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

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

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

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

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

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

### **The following must be completed and uploaded to your portal:**

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

### **The following must be received directly from the issuing institutions:**

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

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

### **General Application Information:**

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

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

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

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

**DC licenses expire December 31<sup>st</sup> of every even numbered year.**