194,108.57 | |

777 E. William St. Suite 206
Carson City, NV 89701
Tel 775.882.8892
Fax 775.562.2667
Email: Michael@bertrandcpa.com

September 22, 2016

To the Board of Directors
Chiropractic Physicians Board

We have audited the financial statements of the business-type activities Chiropractic Physicians Board of Nevada (Board) for the year ended June 30, 2016. Professional standards require that we provide you with information about our responsibilities under generally accepted auditing standards as well as certain information related to the planned scope and timing of our audit. Professional standards also require that we provide you with the following information related to our audit which is divided into two following sections:

Section I – Required Communications with those Charged with Governance

Section II – Other Recommendations and Related Information

Section I includes information that current auditing standards required independent auditors to communicate to those individuals charged with governance. We will report this information annually to the Board in our Audit Committee Letter.

Section II presents recommendations related to internal controls, procedures, and other matters during our current audit year. These comments are offered in the interest of helping the Board in its efforts toward continuous improvement, not just in the areas of internal controls and accounting procedures, but also in operations, administrative efficiency and effectiveness.

Section I – Communications Required under AU 260

Our Responsibility under U.S. Generally Accepted Auditing Standards

As stated in our engagement letter dated October 22, 2014, our responsibility, as described by professional standards, is to express opinions about whether the financial statements prepared by management with your oversight are fairly presented, in all material respects, in conformity with U.S. generally accepted accounting principles. Our audit of the financial statements does not relieve you or management of your responsibilities.

Our responsibility for the supplementary information accompanying the financial statements, as described by professional standards, is to evaluate the presentation of the supplementary information in relation to the financial statements as a whole and to report on whether the supplementary information is fairly stated, in all material respects, in relation to the financial statements as a whole.

Planned Scope and Timing of the Audit

We performed the audit according to the planned scope and timing previously communicated to you in our letter regarding planning matters dated October 22, 2014.

Significant Audit Findings**Qualitative Aspects of Accounting Practices**

Management is responsible for the selection and use of appropriate accounting policies. The significant accounting policies used by the Board are described in Note 1 to the financial statements. No new accounting policies were adopted and the application of existing policies was not changed during the fiscal year audited. However, there was a significant change to the financial statements as a result of the implementation of GASB 68. GASB requires the Board to record the unfunded PERS liability in its books as well as provide disclosures.

We noted no transactions entered into by the governmental unit during the year for which there is a lack of authoritative guidance or consensus. All significant transactions have been recognized in the financial statements in the proper period.

The most sensitive estimates affecting the financial statements were:

Accounting estimates are an integral part of the financial statements prepared by management and are based on management's knowledge and experience about past and current events and assumptions about future events. Certain accounting estimates are particularly sensitive because of their significance to the financial statements and because of the possibility that future events affecting them may differ significantly from those expected. The most sensitive estimates affecting the Board's financial statements were for accounts receivable, allowance for doubtful accounts and compensated absences.

Management's estimate of the accounts receivable is based on their judgment on what they believe is collectible derived from known facts. Its estimate for compensated absences is based on accrued time valued at their current pay rate as of yearend. The value of that balance will change dependent upon the pay rate at the time it is used.

We evaluated the key factors and assumptions used to develop the accounts receivable balance and compensated absences balance in determining that they are reasonable in relation to the financial statements taken as a whole.

The financial statement disclosures are neutral, consistent, and clear.

Difficulties Encountered in Performing the Audit

We encountered no significant difficulties in dealing with management in performing and completing our audit.

Corrected and Uncorrected Misstatement

Professional standards require us to accumulate all known and likely misstatements identified during the audit, other than those that are clearly trivial, and communicate them to the appropriate level of management. Management has corrected all such misstatements. In addition, none of the misstatements detected as a result of audit procedures and corrected by management were material individually and in the aggregate the adjustments were just below material to the financial statements taken as a whole.

Disagreements with Management

For purposes of this letter, a disagreement with management is a financial accounting, reporting, or auditing matter, whether or not resolved to our satisfaction, that could be significant to the financial statements or the Auditor's Report. We are pleased to report that no such disagreements arose during the course of our audit.

Management Representations

We have requested certain representations from management that are included in the Management Representation Letter dated September 22, 2016.

Management Consultations with Other Independent Accountants

In some cases, management may decide to consult with other accountants about auditing and accounting matters, similar to obtaining a "second opinion" on certain situations. If a consultation involves application of an accounting principle to the governmental unit's financial statements or a determination of the type of auditor's opinion that may be expressed on those statements, our professional standards require the consulting accountant to check with us to determine that the consultant has all the relevant facts. To our knowledge, there were no such consultations with other accountants.

Other Audit Findings

We generally discuss a variety of matters, including the application of accounting principles and auditing standards, with management each year prior to retention as the governmental unit's auditors. However, these discussions occurred in the normal course of our professional relationship and our responses were not a condition to our retention.

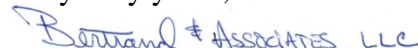
Section II – Other Recommendations and Related Information**Other Matters**

With respect to the supplementary information accompanying the financial statements, we made certain inquiries of management and evaluated the form, content, and methods of preparing the information to determine that the information complies with accounting principles generally accepted in the United States of America, the method of preparing it has not changed from the prior period, and the information is appropriate and complete in relation to our audit of the financial statements. We compared and reconciled the supplementary information to the underlying accounting records used to prepare the financial statements or to the financial statements themselves.

We provided an audit committee recommendations in a letter dated September 14, 2016 to the Executive Director. In this letter we identified exceptions noted and recommendations.

This information is intended solely for the use of board of directors charged with governance and management and is not intended to be, and should not be, used by anyone other than these specified parties.

Very truly yours,


Bertrand & Associates LLC

BERTRAND & ASSOCIATES, LLC
CERTIFIED PUBLIC ACCOUNTANTS
Members American Institute of Certified Public Accountants

September 14, 2016

777 E. William St Suite 206
Carson City, NV 89701
Tel 775.882.8892
Fax 775.562.2667

Julie Strandberg, Executive Director & Board of Directors
Chiropractic Physicians' Board of Nevada
4600 Kietzke Lane, Suite M245
Reno, NV 89502

RE: Management recommendations

Dear Ms. Strandberg and Board Members:

The following summarizes our audit findings, and provides recommendations resulting from the audit of Chiropractic Physicians Board of Nevada (Board) for the year ended June 30, 2016.

It is our responsibility to report on the fair presentation of the financial statements in all material respects. Any adjustments we discovered below this threshold may not have been proposed to, and therefore recorded by, management.

Management is responsible for developing and maintaining an effective system of internal accounting controls, keeping the accounting records in good order, and for all amounts including the estimates that are presented in the financial statements. Our responsibility as the auditor is to examine, on a test basis, evidence supporting the amounts and disclosures in the financial statements. Therefore, our audit involves judgment about the number of transactions to be examined and tested. Because of the concept of reasonable assurance, and because we will not perform a detailed examination of all transactions, there is a risk material errors, fraud, or other illegal acts may exist and not be detected by us.

1 - Communication of control deficiencies or material weakness. - Statement on Auditing Standards (SAS) 112.

Our consideration of internal controls was for the limited purpose of conducting our audit and these limited procedures would not necessarily identify all deficiencies in internal controls that might be significant or material weaknesses.

A control deficiency exists when the design or operation of a control does not allow management or employees in the normal course of performing their assigned duties to prevent or detect misstatements on a timely basis. A *significant deficiency* is a control deficiency or combination of control deficiencies that adversely affects the entity's ability to initiate, authorize, record, process or report financial data reliably in accordance with accounting principles such that there is more than a remote likelihood a misstatement of the entity's financial statements, that is more than inconsequential, will not be prevented or detected by the entity's internal controls.

A *material weakness* is a significant deficiency or combination of significant deficiencies that results in more than a remote likelihood a material misstatement of the financial statement will not be detected by the entity's internal controls.

It is important to note control deficiencies are not necessarily problems you will choose to address. However, they do represent potential risks. Our job as your auditor is to ensure you understand where deficiencies or weaknesses exist so that you can make informed business decisions on how best to respond to these risks. We did identify certain deficiencies in internal controls we consider to be significant, though not material, and discussed below.

2 – Prior year recommendations

The following prior year recommendations were not implemented by management.

2A – Matching expenses to licensing revenues

Licenses that are renewed every two years have a significant amount of expenses related to processing those revenues in both merchant fees and the hiring of casual labor.

We recommend that those expenses in the future be allocated between the two years and that a prepaid expense is shown for expenses that relate to revenues that are to be recognized in a subsequent year.

As a portion of these fees relate to revenues that are to be recognized over two years we recommend that fees that relate to revenues in a future year be shown as a prepaid in the year they are received.

3 - Disbursement testing

As part of our procedures, we performed various tests on the expense accounts. As part of our detailed transaction testing, we verified the amounts posted as cancelled checks to the financial statements are in agreement with the cancelled checks. We also verified documentation and the appropriateness of charges to the general ledger accounts. Analytical procedures were also performed on expense accounts to determine if balances were reasonably stated.

The following describes our scope of testing and results:

The total dollar value of payments selected for testing was \$34,398 which represents 25% of the population of disbursements selected for testing.

Test results:

It was observed that one cancelled check only had one signature rather than the required two. The expenditure was an appropriate expenditure for rent. No other exceptions were noted.

4 – Prior year PERS pension liability audit adjustments not posted

It was noted that the prior year audit adjustment that we provided as required by the newly implemented GASB 68 were not recorded. This resulted in material misstatements in the financial statements.

We recommend that proposed audit adjustment that is accepted be checked for proper recording to the accounts.

5 – Proposed Adjustments

Several adjustments were proposed to management as a result of our audit. Those adjustments were as follows:

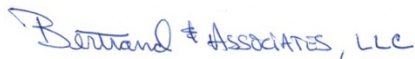
1. Depreciation expense was recommended for \$782
2. Investments were marked to market resulting in a gain of \$24,960 for the year.
3. Amounts due to State Treasurer were decreased by \$5,645
4. GASB 68 PERS pension liability adjustment and adjustments to deferred resources inflows and outflows.
5. Prior year GASB 68 adjustments that had not been recorded.
6. Accrual for compensated absences was reducing by \$4,175.

Management accepted and recorded all recommended adjustments.

Summary

The Executive Director and Bookkeeper were very helpful in answering requests throughout the audit. If you have any questions, please do not hesitate to contact us.

Sincerely,

A handwritten signature in blue ink that reads "Bertrand & Associates, LLC". The signature is written in a cursive, flowing style.

Bertrand & Associates, LLC

CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA
FINANCIAL STATEMENTS
June 30, 2016 and 2015

CONTENTS

| | |
|---|----|
| Independent Auditor's Report | 3 |
| Management Discussion & Analysis | 5 |
| Basic Financial Statements: | |
| Statement of Net Position | 7 |
| Statement of Revenues, Expenses and Changes in Net Position | 8 |
| Statement of Cash Flows | 9 |
| Notes to Financial Statements | 10 |
| Required Supplementary Information | 20 |
| Budgetary Comparison Schedule | 22 |
| Independent Auditor's Report on Compliance | 24 |

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INDEPENDENT AUDITOR'S REPORT

To the Executive Director and the Board of Directors
Chiropractic Physicians' Board of Nevada

Report on the Financial Statements

We have audited the accompanying statement of net position of the Chiropractic Physicians' Board of Nevada as of June 30, 2016 and 2015 and the related statements of revenues and expenses and changes in net position and statement of changes in cash flows for the years then ended.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express opinions on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinions.

Opinions

In our opinion, the financial statements referred to above present fairly, in all material respects, the respective financial position of the business-type activities of Chiropractic Physicians' Board of Nevada as of June 30, 2016 and 2015 the respective changes in financial position and cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Other Matters*Required Supplementary Information*

Accounting principles generally accepted in the United States of America require that the management's discussion and analysis, GASB 68 schedules and budgetary comparison on pages 5, 20 and 24 respectively to be presented to supplement the basic financial statements. Such information, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board, who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. We have applied certain limited procedures to the required supplementary information in accordance with auditing standards generally accepted in the United States of America, which consisted of inquiries of management about the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audit of the basic financial statements. We do not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance.

A handwritten signature in blue ink that reads "Bertrand & Associates, LLC". The signature is written in a cursive, flowing style.

Carson City, Nevada
September 22, 2016

MANAGEMENT'S DISCUSSION AND ANALYSIS

The Chiropractic Physician's Board of Nevada (CPBN) provides this Discussion and Analysis as an overview of its financial activities for the fiscal year ended June 30, 2016. This information is based on the Board's activities from July 1, 2015 through June 30, 2016, resulting changes and currently known facts, and should be reviewed in conjunction with the CPBN's accompanying financial statements.

STATEMENT OF NET ASSETS

Pursuant to GASB 68 the financial statement is reporting the liability to the Board if PERS were to go insolvent. The net pension liability of the Plan is measured as of June 30, 2015, and the total pension liability for the Plan used to calculate the net pension liability was determined by an actuarial valuation as of June 30, 2014 rolled forward to June 30, 2015 using standard update procedures. The PERS net pension liability based on the Board's proportionate share of 0.00208% is \$238,870. This leaves the Board at a total net position of (\$101,520).

The Board's net operating position at June 30, 2015 was (\$166,440), compared to (\$101,520) at June 30, 2016. The net investment income increased by \$18,714, as well as the net position at June 30, 2016, which increased by \$50,607 compared to June 30, 2015. The marketable securities in Employers Holdings, Inc. are considered a stable investment and the CPBN has no plans for its liquidation.

The decrease in cash on hand from \$366,649 at June 30, 2015 to \$144,738 at June 30, 2016 is due to the renewal of the Chiropractic Assistant renewals during the fiscal year ending June 30, 2016 compared to the significantly higher fee of the Doctors of Chiropractic licenses. The current liabilities were \$296,361 at June 30, 2016 compared to \$276,686 at June 30, 2015.

The \$22,021 due to the State Treasurer consists of fines levied on disciplined licensees that are deemed to be collectable over the next few years. The \$11,905 liability for compensated absences has accrued during the Executive Director's employment with the State of Nevada.

STATEMENT OF REVENUES, EXPENSES AND CHANGES IN NET ASSETS

Revenues at June 30, 2016 increased by \$56,579 from the previous year due to fines and other income.

Overall operating expenses decreased over the previous year by \$3,940 due to General and Administrative expenses and Professional fees, and Travel costs.

STATEMENT OF CASH FLOWS

In 2014, the CPBN restructured their cash flow by alternating the certificate and license renewals for Chiropractor's Assistants and Doctors of Chiropractic respectively. By adjusting the renewals to opposite years this has allowed the cash flow to be more manageable.

CPBN ACTIVITIES

The CPBN continues to pursue its primary mission to protect the public through enforcement of the chiropractic statutes and regulations, effective communication with the public and the profession, and interaction with other state boards and national organizations.

MANAGEMENT’S DISCUSSION AND ANALYSIS (cont’d)

The CPBN’s Test Committee approved a platform for online testing through Myicourse. Rule-making is an ongoing project and workshops are planned to be held during the current fiscal year. The Board continues to streamline operations and move to a paperless office to create efficiencies as well as for security purposes.

The preceptorship program that was initiated in 2011 has been effective in attracting chiropractic college students to Nevada and has greatly assisted them in establishing a foundation for practicing in the state after they graduate. There continues to be a small but steady increase in applications.

The Board has applied a concerted conservative approach to managing its expenses for the past several years with positive results.

CONTACTING THE CHIROPRACTIC PHYSICIANS’ BOARD’S FINANCIAL MANAGEMENT

This financial report is designed to provide a general overview of the CPBN’s finances and activities and to demonstrate the CPBN’s accountability for the money it receives. Questions concerning any information provided in this report or other financial information should be directed to:

Julie Strandberg, Executive Director
Chiropractic Physicians’ Board of Nevada
4600 Kietzke Lane, Suite M245
Reno, Nevada 89502

chirobd@chirobd.nv.gov
775-688-1923

CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA
STATEMENT OF NET POSITION
June 30, 2016 and 2015

| ASSETS | <u>2016</u> | <u>2015</u> |
|---|----------------------------|----------------------------|
| Current assets: | | |
| Cash | \$ 144,738 | \$ 366,649 |
| Accounts receivable, net | 86,020 | 35,363 |
| Prepaid | 4,714 | 6,853 |
| Total current assets | <u>235,472</u> | <u>408,865</u> |
| Capital assets, net | 1,686 | 2,468 |
| Investments | 116,080 | 91,120 |
| Total noncurrent assets | <u>117,766</u> | <u>93,588</u> |
| Total assets | <u>353,238</u> | <u>502,453</u> |
| DEFERRED OUTFLOWS OF RESOURCES | | |
| Deferred outflows | <u>37,346</u> | <u>19,449</u> |
| LIABILITIES | | |
| Current liabilities: | | |
| Accounts payable | 3,217 | 12,796 |
| Due to state treasurer | 22,021 | 28,666 |
| Payroll liabilities | 6,035 | 5,524 |
| Current portion of compensated absences liability | 11,905 | 11,905 |
| Total current liabilities | <u>43,178</u> | <u>58,891</u> |
| Noncurrent liabilities: | | |
| Compensated absences | 14,313 | 18,488 |
| PERS net pension liability | 238,870 | 199,307 |
| Total noncurrent liabilities | <u>253,183</u> | <u>217,795</u> |
| Total liabilities | <u>296,361</u> | <u>276,686</u> |
| DEFERRED INFLOWS OF RESOURCES | | |
| Deferred inflows - Pension | 51,335 | 47,947 |
| License fees | 144,408 | 363,709 |
| Total deferred inflows of resources | <u>195,743</u> | <u>411,656</u> |
| NET POSITION | | |
| Invested in capital assets | 1,686 | 2,468 |
| Unrestricted | (103,206) | (168,908) |
| Total net position | <u>\$ (101,520)</u> | <u>\$ (166,440)</u> |

See notes to financial statements

CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA
STATEMENT OF REVENUES, EXPENSES AND CHANGES IN NET POSITION
For the year ended June 30, 2016 and 2015

| | | |
|--|-----------------------------------|-----------------------------------|
| Operating revenues: | <u>2016</u> | <u>2015</u> |
| Licensing fees | \$ 258,911 | \$ 257,296 |
| Other fees | 53,339 | 55,830 |
| Fines and other income | 75,187 | 17,732 |
| Total revenues | <u>387,437</u> | <u>330,858</u> |
| Operating expense: | | |
| Salaries and benefits | 217,763 | 197,303 |
| Rent | 13,884 | 13,411 |
| General & Administrative | 40,806 | 54,307 |
| Professional | 53,360 | 56,396 |
| Travel | 13,558 | 21,696 |
| Board expense | 8,438 | 8,636 |
| Depreciation expense | 782 | 782 |
| Total operating expenses | <u>348,591</u> | <u>352,531</u> |
| Increase in operating net position | <u>38,846</u> | <u>(21,673)</u> |
| Decrease in operating net position: | | |
| Increase in non-operating income - net investment income | <u>26,074</u> | <u>7,360</u> |
| Increase in net position | <u>64,920</u> | <u>(14,313)</u> |
| Net position at beginning of year, July 1 | (166,440) | 80,914 |
| Prior period adjustment - GASB 68 implementation | <u>-</u> | <u>(233,041)</u> |
| Net position at end of year, June 30 | <u><u>\$ (101,520)</u></u> | <u><u>\$ (166,440)</u></u> |

See notes to financial statement

CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA
STATEMENT OF CASH FLOWS
For the year ended June 30, 2016 and 2015

| | <u>2016</u> | <u>2015</u> |
|--|-------------------------|-----------------------|
| CASH FLOWS FROM OPERATING ACTIVITIES: | | |
| Receipts from licensees | \$ 120,867 | \$ 602,434 |
| Payments to vendors | (126,129) | (161,765) |
| Payments to employees | (149,299) | (159,080) |
| Payroll taxes & benefits paid | (68,464) | (40,302) |
| Total cash (used) provided from operating activities | <u>(223,025)</u> | <u>241,287</u> |
| CASH FLOWS FROM INVESTING ACTIVITIES: | | |
| Interest and dividends | <u>1,114</u> | <u>960</u> |
| Total cash (used) provided from investing activities | <u>1,114</u> | <u>960</u> |
| Net increase (decrease) in cash | (221,911) | 242,247 |
| Beginning cash at June 30 | <u>366,649</u> | <u>124,402</u> |
| Cash and Cash Equivalents at year's end, June 30 | <u>144,738</u> | <u>366,649</u> |

RECONCILIATION OF OPERATING INCOME TO NET CASH:

Adjustments to reconcile operating income to net cash provided by operating activities:

| | | |
|--|----------------------------|--------------------------|
| Operating net income (loss) | 38,846 | (21,673) |
| Depreciation expense | 782 | 782 |
| Decrease (increase) in net accounts receivables | (50,657) | 46,802 |
| (Increase) decrease in prepaid expense | 2,139 | (5,207) |
| (Increase) in deferred outflows | (17,897) | (19,449) |
| Increase (decrease) in accounts payable | (9,579) | 11,052 |
| Decrease in payable due to state treasurer | (6,645) | (9,818) |
| Increase (decrease) in payroll liabilities | 511 | (3,365) |
| (Decrease) increase in compensated absences | (4,175) | (2,060) |
| Increase net pension liability | 39,563 | 199,307 |
| (Decrease) increase in deferred inflows | (215,913) | 44,916 |
| Net cash (used) provided by operating activities | <u>\$ (223,025)</u> | <u>\$ 241,287</u> |

See notes to financial statement

CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA
NOTES TO FINANCIAL STATEMENTS
June 30, 2016 and 2015

NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Background and Reporting Entity

The Chiropractic Physicians' Board of Nevada (Board) is composed of seven members appointed by the governor as follows:

- One member who represents the interests of persons or agencies that regularly provide health care to patients who are indigent, uninsured or unable to afford health care;
- Four members who are:
 - Graduates of chiropractic schools or colleges;
 - Licensed by the Board; and
 - Actually engaged in the practice of chiropractic in the State and have been for at least three years prior to appointment.
- Two members who are representatives of the general public.

The accompanying financial statements of the Board have been prepared in conformity with accounting principles generally accepted in the United States of America (GAAP) as prescribed by the Governmental Accounting Standards Board (GASB). The Board's adopted Governmental Accounting Standards Board (GASB) Statement No. 62, *Codification of Accounting and Financial Reporting Guidance Contained in Pre-November 30, 1989 FASB and AICPA Pronouncements* as of January 1, 2012. Adoption of this standard had no impact on the Board's financial statements. The Board is not considered to be financially accountable for any other governmental entity since no other entities are considered to be controlled by or dependent on the Board. Control or dependence is determined on the basis of budget adoption, funding and appointment of the respective governing board.

Financial Statement Presentation

The Statements of Net Position, Revenues, Expenses and Changes in Net Position and Cash Flows report information on all activities of the Board. The Board is reported as a single enterprise fund.

The Statement of Net Position presents the reporting entity's assets and liabilities, with differences reported as net assets. Net assets are reported in two categories:

Invested in capital assets consist of capital assets, net of accumulated depreciation. Capital assets of the Board have no related debt.

Unrestricted net position consists of net assets that do not meet the definition of the preceding category. Unrestricted net assets often have constraints on resources that are imposed by management, but can be removed or modified.

The Statement of Revenue, Expenses and Changes in Net Position distinguishes operating revenues and expenses from non-operating items. Operating revenues and expenses generally result from providing services and producing and delivering goods in connection with the Board's principal ongoing operations. All revenues and expenses not meeting this definition are reported as non-operating revenues and expenses.

CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA
NOTES TO FINANCIAL STATEMENTS
June 30, 2016 and 2015

NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Measurement Focus, Basis of Accounting

The financial statements are reported using the economic resources management focus and the accrual basis of accounting. Revenues are recorded when earned, and expenses are recorded when a liability is incurred, regardless of the timing of cash flows.

Cash and Equivalents

Cash balances are invested as permitted by law and insured by the Federal Deposit Insurance Corporation (FDIC) up to \$250,000. The Board considers all cash on hand as cash or cash equivalents.

Investments

Investments in marketable securities with readily determinable fair values and all investments in debt securities are reported at their fair values in the statements of net assets. Unrealized gains and losses are included in the change in net assets. The board does not have a formal policy regarding the kind of investments that they can invest in.

Accounts Receivable

Accounts receivable reflect license fees, cost, reimbursements and fines as a result of disciplinary actions. An allowance for doubtful accounts has been established which at year's end June 30, 2016 and 2015 was \$161,974.

Accounts receivable are presented net of allowances for doubtful accounts. Management believes that accounts receivable that are over 90 days old net of allowances are collectible.

Capital Assets and Depreciation

All capital assets are recorded in the Statement of Net Position at historical cost.

Donated capital assets are valued at their estimated fair value on the date of donation. The Board defines capital assets as assets with a unit cost of \$2,000 or more and an estimated useful life in excess of one year. Depreciation is accumulated on a straight line basis over the estimated useful life of the asset, with one-half a year's depreciation taken in the year of acquisition and one-half in the final year. Useful life is estimated by management on the basis of their experience with similar assets.

Deferred Inflows of Resources - Revenues

Various licenses are billed for a two year period resulting in unearned revenues at the end of the fiscal year. Deferred revenues represent amounts received but not earned as of year-end.

Use of Estimates

The Board uses estimates and assumptions in preparing the financial statements in conformity with accounting principles generally accepted in the United States of America. Those estimates and assumptions affect the reported amounts of assets and liabilities, the disclosure of contingent assets and liabilities, and the reported revenues and expenses. Actual results could differ from those estimates.

CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA
NOTES TO FINANCIAL STATEMENTS
June 30, 2016 and 2015

NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Budgets and Budgetary Accounting

NRS 353.005 specifically exempts the Board from the requirements set forth in the State Budget Act. However, the Board prepares an annual budget for each fiscal year that is approved by a majority vote of the Board prior to the start of each fiscal year. The budget is used internally by the Board and staff.

Federal Income Taxes:

The Board is considered an exempt governmental agency in accordance with Internal Revenue Service Code Section 115. Therefore, the Board's income is excludable from gross income for federal income tax purposes.

Prior Year Reclassifications

The prior year's financial statements have been reclassified where applicable to conform to the current year's presentation.

Compensated Absences

Compensated absences are accounted for in accordance with GASB Statement No. 16, Accounting for Compensated Absences, which requires that a liability for compensated absences relating to services already tendered, and that are not contingent on a specified event, will be accounted for in the period whose services are rendered or those events take place. The Board's policy provides for payment of accrued vacation time upon termination of employment if employed for six months or more, and a maximum payment of \$8,000 for sick leave upon termination of employment if employed ten years or more.

NOTE 2 – CASH & INVESTMENTS

At June 30, 2016, and 2015, cash and cash equivalents totaled \$144,738 and \$366,649 for deposits in a commercial bank. All funds are on deposit with a single financial institution and are carried at cost. The bank carrying balances at June 30, 2016 and 2015 totaled \$149,655 and \$372,585. Bank balances are insured up to \$250,000 by the Federal Deposit Insurance Corporation. \$122,585 represents the amount uninsured at June 30, 2015.

Investments consist of marketable securities in the Employers Holdings, Inc. Fair value at June 30, 2016 and 2015 was \$116,080 and \$91,120. There is no board policy on investments. Investments are classified as Level 1 category as fair value is determined based on a publically quoted market prices.

NOTE 3 – RISK MANAGEMENT

The Board is exposed to various risks of loss related to torts, theft of, damage to, and destruction of assets; errors and omissions; and natural disasters, as are all entities. The Board is covered by commercial insurance purchased from independent third parties. There have been no claims from these risks during the years ended June 30, 2016 and 2015. Settled claims from these risks in the past have been minimal.

CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA
NOTES TO FINANCIAL STATEMENTS
June 30, 2016 and 2015

NOTE 4 – CAPITAL ASSETS

Depreciation is taken on the financial statements over the estimated useful lives of the assets using the straight line method. It is believed by management that the useful lives of furniture and equipment range from five to ten years with no salvage value. When assets are disposed of the cost and related accumulated depreciation are removed from the general ledger and any resulting gain or loss is recognized in operations.

Activity for the years ended June 30 was as follows:

| | June 30, 2015 | Additions | Dispositions | June 30, 2016 |
|--------------------------|----------------------|------------------|---------------------|----------------------|
| Furniture and equipment | \$ 16,501 | \$ - | \$ - | \$ 16,501 |
| Accumulated depreciation | \$ (14,033) | \$ (782) | \$ - | (14,815) |
| Net equipment | \$ 2,468 | \$ (782) | \$ - | \$ 1,686 |

| | June 30, 2014 | Additions | Dispositions | June 30, 2015 |
|--------------------------|----------------------|------------------|---------------------|----------------------|
| Furniture and equipment | \$ 16,501 | \$ - | \$ - | \$ 16,501 |
| Accumulated depreciation | \$ (14,033) | \$ - | \$ - | (14,033) |
| Net equipment | \$ 2,468 | \$ - | \$ - | \$ 2,468 |

NOTE 5 – POST RETIREMENT BENEFITS

The Board contributes to an agent multiple-employer defined benefit postemployment healthcare plan, Public Employees' Benefits Plan (PEBP), for eligible retired employees as per NRS 287.023. The plan provides medical, vision, dental, and life insurance benefits to eligible retired employees. Employees of the Board are not eligible for participation in the Plan, but if an employee qualifies for the Plan based on service years as an employee of the State of Nevada, the Board may be required to contribute toward the costs of providing postemployment benefits.

Benefit provisions for PEBP are administered by the State of Nevada. NRS 287.043 assigns the authority to establish and amend benefit provisions to the PEBP nine-member board of trustees. Local governments are required to pay their pro-rata cost to provide coverage for persons joining PEBP.

PEBP does not issue a publicly available financial report. Some of the Board's current and past employees may qualify for participation in the plan in the future.

The Board pays an assessment to fund these future benefits at a rate determined by the State Department of Administration. During the years ended June 30, 2016 and 2015 the rate of assessment was 2.13% and 2.66% of actual payroll and \$ 702 and \$ 695 per employee per month respectively. The total amount the Board paid for the years ended June 30, 2016 and 2015 was \$17,527 and \$17,457 respectively. The Board has no additional liability for unfunded benefits.

CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA
NOTES TO FINANCIAL STATEMENTS
June 30, 2016 and 2015

NOTE 6 – OPERATING LEASES

The Board is obligated under operating leases for office space, a copier, and a postage meter, expiring on various dates through 2020. At the end of the lease terms, they are renewable at their fair rental values. The minimum rental commitments under the operating leases are as follows:

| Years ended June 30, | |
|----------------------|----------|
| 2017 | 14,559 |
| 2018 | 14,467 |
| 2019 | 14,260 |
| 2020 | 12,100 |
| | <hr/> |
| | \$55,386 |
| | <hr/> |

The expense for all operating leases for years ended June 30, 2016 and 2015 was \$18,173 and \$16,997 respectively.

NOTE 7 – DEFINED BENEFIT PENSION COST-SHARING EMPLOYER PLAN

A. General Information about the Pension Plan

Plan Description – All qualified permanent and probationary employees are eligible to participate in the Board's Employee Pension Plans, cost-sharing multiple employer defined benefit pension plans administered by the Public Employees' Retirement System of Nevada (PERS). Benefit provisions under the Plans are established by State statute and Board resolution. PERS issues publicly available reports that include a full description of the pension plans regarding benefit provisions, assumptions and membership information that can be found on the PERS website.

Benefits Provided – PERS provides service retirement and disability benefits, annual cost of living adjustments and death benefits to plan members, who must be public employees and beneficiaries. Benefits are based on years of credited service, equal to one year of full time employment. For regular members entering the System before January 1, 2010, regular members are eligible for retirement at age 65 with five years of service, at age 60 with 10 years of service, or at any age with thirty years of services. For regular members entering the System on or after January 1, 2010, regular members are eligible for retirement at age 65 with five years of service, or age 62 with 10 years of service, or any age with thirty years of service.

CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA
NOTES TO FINANCIAL STATEMENTS
June 30, 2016 and 2015

NOTE 7 – DEFINED BENEFIT PENSION COST-SHARING EMPLOYER PLAN (continued)

The Plans' provisions and benefits in effect at June 30, 2016 are summarized as follows:

| | Prior to <u>July 1, 2001</u> | Between July 1, 2001 and <u>January 1, 2010</u> | On or after <u>January 1, 2010</u> |
|--|----------------------------------|--|---------------------------------------|
| Hire date | | | |
| Benefit formula | 2.50% | 2.67% | 2.50% |
| Benefit vesting option 1 | 5 years service @65 | 5 years service @65 | 5 years service @65 |
| Benefit vesting option 2 | 10 years service @60 | 10 years service @60 | 10 years service @62 |
| Benefit vesting option 3 | any age with 30 years service | any age with 30 years service | any age with 30 years service |
| Benefit payments | monthly for life | monthly for life | monthly for life |
| Retirement age | 50-55 | 52-67 | 52-67 |
| Monthly benefits as a % of eligible | 2.50% | 2.67% | 2.50% |
| Required employer contributions rates | unavailable | unavailable - 21.5% | 25.75 |

Contributions – The contributions are made in accordance with the required rates established by the Nevada Legislature. These statutory rates are increased/decreased pursuant to NRS 286.421 and 286.450. Funding contributions for the Plans are determined bi- annually on an actuarial basis as of June 30 by PERS. The actuarially determined rate is the estimated amount necessary to finance the costs of benefits earned by employees during the year, with an additional amount to finance any unfunded accrued liability. The Board is required to contribute the difference between the actuarially determined rate and the contribution rate of employees.

For the year ended June 30, 2016, the contributions recognized as part of pension expense for the Plan was as follows:

| | |
|--------------------------|----------|
| Contributions - employer | \$18,227 |
|--------------------------|----------|

***B. Pension Liabilities, Pension Expenses and Deferred outflows/Inflows of Resources
Related to Pensions***

As of June 30, 2016, the Board reported net pension liabilities for its proportionate shares of the net pension liability of the Plan as follows:

| | |
|--------------------|---|
| | Proportionate share of Net pension Liability |
| Miscellaneous plan | <u>\$238,870</u> |

CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA
NOTES TO FINANCIAL STATEMENTS
June 30, 2016 and 2015

NOTE 7 – DEFINED BENEFIT PENSION COST-SHARING EMPLOYER PLAN (continued)

The Board's net pension liability for the Plan is measured as the proportionate share of the net pension liability. The net pension liability of the Plan is measured as of June 30, 2015, and the total pension liability for the Plan used to calculate the net pension liability was determined by an actuarial valuation as of June 30, 2015 rolled forward to June 30, 2016 using standard update procedures. The Board's proportion of the net pension liability was based on a projection of the Board's long-term share of contributions to the pension plan relative to the projected contributions of all participating employers, actuarially determined.

The Board's proportionate share of the net pension liability as of June 30, 2014 and 2015 was as follows:

| | |
|----------------------------|----------|
| Proportion - June 30, 2014 | 0.00208% |
| Proportion - June 30, 2015 | 0.00208% |
| Change-Increase (Decrease) | 0.00000% |

For the year ended June 30, 2016, the Board recognized pension expense of \$43,281.

At June 30, 2016, the Board reported deferred outflows of resources and deferred inflows of resources related to pensions from the following sources:

| | Deferred Outflows of Resources | Deferred Inflows of Resources |
|---|---|--|
| Differences between expected and actual experience | \$ - | \$ 17,967 |
| Changes in assumptions | - | - |
| Net difference between projected and actual earnings on pension plan investments | - | 12,939 |
| Changes in proportion and differences between Board contributions and proportionate share of contributions | 19,119 | 20,429 |
| Board contributions subsequent to the measurement | 18,227 | - |
| Total | \$ 37,346 | \$ 51,335 |

\$18,227 reported as deferred outflows of resources related to contributions to NVPERS subsequent to the measurement date will be recognized as a reduction of the net pension liability in the year ended June 30, 2016.

CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA
NOTES TO FINANCIAL STATEMENTS
June 30, 2016 and 2015

NOTE 7 – DEFINED BENEFIT PENSION COST-SHARING EMPLOYER PLAN (continued)

Other amounts reported as deferred outflows of resources and deferred inflows of resources related to pensions will be recognized as pension expense as follows:

| Measurement Period | |
|---------------------------|---------|
| Ended June 30: | |
| 2017 | (9,583) |
| 2017 | (9,583) |
| 2019 | (9,583) |
| 2020 | 1,800 |
| 2021 | (2,963) |
| 2022 | (2,306) |
| Thereafter | - |

Actuarial Assumptions – The total pension liabilities in the June 30, 2015 actuarial valuations were determined using the following actuarial assumptions:

| | Miscellaneous |
|---------------------------|------------------------|
| Valuation date | June 30, 2015 |
| Measurement date | June 30, 2015 |
| Actuarial Cost Method | Entry -Age Normal Cost |
| Actuarial Assumptions: | |
| Consumer Price Index | 3.50% |
| Inflation | 3.50% |
| Payroll growth | 5.00% |
| Projected salary increase | 4.6-9.75% |

The underlying mortality assumptions and all other actuarial assumptions used in the June 30, 2015 valuation were based on the results of the experience review completed in 2013. Further details of the Experience Study can found on the PERS website.

Discount Rate – The discount rate used to measure the total pension liability was 8.00% as of June 30, 2016 and 2015. The projection of cash flows used to determine the discount rate assumed that employee and employer contributions will be made at the rate specified in statute. Based on that assumption, the pension plan's fiduciary net position at June 30, 2015, was projected to be available to make all projected future benefit payments of current active and inactive employees.

CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA
NOTES TO FINANCIAL STATEMENTS
June 30, 2016 and 2015

NOTE 7 – DEFINED BENEFIT PENSION COST-SHARING EMPLOYER PLAN (continued)

Therefore, the long-term expected rate of return on pension plan investments was applied to all periods of projected benefit payments to determine the total pension liability as of June 30, 2015.

The System's Investment Objectives and Policies detail the fund's long-term investment goals, management responsibilities, return/risk expectations, and monitoring requirements. These policies are subject to change at any time by the Board and are reviewed thoroughly at least annually to ensure that they continue to reflect the System's expectations.

Asset allocation is the most significant factor influencing the risk and return of the investment program. Since inception 98% of the System's investment performance is explained by asset allocation. Determination of the fund's long-term asset allocation involves estimating the expected return and risk of major types of investments and blending them into a portfolio which meets the System's risk/return objectives.

To establish an appropriate long-term asset allocation strategy, the Board evaluates expected return and risk for each of the major asset types (stocks, bonds, private markets). These asset classes are then combined in the most efficient manner possible to construct a portfolio that matches the risk and return needs of the fund. By diversifying the System's investments in multiple asset classes the Board is able to reduce the volatility of annual investment earnings. The Board reviews capital market expectations and asset allocation annually. In addition, the Board employs a disciplined rebalancing policy to manage market volatility and to ensure the portfolio's exposures are consistent with the System's long-term asset targets.

Additional information on the discount rate, investment strategy and diversification is available in the PERS CAFR which can be found at www.nvpers.org.

The System's policies which determine the investment portfolio target asset allocation is established by the Board. The asset allocation is reviewed annually and is designed to meet the future risk and return needs of the System.

The following was the Board adopted policy target asset allocation as of June 30, 2015:

| <u>Asset Class</u> | <u>Target Allocation</u> | <u>Long-Term Geometric Expected Real Rate of Return*</u> |
|-----------------------|--------------------------|--|
| Domestic Equity | 42% | 5.50% |
| International Equity | 18% | 5.75% |
| Domestic Fixed Income | 30% | 0.25% |
| Private Markets | 10% | 6.80% |

CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA
NOTES TO FINANCIAL STATEMENTS
June 30, 2016 and 2015

NOTE 7 – DEFINED BENEFIT PENSION COST-SHARING EMPLOYER PLAN (continued)

Sensitivity of the Proportionate Share of the Net Pension Liability to Changes in the Discount Rate –

The following presents the net pension liability of the PERS as of June 30, 2015, calculated using the discount rate of 8.00%, as well as what the PERS net pension liability would be if it were calculated using a discount rate that is 1-percentage-point lower (7.00%) or 1-percentage-point higher (9.00%) than the current discount rate:

| | Discount rate - 1% (7%) | Current Discount Rate (8%) | Discount Rate +1% (9%) |
|-------------|------------------------------------|---------------------------------------|-----------------------------------|
| Misc. Tier1 | \$363,207 | \$238,870 | \$134,534 |

NOTE 8 – LICENSE RENEWALS

Doctor of Chiropractic licenses are granted for a 2-year period and licenses were renewed for the period beginning January 1, 2015 to December 31, 2016. Chiropractor's Assistant certificates were issued for a 2-year period from January 1, 2016 to December 31, 2017.

NOTE 9 –SUBSEQUENT EVENTS

Management has evaluated the activities and transactions subsequent to June 30, 2016 to determine the need for any adjustments to, and disclosure within the financial statements for the year ended June 30, 2016. Management has evaluated subsequent events through September 22, 2016, which is the date the financial statements were available for issue.

CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA
Schedules of Required Supplementary Information
SCHEDULES OF THE BOARD'S PROPORTIONATE SHARE OF THE NET PENSION LIABILITY

Last 10 Fiscal Years*

| <u>Actuarial Valuation Date</u> | <u>Board's proportion of the net pension liability (asset)</u> | <u>Board's proportionate share of the net pension liability (asset)</u> | <u>Board's covered - employee payroll</u> | <u>Board's proportionate share of the net pension liability (asset) as a percentage of its covered-employee payroll</u> | <u>Plan fiduciary net position as a percentage of the total pension liability</u> |
|--------------------------------------|--|---|---|---|---|
| <u>Miscellaneous First Tier Plan</u> | | | | | |
| 6/30/2015 | 0.00208% | \$238,870 | \$121,415 | 196.74% | 73.2% |

* The amounts presented for each fiscal year were determined as of the fiscal year-end

The schedule is presented to illustrate the requirement to show information for 10 years. However, until a full 10-year trend is compiled, only information for those years for which information is available is presented.

**CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA
REQUIRED SUPPLEMENTARY INFORMATION
SCHEDULES OF THE BOARD'S CONTRIBUTIONS**

Last 10 Fiscal Years*

| <u>Actuarial Valuation Date</u> | <u>Contractually required contribution</u> | <u>Contribution in relation to the contractually required contribution</u> | <u>Contribution deficiency (excess)</u> | <u>Board's covered employee payroll</u> | <u>Contributions as a percentage of covered employee payroll</u> |
|--------------------------------------|--|--|---|---|--|
| <u>Miscellaneous First Tier Plan</u> | | | | | |
| 6/30/2014 | \$16,088 | (\$16,088) | \$0 | \$121,415 | 13.25% |

* The amounts presented for each fiscal year were determined as of the fiscal year-end

The schedule is presented to illustrate the requirement to show information for 10 years. However, until a full 10-year trend is compiled, only information for those years for which information is available is presented.

CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA
BUDGETARY COMPARISON SCHEDULE (Non-GAAP budgetary basis)
For the Year Ended June 30, 2016

| | Original Budget | Final Budget | Actual | Variance |
|---|----------------------------|-------------------------|---------------------|--------------------|
| Revenues | | | | |
| Licensing fees | \$ 268,187 | \$ 268,187 | \$ 258,911 | \$ (9,276) |
| Other fees | 55,157 | 55,157 | 53,339 | (1,818) |
| Fines and other income | 23,175 | 23,175 | 75,187 | 52,012 |
| Total revenues | 346,519 | 346,519 | 387,437 | 40,918 |
| Expenses | | | | |
| Salaries & benefits | 202,386 | 202,386 | 217,763 | (15,377) |
| Rent | 15,029 | 15,029 | 13,884 | 1,145 |
| General & administrative | 66,529 | 66,529 | 40,808 | 25,721 |
| Professional | 39,800 | 39,800 | 53,360 | (13,560) |
| Travel | 20,000 | 20,000 | 13,558 | 6,442 |
| Board expense | 10,000 | 10,000 | 8,438 | 1,562 |
| Depreciation expense | - | - | 782 | (782) |
| Total expenditures | 353,744 | 353,744 | 348,593 | 5,151 |
| Excess of revenues over (under) expenditures | (7,225) | (7,225) | 38,844 | 46,069 |
| Unrestricted net position, July 1, | | - | (166,438) | (166,438) |
| Increase in non-operating income | - | - | 26,074 | 26,074 |
| Unrestricted net position, June 30 | \$ (7,225) | \$ (7,225) | \$ (101,520) | \$ (94,295) |

COMPLIANCE

**AUDITOR'S REPORT ON COMPLIANCE WITH NEVADA REVISED STATUTES AND
CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA**


To the Members
Chiropractic Physicians' Board of Nevada
4600 Kietzke Lane, Suite M245
Reno, NV 89502

I have audited the entity wide financial statements of the Chiropractic Physicians' Board of Nevada (Board), as of and for the year ended June 30, 2016, and have issued my report thereon dated September 22, 2016. I conducted my audit in accordance with United States generally accepted auditing standards.

Compliance

As part of obtaining reasonable assurance about whether the Chiropractic Physicians' Board of Nevada financial statements are free of material misstatement, I performed tests of its compliance with certain provisions of laws, regulations, contracts, and grants, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. Compliance with Nevada Revised Statutes (NRS) and regulations (Nevada Administrative Code) applicable to the Chiropractic Physicians' Board of Nevada is the responsibility of the Board's management. Providing an opinion on compliance with those provisions was not an objective of my audit, and accordingly, I do not express such an opinion. In connection with my audit, nothing came to my attention that caused me to believe the Board had not complied with NRS 634 and other Nevada Revised Statutes and regulations, insofar as they relate to accounting matters. However, my audit was not directed primarily toward obtaining knowledge of such non-compliance.

This report is intended solely for the information and use of the Board of Directors, management and others within the organization and the Nevada Legislative Counsel Bureau. This restriction is not intended to limit distribution of this report, which is a matter of public record.

Handwritten signature in blue ink that reads "Bertrand & Associates, LLC".

Carson City, Nevada
September 22, 2016

CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA

AGENDA ACTION SHEET

TITLE: **Agenda Item 19** Annual Staff Evaluations – For possible action

RECOMMENDED MOTION: **Action item**

PREPARED BY: **Jason Jaeger, DC**

MEETING DATE: **January 13, 2017**

TIME REQUIRED: **10 minutes**

BACKGROUND INFORMATION: **Pursuant to the Board's policies an annual evaluation is provided to the Executive Director and Board Council.**

REVIEWED BY: ☒ President ☒ Secretary ☒ Executive Director

ACTION: ☐ Approved ☐ Approved w/Modifications ☐ Denied ☐ Continued

CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA

AGENDA ACTION SHEET

TITLE: **Agenda Item 20** – Discussion/Approval of Board Office Security System – For possible action.

RECOMMENDED MOTION: **No recommendation**

PRESENTED BY: **Ben Lurie, DC**

MEETING DATE: **January 13, 2017**

TIME REQUIRED: **5 minutes**

BACKGROUND INFORMATION: **The Board office stores confidential information in filing cabinets and is not equipped with an alarm system nor is there building security.**

REVIEWED BY: X President X Secretary X Executive Director

ACTION: Approved Approved w/Modifications Denied Continued

CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA

AGENDA ACTION SHEET

TITLE: **Agenda Item 21** Discussion regarding Wisconsin's Legislation on Informed Consent
- For possible action.

RECOMMENDED MOTION: **No recommendation**

PRESENTED BY: **Ben Lurie, DC**

MEETING DATE: **January 13, 2017**

TIME REQUIRED: **10 minutes**

BACKGROUND INFORMATION:

REVIEWED BY: X President X Secretary X Executive Director

ACTION: Approved Approved w/Modifications Denied Continued

Agenda Item 21

WISCONSIN STATE LEGISLATURE

448.30 Informed consent. Any physician who treats a patient shall inform the patient about the availability of reasonable alternate medical modes of treatment and about the benefits and risks of these treatments. The reasonable physician standard is the standard for informing a patient under this section. The reasonable physician standard requires disclosure only of information that a reasonable physician in the same or a similar medical specialty would know and disclose under the circumstances. The physician's duty to inform the patient under this section does not require disclosure of:

- (2) Detailed technical information that in all probability a patient would not understand.
- (3) Risks apparent or known to the patient.
- (4) Extremely remote possibilities that might falsely or detrimentally alarm the patient.
- (5) Information in emergencies where failure to provide treatment would be more harmful to the patient than treatment.
- (6) Information in cases where the patient is incapable of consenting.
- (7) Information about alternate medical modes of treatment for any condition the physician has not included in his or her diagnosis at the time the physician informs the patient.

History: 1981 c. 375; 2013 a. 111.

Cross-reference: See also ch. [Med 18](#), Wis. adm. code.

A one to three in 100 chance of a condition's existence is not an "extremely remote possibility" under sub. (4) when very serious consequences could result if the condition is present. *Martin v. Richards*, 192 Wis. 2d 156, 531 N.W.2d 70 (1995).

A doctor has a duty under this section to advise of alternative modes of diagnosis as well as of alternative modes of treatment for diagnosed conditions. *Martin v. Richards*, 192 Wis. 2d 156, 531 N.W.2d 70 (1995).

What constitutes informed consent under this section (1993 stats.) emanates from what a reasonable person in the patient's position would want to know. What a physician must disclose is contingent on what a reasonable person would need to know to make an informed decision. When different physicians have substantially different success rates with a procedure and a reasonable person would consider that information material, a court may admit statistical evidence of the relative risk. *Johnson v. Kokemoor*, 199 Wis. 2d 615, 545 N.W.2d 495 (1996), 93-3099.

A hospital does not have the duty to ensure that a patient has given informed consent to a procedure performed by an independent physician. *Mathias v. St. Catherine's Hospital, Inc.* 212 Wis. 2d 540, 569 N.W.2d 330 (Ct. App. 1997), 96-1632.

The onset of a procedure does not categorically foreclose withdrawal of a patient's consent. Withdrawal of consent removes the doctor's authority to continue and obligates the doctor to conduct another informed consent discussion. In this type of informed consent case where the issue is not whether the patient was given the pertinent information so that the patient's choice was informed, but rather whether the patient was given an opportunity to make a choice after having all of the pertinent information, the cause question is, "What did the patient himself or herself want?" *Schreiber v. Physicians Insurance Co.* 223 Wis. 2d 417, 588 N.W.2d 26 (1999), 96-3676.

As a general rule, patients have a duty to exercise ordinary care for their own health. Under limited, enumerated circumstances, contributory negligence may be a defense in an informed consent case. A doctor is not restricted to only the defenses listed under this section, but a court should be cautious in giving instructions on nonstatutory defenses. *Brown v. Dibbell*, 227 Wis. 2d 28, 595 N.W.2d 358 (1999), 97-2181.

In the absence of a persistent vegetative state, the right of a parent to withhold life-sustaining treatment from a child does not exist and the need for informed consent is not triggered when life-sustaining treatment is performed. *Montalvo v. Borkovec*, 2002 WI App 147, 256 Wis. 2d 472, 647 N.W.2d 413, 01-1933.

A patient's consent to treatment is not categorically immutable once it has been given. A physician must initiate a new informed consent discussion when there is a substantial change in circumstances, be it medical or legal. Here, the decedent's postoperative complications did not at some point become a substantial change in medical circumstances necessitating a second informed consent discussion, because it was undisputed that the decedent was informed of the risks he later faced. *Hageny v. Bodensteiner*, 2009 WI App 10, 316 Wis. 2d 240, 762 N.W.2d 452, 08-0133.

This section (2007 stats.) requires any physician who treats a patient to inform the patient about the availability of all alternate, viable medical modes of treatment, including diagnosis, as well as the benefits and risks of such treatments. Although the jury determined a physician was not negligent in his standard of care for failing to employ an alternative when treating the defendant, that did not relieve the physician of the duty to inform the patient about the availability of all alternate, viable medical modes of treatment. *Bubb v. Brusky*, 2009 WI 91, 321 Wis. 2d 1, 768 N.W.2d 903, 07-0619.

Neither case law or this section (2011 stats.) limits the physician's duty to inform the patient of modes of treatment only for the final diagnosis. The distinction between conditions "related" to the final diagnosis and conditions "unrelated" to the final diagnosis finds no support in the statute or case law. A physician's duty is to inform the patient about diagnostic procedures about which a reasonable patient would want to know to make an informed, voluntary decision about his or her medical care, even if those diagnostic procedures are aimed at conditions that are unrelated to the condition that was the final diagnosis. *Jandre v. Physicians Insurance Company of Wisconsin*, 2012 WI 39, 340 Wis. 2d 31, 813 N.W.2d 627, 08-1972.

The doctrine of informed consent is limited to apprising the patient of risks that inhere to proposed treatments. It does not impose a duty to apprise a patient of any knowledge the doctor may have regarding the condition of the patient or of all possible methods of diagnosis. *McGeshick v. Choucair* 9 F.3d 1229 (1993).

CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA

AGENDA ACTION SHEET

TITLE: **Agenda Item 22** Consideration of potential additions, deletions, and/or amendments to NRS 634 and NAC 634 – For possible action

RECOMMENDED MOTION: **No recommendation**

PRESENTED BY: **Ben Lurie, DC**

MEETING DATE: **January 13, 2017**

TIME REQUIRED: **5 minutes**

BACKGROUND INFORMATION:

A. Discussion/possible changes to Temporary License: NRS 634.115.

REVIEWED BY: X President X Secretary X Executive Director

ACTION: Approved Approved w/Modifications Denied Continued

Agenda Item 22

NRS 634.115 Temporary license: Application; conditions; limitations.

1. Except as otherwise provided in subsections 4 and 5, upon application, payment of the fee, if required, and the approval of its Secretary and President, the Board may, without examination, grant a temporary license to practice chiropractic in this State to a person who holds a corresponding license or certificate in another jurisdiction which is in good standing and who actively practices chiropractic in that jurisdiction. A temporary license may be issued for the limited purpose of authorizing the holder thereof to treat patients in this State.

2. Except as otherwise provided in this subsection, an applicant for a temporary license must file an application with the Secretary of the Board not less than 30 days before the applicant intends to practice chiropractic in this State. Upon the request of an applicant, the President or Secretary may, for good cause, authorize the applicant to file the application fewer than 30 days before he or she intends to practice chiropractic in this State.

3. Except as otherwise provided in subsection 6, an application for a temporary license must be accompanied by a fee of \$50 and include:

(a) The applicant's name, the address of his or her primary place of practice and the applicant's telephone number;

(b) A current photograph of the applicant measuring 2 by 2 inches;

(c) The name of the chiropractic school or college from which the applicant graduated and the date of graduation; and

(d) The number of the applicant's license to practice chiropractic in another jurisdiction.

4. A temporary license:

(a) Is valid for the period designated on the license, which must be not more than 10 days;

(b) Is valid for the place of practice designated on the license; and

(c) Is not renewable.

5. The Board may not grant more than two temporary licenses to an applicant during any calendar year.

6. A chiropractic physician who applies for a temporary license solely for the purpose of providing chiropractic services to a patient in this State without remuneration is not required to pay the fee required pursuant to subsection 3.

(Added to NRS by [1993, 327](#); A [2001, 6](#); [2013, 548](#); [2015, 511](#))

Julie Strandberg

From: Benjamin S. Lurie
Sent: Tuesday, November 29, 2016 8:57 PM
To: Dr Mark Stoebe
Cc: Julie Strandberg
Subject: Re: Nevada Temporary License Regulations

Hi Dr Stoebe,

I want to thank you for your email. I apologize it has taken me a moment to get back to you. I will blame the holiday for slowing me down. Let me jump into your email.

Unfortunately at this time, the State of Nevada requires any Doctor of Chiropractic coming into the State to teach or perform services that currently fall under the scope of Chiropractic, is required to have a temporary license. Since ART is a "technique" used by Chiropractors or Chiropractic Assistance on patient for the benefit of care, this falls under the umbrella of physiotherapy and the scope of Chiropractic on our State. Therefore, you are required to have a temporary license to teach, demonstrate or perform on your audience or peers attending.

As for licensure in Nevada, I understand your dilemma as a Doctor who never took part IV. It is unfortunate some States are behind on reciprocity, however I have been active in trying to get this State Statue changed in the future. We can certainly add you to our list of Doctors who have inquired about licensure without having taken all parts of National Boards and Active/Passive.

I hope I have answered your email and I apologize in advance it's probably not the answer you were looking for.

If there is anything else I can do for you, please reach out to me and I am happy to assist you!

Thank you,

Dr. Benjamin S. Lurie
Chiropractic Physician
President - Chiropractic Physicians Board of Nevada
4600 Kietzke Lane, Suite M-245
Reno, NV 89502
(O) 775-688-1921
(F) 775-688-1920
(C) 702-236-8500
Email: DrLurie@chirobd.nv.gov
Web: chirobd.nv.gov

Sent from my iPhone. Please pardon any typos.

On Nov 22, 2016, at 2:42 PM, Dr Mark Stoebe <mstoebe@gfccmt.com> wrote:

Good afternoon Dr. Lurie,

I am an Active Release Technique instructor currently applying for a temporary license to teach ART next month. Typically we have taught a few seminars annually in Las Vegas, I see that the Nevada Board requires a temporary license to teach.

Our group teaches in many states and haven't had to obtain licenses in others. ART is a soft tissue technique that does not include HVLA, but does involve hands-on teaching.

As a member of the board of ART, is there an alternative option?; or would you recommend that anyone teaching 3 or 4 times annually should obtain a Nevada license versus two temporary licenses annually? I graduated 33 years ago and haven't taken part 4 boards; did pass DABCO boards @ 10 yrs ago.

Kudos to Julie Strandberg; she has been very pleasant, well informed and helpful as we navigate licensure!

Best regards,

Mark Stoebe, DC, DABCO

Julie Strandberg

From: Dr Mark Stoebe <mstoebe@gfccmt.com>
Sent: Wednesday, November 30, 2016 11:34 AM
To: Benjamin S. Lurie
Cc: Julie Strandberg
Subject: Nevada License data

Dr Lurie,

Thank you for the data, I understand current position re: Nevada license requirements, etc. I would be interested in obtaining a Nevada license solely for the purpose of teaching ART. Therefore please place me on your list of interested individuals. I would prefer to not have to navigate any additional boards; as teaching 6-8X annually + full time hospital-based practice precludes adequate preparation, esp because I graduated in 1983.

In the past I have taught 3-4X annually in Nevada. This would require 2 temporary licenses (as I understand that is the limit) to teach 2X; is there any way to modify that requirement? It appears that other DCs are teaching in Nevada w/o obtaining these licenses; maybe your state could engender higher compliance by "expanding" ability to gain either full or >2 temporary licenses?

Next ART seminar in Nevada is 2 weeks from today at Golden Nugget, as a lead instructor I would be happy to offer you ART treatment either Th, Friday or Saturday at 5 pm if you are interested and we could discuss license situation as well.

Thank you and Julie for your kind assistance with this matter,

Best regards,

Dr Mark Stoebe

CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA

AGENDA ACTION SHEET

TITLE: **Agenda Item 23** Establish dates for the next Chiropractor's Assistant examination and future Board meetings – For possible action.

RECOMMENDED MOTION: **No recommendation**

PRESENTED BY: **Ben Lurie, DC**

MEETING DATE: **January 13, 2017**

TIME REQUIRED: **10 minutes**

BACKGROUND INFORMATION:

REVIEWED BY: X President X Secretary X Executive Director

ACTION: Approved Approved w/Modifications Denied Continued

Agenda Item 23

CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA

AGENDA ACTION SHEET

TITLE: **Agenda Item 24** Discussion/Possible revisions to the Boards' Policies - For possible action.

RECOMMENDED MOTION: **No recommendation**

PRESENTED BY: **Ben Lurie, DC**

MEETING DATE: **January 13, 2017**

TIME REQUIRED: **5 minutes**

BACKGROUND INFORMATION: **Dr. Lurie will provide documentation at the meeting.**

REVIEWED BY: ☒ President ☒ Secretary ☒ Executive Director

ACTION: ☐ Approved ☐ Approved w/Modifications ☐ Denied ☐ Continued

Agenda Item 24

CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA

AGENDA ACTION SHEET

TITLE: **Agenda Item 25** NCA Report – No action

RECOMMENDED MOTION: **Non-Action item.**

PRESENTED BY: **To Be Determined**

MEETING DATE: **January 13, 2017**

TIME REQUIRED: **10 minutes**

BACKGROUND INFORMATION:

REVIEWED BY: X President X Secretary X Executive Director

ACTION: Approved Approved w/Modifications Denied Continued

CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA

AGENDA ACTION SHEET

TITLE: **Agenda Item 26** NCC Report – No action

RECOMMENDED MOTION: **Non-Action item.**

PRESENTED BY: **To Be Determined**

MEETING DATE: **January 13, 2017**

TIME REQUIRED: **10 minutes**

BACKGROUND INFORMATION:

REVIEWED BY: X President X Secretary X Executive Director

ACTION: Approved Approved w/Modifications Denied Continued

CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA

AGENDA ACTION SHEET

TITLE: **Agenda Item 27** Correspondence Report – No action

RECOMMENDED MOTION: **Non-Action item.**

PREPARED BY: **Ben Lurie, DC**

MEETING DATE: **January 13, 2017**

TIME REQUIRED: **5 minutes**

BACKGROUND INFORMATION:

REVIEWED BY: ☒ President ☒ Secretary ☒ Executive Director

ACTION: ☐ Approved ☐ Approved w/Modifications ☐ Denied ☐ Continued

Agenda Item 27

BRIAN SANDOVAL
Governor
BENJAMIN LURIE, DC
President
MAGGIE COLUCCI, DC
Vice President
JASON O. JAEGER, DC
Secretary-Treasurer

STATE OF NEVADA



XAVIER MARTINEZ, DC
Member
MORGAN ROVETTI, DC
Member
TRACY DiFILLIPPO, ESQ
Consumer Member
SHELL MERCER, ESQ
Consumer Member

JULIE STRANDBERG
Executive Director

CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA

4600 Kietzke Lane, M-245
Reno, Nevada 89502-5000
Fax (775) 688-1920

Telephone (775) 688-1921
Website: <http://chirobd.nv.gov>

Email: chirobd@chirobd.nv.gov

January 3, 2017

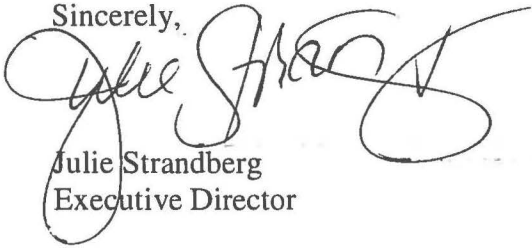
CERTIFIED MAIL 7012 2920 0002 4904 3700

James Overland, Sr., DC
Nevada Chiropractic Association
2810 W. Charleston Blvd.
Las Vegas, NV 89102

Dear Dr. Overland,

The Board will be discussing legislative matters at its upcoming meeting in Las Vegas on Friday, January 13, 2017. On behalf of the Board, I would like to request that you provide notification whether the NCA is planning to submit any bills to be heard before the 2017 Nevada Legislature. Please provide written notification to the Board by Tuesday, January 10, 2017.

Sincerely,


Julie Strandberg
Executive Director

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Julie Strandberg

From: Julie Strandberg
Sent: Monday, January 09, 2017 1:39 PM
To: 'James Overland'
Subject: Correspondence
Attachments: Board Correspondence.pdf

Hi Dr. Overland,

My apologies for erroneously addressing the attached certified letter to you with respect to a Board request. Please review and respond.

Best,
Julie Strandberg
Executive Director
Chiropractic Physicians Board of Nevada
775-688-1923
Fax 775-688-1920

BRIAN SANDOVAL
Governor
BENJAMIN LURIE, DC
President
MAGGIE COLUCCI, DC
Vice President
JASON O. JAEGER, DC
Secretary-Treasurer

STATE OF NEVADA



XAVIER MARTINEZ, DC
Member
MORGAN ROVETTI, DC
Member
TRACY DiFILLIPPO, ESQ
Consumer Member
SHELL MERCER, ESQ
Consumer Member

JULIE STRANDBERG
Executive Director

CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA

4600 Kietzke Lane, M-245
Reno, Nevada 89502-5000
Fax (775) 688-1920

Telephone (775) 688-1921
Website: <http://chirobd.nv.gov>

Email: chirobd@chirobd.nv.gov

January 3, 2017

CERTIFIED MAIL 7012 2920 0002 4904 3717

Robert Moore, DC
Nevada Chiropractic Council
4416 E. Bonanza Rd., #150
Las Vegas, NV 89110

Dear Dr. Moore,

The Board will be discussing legislative matters at its upcoming meeting in Las Vegas on Friday, January 13, 2017. On behalf of the Board, I would like to request that you provide notification whether the NCC is planning to submit any bills to be heard before the 2017 Nevada Legislature. Please provide written notification to the Board by Tuesday, January 10, 2017.

Sincerely,

A handwritten signature in black ink, appearing to read "Julie Strandberg".

Julie Strandberg
Executive Director

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Robert Moore, DC
Nevada Chiropractic Council
4416 E. Bonanza Rd., #150
Las Vegas, NV 89110

2.

7012 2920 0002 4904 3717

PS Form 3811, February 2004

Domestic Return Receipt

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COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
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CHIROPRACTIC PHYSICIANS'
BOARD OF NEVADA

JAN 09 2017

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4. Restricted Delivery? (Extra Fee)

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Total Postage &

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Sent To

Street, Apt. No.,
or PO Box No.

Robert Moore, DC
Nevada Chiropractic Council
4416 E. Bonanza Rd., #150

7012 2920 0002 4904 3717

Julie Strandberg

From: Andrea Waller <andrea@andreawallerstudio.com>
Sent: Monday, January 09, 2017 12:27 PM
To: Julie Strandberg
Cc: Bobby Moore
Subject: NCC & the 2017 Nevada Legislature

Good Morning Julie,

As per your written request, this email serves as notification that at this time, the NCC is not submitting any bills to the 2017 Nevada Legislature.

Please feel free to contact either myself or NCC President, Dr. Bobby Moore for any additional information or clarification.

Thank you,

Andrea Waller
Executive Director
Nevada Chiropractic Council - NCC

CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA

AGENDA ACTION SHEET

TITLE: **Agenda Item 28** Board Member Comments – No action

RECOMMENDED MOTION: **Non-Action item.**

PREPARED BY: **Ben Lurie, DC**

MEETING DATE: **January 13, 2017**

TIME REQUIRED: **5 minutes**

BACKGROUND INFORMATION: **Board members may comment on any topic but no action may be taken.**

REVIEWED BY: ☒ President ☒ Secretary ☒ Executive Director

ACTION: ☐ Approved ☐ Approved w/Modifications ☐ Denied ☐ Continued

CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA

AGENDA ACTION SHEET

TITLE: **Agenda Item 29** Public Interest Comments – No action

This portion of the meeting is open to the public to speak on any topic NOT on today's agenda and may be limited to 3 minutes

RECOMMENDED MOTION: **Non-Action item.**

PREPARED BY: **Ben Lurie, DC**

MEETING DATE: **January 13, 2017**

TIME REQUIRED: **3 minutes per person per topic**

BACKGROUND INFORMATION: **The public may speak to the Board about any topic not on the agenda but no action may be taken.**

REVIEWED BY: ☒ President ☒ Secretary ☒ Executive Director

ACTION: ☐ Approved ☐ Approved w/Modifications ☐ Denied ☐ Continued

CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA

AGENDA ACTION SHEET

TITLE: **Agenda Item 30** Adjournment – For possible action

RECOMMENDED MOTION: **Adjourn the meeting.**

PRESENTED BY: **Ben Lurie, DC**

MEETING DATE: **January 13, 2017**

TIME REQUIRED: **5 minutes**

BACKGROUND INFORMATION: **The meeting should be formally adjourned when all matters on the agenda have been addressed.**

REVIEWED BY: __X__ President __X__ Secretary __X__ Executive Director

ACTION: _____Approved _____Approved w/Modifications _____Denied _____Continued