

MINUTES OF THE  
MEETING OF THE SENATE COMMITTEE  
ON COMMERCE AND LABOR

SIXTY-FIRST SESSION  
NEVADA STATE LEGISLATURE  
March 11, 1981

The Senate Committee on Commerce and Labor was called to order by Chairman Thomas R. C. Wilson, at 1:35 p.m., Wednesday, March 11, 1981, in Room 213 of the Legislative Building, Carson City, Nevada. Exhibit A is the Meeting Agenda. Exhibit B is the Attendance Roster.

COMMITTEE MEMBERS PRESENT:

Senator Thomas R. C. Wilson, Chairman  
Senator Richard Blakemore, Vice Chairman  
Senator Don Ashworth  
Senator Melvin Close  
Senator William Hernstadt  
Senator Clifford McCorkle  
Senator William Raggio

STAFF MEMBER PRESENT:

Frances Kindred, Committee Secretary

SENATE BILL NO. 231

Chairman Wilson opened the meeting by stating that Senate Bill No. 231, which changes various provisions of the law governing physical therapists and their assistants, was heard on Monday, March 9. However, further testimony from those who could not be present Monday would be heard today.

Ms. Susan Hannah, representing herself as a consumer of health care services, submitted correspondence from physicians in Sparks, Nevada, who could not appear at this hearing. (See Exhibit C.) She commented she had difficulty with some individual areas of the bill which may need some clarification and/or rewording. Ms. Hannah referred to section 11, page 3, which appears to authorize a physical therapist to diagnose and treat for health services. Along with the physicians who wrote the letters, she questioned whether that function was the intent of

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the law and if diagnostic training was part of the physical therapists' curriculum. Ms. Hannah also referred to the specific sections which need clarification with regard to laboratory tests and therapeutic agents. She also was concerned about the authority granted members of the physical therapists' board or their agent, to inspect patient records. She wanted to know whether doctors' offices would be required to submit reports concerning their practice of physical therapy.

Ms. Hannah referred to subsection 4, section 16, line 30, covering curriculum requirements for physical therapy and questioned when the curriculum came into existence. In response to her question on "initial examination....before such referral." Senator Wilson said the language was explicit as it did state the initial examination was performed before the referral. Senator Hernstadt commented he could see nothing wrong with going to a physical therapist first, who might refer him to an orthopedic surgeon for further treatment. Ms. Hannah stated there are a variety of health care doctorates, with training in diagnosis and felt a person should start with them.

Dr. Clark Porter, a practicing chiropractor in Sparks, Nevada, stated he was present to speak for himself and his family. (See Exhibit D.) He said his submission referred to section 11 of the law which is the definition of physical therapy and to the new definition stating the purpose of physical therapy. He also commented on section 11, subsection 1, and explained that test interpretation constitutes diagnosis, which should be relegated to dentists, podiatrists, medical doctors, chiropractors and other doctorate level practitioners. Dr. Porter submitted copies of curricula requirements from chiropractic schools, medical schools and those schools presenting physical therapy certificates and physical therapy bachelor degrees. (See Exhibit E.) He pointed out that in none of the schools with physical therapy curricula was there a course in evaluation and testing of neuromuscular, musculoskeletal, cardiovascular or respiratory functions. He said the American Medical Association has outlined guidelines for the education and performance of physical therapy. (See Exhibit E.)

Dr. Porter then went on to the definition of the term "joint mobilization" and stated that physical therapists are not educated to mobilize or manipulate the joints of the body. Senator Raggio asked where the precise definition of the term is found. He said he was troubled because in the previous hearing everyone conceded that some aspects of physical therapy included the moving of joints. Senator Raggio asked what differentiated physical therapy from a therapeutic situation. Dr. Porter replied there

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was differentiation primarily between actual mobilization of the body parts as opposed to specific manipulation of two connected bones to achieve a desired therapeutic situation. Dr. Porter quoted the medical dictionary definitions of "active exercise", "passive exercise", and "therapeutic exercise", for Senator Raggio. (See Exhibit F.) He stated mobilizing or manipulating a bone with a specific purpose is not exercising the spine as a physical therapist. Senator Raggio asked if a specific exclusion could be written into Senate Bill No. 231 which would exclude certain things physical therapists are not qualified to do; perhaps a statement like "not including manipulation or adjustment". Dr. Porter said he would have to give it some thought but it might be a possibility.

Senator Hernstadt commented on Dr. Porter's remark that only chiropractors and osteopaths are taught joint manipulation in their school curricula, and he asked if orthopedic surgeons were taught the technique. Dr. Porter explained these orthopedic specialities are not taught as part of the regular curriculum. He said orthopedists learn these outside of school, in weekend seminars. In reply to Senator Raggio's question, Dr. Porter replied that physical therapists did attend such seminars and also had their own branch of mobilizers.

Dr. Porter stated that chiropractors study the diagnosis of all body systems as do medical and osteopathic doctors. He said each discipline has extensive education and practical experience in evaluating, testing, diagnosis, and treatment of human disease. This is typical of the doctoral level practitioners. Dr. Porter said diagnosis is implied in section 11 of this bill and physical therapists are not trained for this. He went on to say section 11, subsection 3, with regard to "joint mobilization" shows no evidence that physical therapists are educated or practiced in this science; therefore should refer such work to qualified chiropractors or osteopaths.

In response to Senator Close's question, Dr. Porter responded there is not much difference between "interpret" and "diagnose". He said if, in section 11, the wording was "measurement and testing" it would be entirely different in meaning. Senator Close asked for the distinction between "interpret" and "diagnose". Dr. Porter explained the distinction is that "interpretation" leads to "diagnosis". There was further discussion about the language and its limitations with regard to diagnosis. Dr. Porter referred the committee to the material on curricula and also the article included (see Exhibit E) which recommends several alternatives for chiropractic.

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Senator Raggio asked Dr. Porter, if the committee determined the appropriate language in the definition portion of Senate Bill No. 231, could he address himself to that portion of the bill extending the right of referral of patients to a physical therapist; and did he feel there was a need to allow for referrals from chiropractors. Dr. Porter affirmed there was definitely a need for referrals to physical therapists, particularly with Nevada industrial commission patients (NIC).

Mr. Buzz Moore, registered physical therapist in Reno, stated he wished to clarify the points of joint mobilization and the definition of tests and measurements, raised in earlier testimony. He read a letter from Dr. Laurence McClish, an orthopedic surgeon in Reno. (See Exhibit G.) Mr. Moore also gave the committee copies of the actual test and evaluation done by a physical therapist. He stated he was not trying to be a chiropractor. He does not diagnose. However, he, as well as the others in the physical therapy profession, do joint mobilization. In addition when working with patients, i.e. a stroke victim, after sending an evaluation report back to the referring physician, they then try to teach the family how to follow the treatment regimen at home. He said even the family members are taught joint mobilization because it is an absolute necessity after a stroke.

Mr. Moore commented that a few statements made earlier about physical therapists' training needed correcting. With reference to the Stanford University Program, it is a Master's degree program, not a Bachelor of Science program. He added there is not a physical therapist in Northern Nevada who has not had the minimum of a Bachelor of Science of degree before they went on to graduate school. He did not care for the implication their training was nil. With regard to examination of patients without referral, he said they do not see patients off the street. The only time they see patients without direct medical referral will be at an athletic contest and the therapist is there and an injury must be treated immediately; and they will send the patient to the team physician if he is not present. The only other exception is the school screening program which is absolutely necessary to catch youngsters with scoliosis, etc. He stated every screening program he had been involved in has had the blessing of the doctors, and if they are guilty of seeing patients without referral, the screening program has to be it. Mr. Moore stated most of his practice is on referral from internal medicine specialists, orthopedic specialists and neurologists.

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Mr. Moore stated he does not see patients from chiropractors and did not think he would if one were referred to him. He said this was not because he does not know what he is doing, but because he does not know what the chiropractor is doing. He stated physical therapists are taught joint mobilization from the time they start school. He has no objection to changing the wording to "range of motion" or "exercise" because it is still joint mobilization, or moving the joint. Mr. Moore added he felt the orthopedic people would probably be surprised to hear they are not trained in manipulation because he has assisted orthopedic surgeons in the hospital with joint manipulation under anesthesia.

Mr. Moore said he was surprised to hear testimony physical therapists did not treat human disease. He did not want to sound argumentative and said the therapists are only trying to strengthen Senate Bill No. 231, and control the activities of physical therapists. He said he would not try to tell the chiropractors what to do, and he resents them trying to tell him what to do.

Mrs. Marilyn Tucker, widow of Ralph M. Tucker who formed the original legal terminology covering physical therapists, stated she recognized that the law needs to be changed, corrected, and made current with the needs today. Mrs. Tucker has been a registered physical therapist in Nevada since 1945 with license no. 6. She indicated she is still a registered member but has not been active for several years.

Mr. Keith Kleven, practicing physical therapist in Las Vegas, commented he was testifying as a clinician and private practitioner as well as a former school director heading a program of physical therapy in the State of Washington. He stated he first wished to convey an answer to Senator Hernstadt from a colleague who attended the hearing on Monday, March 9. Mr. Kleven said that his colleague did see patients on referral from chiropractors but that he did so based on medical coverage as well as under the present state law.

Mr. Kleven presented his remarks with the preface that as a group of clinicians, physical therapists did not wish to attack any other profession but merely to continue to use the training they were schooled in. He stated that tests and measurements are taught today in schools of physical therapy under every classification from neurological diagnosis to electromyography and certain electrical conductive studies.

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Mr. Kleven commented that many more tests and measurements are taught today in post-graduate programs, including masters and doctoral degrees. He stated there are 93 accredited baccalaureate programs in the country today and the majority of them require some form of pre-schooling for entry. He said very few students are accepted into a curriculum today without a bachelor's degree. At this time there are 27 masters' and doctors' programs and 17 programs pending for doctoral studies.

Mr. Kleven then referred to some of the other questions asked in earlier testimony. He stated "with intent of examination in a facility" was specific to physical therapists or a facility claiming to do physical therapy and meant to imply no restrictions on or assessments of other professions. With regard to the "grandfather clause" previously mentioned, Mr. Kleven stated it was only operative for one year after July 1, 1955 and thereafter no one was "grandfathered" into their profession.

Under the concept of "initial evaluation", the intent was to allow physical therapists to continue the present practice of an assessment process or screening not only in individual departments but specifically in the pediatric area, meaning the schools. At the present time occupational therapists operate in these areas but physical therapists are not legally allowed to do so. This section of Senate Bill No. 231 would allow physical therapists to feel more comfortable doing assessments and screening in the area of sports medicine, and would authorize present practice.

With regard to schooling, Mr. Kleven mentioned there are associate degrees in physical therapy. There are also two-year programs to train physical therapist's assistants in such areas as gait training and other modalities. He stated that, by 1987, almost all programs will be post-baccalaureate entry for physical therapists.

Referring to the concept of "joint mobilization", Mr. Kleven said it does not imply manipulation. Instead, it implies, in whatever technique the clinician chooses to use, that he is allowed to perform joint movement techniques. He said the basic premise that all forms of joint mobilization relate to nerve impingements or some neurological dysfunction, is not a premise accepted by physical therapists. Senator Wilson asked if Mr. Kleven concurred that having "joint mobilization" as practiced by physical therapists would naturally exclude "joint manipulation or adjustment". Mr. Kleven's reply was

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that mobilization should be left as it is, depending upon the skill level and responsibility of the person and his training to utilize the technique. Mr. Kleven commented it is very difficult, under the techniques of mobilization, to hear the sound of articulation; however, manipulation implies thrusting at high velocity with movement of the joint at high velocity.

Senator Hernstadt inquired about charges brought against some therapists in Las Vegas by some concerned orthopedic doctors. Mr. Kleven answered he was present at that hearing and the charges brought were concerned with the doctors feeling threatened, that physical therapists would carry stethoscopes. He said it is difficult in temporomandibular joint dysfunction, for instance, to hear the click sounds relating to meniscal or cartilage movement in a joint without a stethoscope. Mr. Kleven said those charges were based on incomplete knowledge of the training, expertise and function of physical therapists. In response to Senator Hernstadt's question, Mr. Kleven stated the charges were not brought against any particular person. However, the southern district chapter of the physical therapists' association asked five representatives, of which he was one, to answer the physicians' comments. He said he had not received any word as to the outcome of that hearing. Senator Hernstadt then asked if the definitional changes in Senate Bill No. 231 would change any aspects of that case. Mr. Kleven replied it would resolve some of the problems with definitions by allowing a clinician the opportunity to practice within his area of expertise.

Mr. Kleven stated it is very difficult, with regard to earlier testimony, to separate the treatment of human disease versus human function. It is the same with musculoskeletal and neuromuscular; you cannot separate the nervous system in relationship to bone and joint function, from the muscles which make them work. He said the problem is in semantics, not the actual procedures and functions. Mr. Kleven commented physical therapists are not trying to duplicate services but are trying to meet the needs of people, keep up with the educational program changes, and reduce the cost of health care.

Mr. Fred Muller, executive director of the Nevada Hospital Association, made reference to reasons for entry to premises by a member of the physical therapy board or its agent. Senator Wilson replied that earlier testimony had clarified it to be limited to physical therapy facilities to determine if licensees are present; and it would not apply to hospitals per se other than

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to check physical therapists' licenses. Mr. Muller also questioned the reasons for revocation of a license of certification. He said many hospitals employ physical therapists on a salary, and then bill the patient for services provided. He wanted to know if this was considered an "unearned fee". Senator Wilson said he assumed it meant a referral fee, which would be in payment of money, not in the service before the referral. He agreed there needs to be some clarification of the meaning of "unearned fee".

Mr. Kleven replied the intent of that fee provision is to allow it to reflect directly the process of referral or some type of mechanism where there is a reimbursement because of that referral process. He said the physical therapists wanted it stated as it reads so they can write it specifically into their rules and regulations.

Dr. Thomas James, practicing chiropractor in Carson City, and representing the Chiropractors' Association of Nevada, stated he concurred with Dr. Porter's comments earlier in this hearing. He said he wanted to clarify some of the points made. He said as far as the law reads now, in reference to "joint mobilization", they are talking about massage, active and passive exercise, and therapeutic exercise as per the definitions (see Exhibit F). However, when they get into "joint mobilization" they refer to manipulation of the spine in which the speed of thrust has no connection with it, and this is the area of disagreement the chiropractors are stressing.

Dr. James said he thought the question about the physical therapy board or their agent entering any facility had been taken care of by clarification. He questioned, however, the language on page 8, lines 25 through 27, and page 3, lines 34 and 35, dealing with initial examinations, and referral by physicians. Senator Wilson commented they had to analyze bills and the law, based on the facts presented. He said everyone but the chiropractors seems to agree that physical therapists do engage in joint mobilization and screening and assessment and, if they are going to conform the law to the current practice, they are committed to finding the best language they can to do that. Dr. James submitted a proposed amendment (see Exhibit I) for section 11, subsection 1 of the bill.

Senator Wilson stated he understood Dr. James' position but it is necessary to face that fact that therapists do screen and make assessments both in industrial situations and team sports. In response to Dr. James statement, Senator Wilson replied it may not



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mean instant referral of a patient in the context of a screening evaluation; however, if Dr. James is speaking of the language of referral, it means the doctor sees the patient first and then refers him to a therapist who carries out the treatment and program. But Senator Wilson explained he was referring to "initial screening" or assessment in the context discussed earlier in the testimony.

Dr. James made further comments on the physical therapy curriculum with reference to baccalaureate programs and also the fact that physical therapists feel they should "be able to do what they are taught to do." He said the chiropractic curriculum includes obstetrics, gynecology, bacteriology, etc., which the chiropractors do not practice.

Senator Raggio asked if "therapeutic exercise" was the same as active and passive exercise. Dr. James replied that, according to definition, "therapeutic exercise" is the scientific use of bodily movement to maintain or restore normal function in diseased or injured tissues. He said it meant the same thing as active and passive exercise. Senator Raggio commented it seemed the same to him also and if so, what is the difference then between active and passive exercise and joint mobilization? Dr. James said he did not believe there was a difference. Senator Raggio then asked if active or passive exercise included moving the joints, and Dr. James agreed it did. If it meant the same thing, Senator Raggio wanted to know why chiropractors object to having this language in Senate Bill No. 231, and why do the physical therapists need it in the language. Dr. James answered it seemed to have a broader meaning and was closer to the joint manipulation and adjustment which is part of chiropractic and osteopathic practice.

Senator Raggio asked if Dr. James objected to the term "therapeutic exercise", which is already in the law and allows them to do active and passive exercise. He wondered if it was feasible to extend the exclusion of physical therapy from diagnosis, manipulation and adjustment. Senator Raggio stated he wanted to accommodate the physical therapists in their desire to improve existing language, but without doing violence to the chiropractors' profession. He asked if the physical therapists would be satisfied with such exclusionary language.

Mr. Kleven replied physical therapists would not be satisfied with such language as they do manipulate and move joints and, although the techniques differ from chiropractic, it is still

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manipulation, and physical therapists are schooled in it. Senator Hernstadt remarked that chiropractors do not want this in the language and Mr. Kleven agreed. He said that chiropractors feel only they have the right to the term "manipulation". Senator Raggio asked at what point in time does a person become a chiropractor. Mr. Kleven replied with the question, when do chiropractors become physical therapists because they use the modalities?

Senator Hernstadt commented his understanding of the term chiropractic was their claim, by adjusting the back, to be able to cure a host of ailments including liver, gallbladder, etc. He said if a physical therapist manipulates the back, it is because the patient has a backache and they want to make the patient feel better. They do not claim to be curing the liver, gallbladder, etc. Mr. Kleven agreed with Senator Hernstadt and remarked if a patient has a stiff joint or one that will not move, it is a pathological joint, and physical therapists want the right to work on it to get it moving again, not to cure an internal ailment.

Senator McCorkle asked if chiropractors worked with anything other than the spine. Dr. James replied that they did and their law does not read just "spine". He said chiropractic is defined as the "science, art and practice of palpating and adjusting the articulations of the human body by hand, use of physical therapy, hygienic, nutritive and sanitary measures, and all methods of diagnosis." Senator McCorkle suggested exclusionary language but Mr. Kleven stated it would be a problem for the therapists. Dr. James commented that physical therapists were trying to be chiropractors, or osteopaths without going to chiropractic or osteopathic colleges. Senator Wilson suggested this was an overstatement and the testimony should be kept on the affirmative side.

Dr. James inquired why the section for taking action against a therapist for treating a patient without referral from a physician, was being deleted. Ms. Conn responded because it was already covered by NRS 640.190 and was omitted, on advice of the attorney general's office representative, because it was repetitive and unnecessary.

Ms. Conn explained the practice of chiropractic is covered on page 8, lines 28 through 30, and under this language physical therapists are prohibited from practicing chiropractic. Senator Wilson commented Dr. James' question concerned referral as distinguished from the broad question of practice.

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Ms. Lorna Benedict, representing the American Massage and Therapy Association, questioned sections 9 and 11, lines 10 through 13, and lines 36 through 39, page 3. She asked if passage of Senate Bill No. 231 would mean the exclusion of anyone else doing massage. Mr. Buzz Moore responded by indicating the physical therapists do not want to regulate any one else's profession. Ms. Benedict stated she is an employee of Harrah's and is licensed by the City of Reno. She said the City of Las Vegas also licenses massage technicians, and the conflict she referred to was in section 9 "or is licensed in this state to practice physical therapy" which by definition included massage. Since state law usually supersedes local law, she was concerned. She commented that the massage therapists and technicians had tried for their own state board for licensing but were unsuccessful.

Senator Raggio asked Ms. Benedict where massage left off and physical therapy came in. Ms. Benedict explained that, as a massage technician not a therapist, she received referrals from sports people, physicians, chiropractors and people who voluntarily come and receive a massage. It is a little different because they work as a service, not by prescription. Basically, they work with soft tissue and do not deal with joints, joint manipulation or movement.

With no further testimony on Senate Bill No. 231, Chairman Wilson closed the hearing.

SENATE BILL NO. 230

Requires 1-week waiting period before claimant is entitled to receive unemployment compensation benefits and narrows requirements.

Chairman Wilson opened the hearing on Senate Bill No. 230. He stated testimony was heard on this bill on March 4. However, they wanted to have another hearing for further testimony from those who wanted to be invited back. Mr. Larry McCracken, executive director of the employment security department, had sent a memorandum, dated March 10, on "tip income" which was to be part of the record (see Exhibit J).

With no further testimony on Senate Bill No. 230, Chairman Wilson closed the hearing.

SENATE BILL NO. 45

Empowers local governments to regulate community antenna television companies.

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SENATE BILL NO. 45 (Cont.)

Senator Blakemore moved that Senate Bill No. 45 be indefinitely postponed.

Senator Close seconded the motion.

The motion carried unanimously.

SENATE BILL NO. 134

Allows public service commission to regulate certain pipelines for natural gas.

Senator McCorkle moved that Senate Bill No. 134 be indefinitely postponed.

Senator Close seconded the motion.

The motion carried unanimously.

SENATE BILL NO. 137

Provides penalties for violation of certain regulations relating to pipelines.

Senator Hernstadt commented that he made an amendment to this bill related to having the systems comply with the regulations more promptly.

Further discussion by Senator Raggio indicated the need for a penalty for someone wilfully destroying the intrastate system. He responded to Senator Blakemore's statement by saying that under the present definition there is an intrastate pipeline system. Senator Hernstadt was still concerned with the situation in the mobile home parks in Las Vegas and the delay in repairing the lines. Senator Wilson felt the committee should decide whether to process the bill and then discuss the amendments. Senator McCorkle stated the problem was in the definition of the system. Senator Close wanted to see a consistent penalty and Senator Raggio was concerned with the safety factors. The discussion was continued but no agreement was reached.

Senator Blakemore moved that Senate Bill No. 137 be indefinitely postponed.

Senator McCorkle seconded the motion.

The motion passed 4 to 2. (Senator Raggio voted "No", Senator Ashworth was out of the room.)

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SENATE BILL NO. 193

This act reestablished the real estate division of the department of commerce, changes fees and duties of the division and of brokers.

Senator Wilson indicated this bill should be gone through page by page as it needed a lot of amendments. Mr. Bill Cozart, executive secretary of the Nevada Association of Realtors sent a memo opposing an amendment on page 11, line 11. (See Exhibit K.)

Page 1 was acceptable. On page 2, Senator Hernstadt questioned line 4 with regard to the composition of the real estate board. He stated a member of the industry should be included. In reply to Senator Close, Senator Hernstadt explained the five members of the board are appointed by the governor. Senator Wilson indicated the question was whether to bracket out lines 3 and 4, and get a list of nominees, from the Nevada Association of Realtors. Senator Hernstadt noted it was qualified with new language on lines 24 and 25. The committee agreed with Senator Raggio's comment there should not be any specific list for nominations. He stated the only change was that one member of the board should be from the general public but the association and the advisory board did not agree as they felt their work is too technical. Senator Raggio explained the theory behind the "Sunset" material was these boards do not exist solely to serve the interests of those in an industry or profession. These boards are created to function in the best interest of the public and lay members on the board is one way to insure this is done. He said there is some inconsistency here because on some of the boards the lay member does not have a vote on licensing.

Senator Blakemore suggested on line 27, page 2, a salesman be made a member of the board. Comment was made if a member of of the public was included on the board of medical examiners, and the dentist's board, etc. it was not consistent not to have one on the real estate board. Senator Hernstadt said he would prefer to see 3 brokers, 1 salesman and 1 member of the general public. Senator Close suggested adding a salesman to the present five members of the board. Senator Raggio disagreed and said he is inclined to go along with the association and omit the public member, leaving the composition of the board at five members. He said he had worked on the "Sunset" report and had come to the conclusion that five members of the board was the best solution.

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SENATE BILL NO. 193 (Cont.)

Senator Blakemore moved that on line 27, page 2, instead of general public, the language should read "a real estate salesman".

Senator McCorkle seconded the motion.

Senator Close amended the motion to make it a 6 man board with 4 brokers, 1 public member and 1 salesman.

Senator McCorkle seconded the motion as amended.

The motion passed 4 to 2. (Senator Raggio voted "No".  
(Senator Ashworth was out of the room.)

Continuing to work on page 2, the committee agreed to change "eastern" to "southern" and on line 40, to change "western" to "northern". On line 49 Senator Raggio did not feel it was necessary to change from 3 to 5 working days because the present language is consistent with the open meeting law. The committee agreed to leave line 49 as is. Senator Raggio indicated he did not feel "associate broker" should be put in the language and the committee agreed. In addition, they were in agreement on removing "to the board" from line 49.

Pages 4, 5, 6 and 7 were acceptable as written. On page 8, lines 7 through 9, Senator Raggio did not see any objection on this issue as the division could accept those parts of the examination they felt were pertinent. He said thirty-one states now have some degree of reciprocity and the division can control the amount of the examination acceptable for reciprocity. The rest of the committee agreed. The committee concurred with Senator Wilson's suggestion, page 8, lines 43 through 45, to remove "had guilty knowledge thereof" and substitute "knew or should have known thereof". Page 9 was acceptable as written.

Page 10, regarding the fee schedule, was discussed by the committee. Senator Raggio said he had reviewed the entire fee schedule with the Sunset Review Committee, item by item, and the changes were made where they felt there was justification. In response to Senator McCorkle's question on what level of fees would give the division self-sustaining status, Senator Raggio did not have an answer. He suggested that Senator McCorkle refer to Recommendation 7 (Exhibit L) for his answers.

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Senator Hernstadt stated he felt the committee should go along with the legislative subcommittee recommendations. The committee agreed to leave the language at the bottom of page 9, and all of page 10, as is.

With regard to page 11, Senator McCorkle felt the education fund should be left as is and all the suggested changes be removed. Senator Close questioned why the state should pay for operating a research and education program if the fees collected do not equal the amount of money being spent. Senator McCorkle replied that it does and in fact there is more money than they need. Senator Wilson stated the only area of dispute was amount of time spent by the staff position, in administering the continuing education courses and the division. Senator McCorkle said it made sense for the person responsible for education to be paid out of the education fund. Mr. Cozart's argument was it was a step toward having non-educational expenses paid out of the fund. Senator Raggio disagreed and read Recommendation 11, of the Sunset Review Committee (see Exhibit M). There was considerable discussion by the committee about the amount of time spent by the education coordinator, and the approval of the funds "only on the advice of the commission". Senator Wilson assumed the commission has not been approving the use of the funds to defray educational costs and Senator Raggio agreed. Senator Raggio said the purpose is to extend the law to include educational research and the costs of operation, which include the coordinator. Senator Wilson suggested leaving the commission the right of approval but broaden the existing language to cover education, research and costs. He asked Senator Raggio how essential was the change in language on page 11, line 10, from approval to advice, and Senator Raggio replied the change would never be approved. The committee eventually agreed on "direct costs" as the best modification.

The committee had lengthy discussion on whether the commission should approve or advise. Senator Raggio referred the committee to Recommendation 5 (see Exhibit N). The committee consensus was to go with the language of the bill.

On page 12, line 32, the committee agreed with Senator Raggio on changing "shall" to "may". Senator Blakemore stated the language on page 13, lines 48 and 49 should be eliminated and the committee concurred.

Senator Hernstadt moved to Amend and Do Pass (See Exhibit O.)  
Senate Bill No. 193.

Senator Blakemore seconded the motion.

The motion carried unanimously.

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SENATE BILL NO. 195

An act which broadens industrial insurance coverage.

Senator McCorkle moved Senate Bill No. 195  
be indefinitely postponed.

Senator Hernstadt seconded the motion.

Senator Wilson stated he felt the committee should get something in writing from the Nevada industrial commission as to the form of the rules and regulations as the bill is too broad. Senator Raggio indicated a letter could be sent to the commission indicating the areas where there is coverage. Senator McCorkle said the commission had already been asked but had not responded.

Senator Hernstadt withdrew his second to the motion.

The motion died for lack of a second.

Senator Hernstadt then moved Senate Bill No. 195  
be held pending receipt of an answer from the Nevada industrial commission to the committee's request.

Senator Blakemore seconded the motion.

Motion carried unanimously.

SENATE BILL NO. 239

An act which makes various changes to the law governing the practice of traditional Oriental medicine.

Senator Blakemore moved Senate Bill No. 239 (See Exhibit P.)  
be Amended and Do Pass.

Senator Hernstadt seconded the motion.

Motion carried unanimously.

SENATE BILL NO. 240

Senator Wilson suggested the committee hold Senate Bill No. 240, which makes administrative changes relating to chiropractic, until action is taken on Senate Bill No. 231, which changes various provisions of the law governing physical therapists and their assistants.

The committee agreed to hold Senate Bill No. 240.



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SENATE BILL NO. 269

Revises educational requirements and certain administrative procedures affecting real estate brokers and salesmen.

Senator Blakemore moved Senate Bill No. 269 (See Exhibit Q.)  
be Amended and Do Pass.

Senator Raggio seconded the motion.

The motion carried unanimously.

BDR 58-1404 (SB 424)

Senator Wilson asked for approval of the introduction of BDR 58-1404 which relates to public utilities; and authorizes the public service commission of Nevada to appear before hearings of the Federal Energy Regulatory Commission.


Senator Blakemore moved for introduction of BDR 58-1404.

Senator McCorkle seconded the motion.

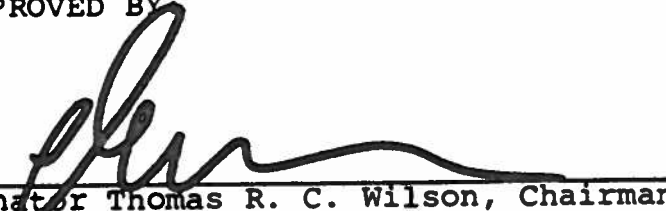
The motion carried unanimously.

With no further business, the committee adjourned at 4:40 p.m.

Respectfully submitted by:

  
Frances A. Kindred, Secretary

APPROVED BY

  
Senator Thomas R. C. Wilson, Chairman

DATE \_\_\_\_\_

\* Also see Exhibit H re: SB 231

EXHIBITS - MARCH 11, 1981 MEETING

- Exhibit A - Meeting Agenda.
- Exhibit B - Attendance Roster.
- Exhibit C - Letters from: Dr. Scott, Dr. Zimmet, Dr. Bennett and Dr. Griswold, presented by Ms. Hannah.
- Exhibit D - Notes from Dr. Porter.
- Exhibit E - Curriculum for physical therapy field, AMA Guideline for accredited educational program, for physical therapists, medical school curriculum, article on chiropractic, submitted by Dr. Porter.
- Exhibit F - Medical dictionary definitions of exercise.
- Exhibit G - Letter from Dr. Laurence McClish, Reno.
- Exhibit H - Copies of evaluation and testing forms used by physical therapists at Reno Rehabilitation Center.
- Exhibit I - Proposed amendments to Senate Bill No. 231, submitted by Dr. James.
- Exhibit J - Memorandum from Larry McCracken, executive director, employment security department.
- Exhibit K - Memorandum from Bill Cozart, executive vice president, Nevada Association of Realtors.
- Exhibit L - Recommendation #7, from the Sunset Review.
- Exhibit M - Recommendation #11, from the Sunset Review.
- Exhibit N - Recommendation #5, from the Sunset Review.
- Exhibit O - copy of Senate Bill No. 193.
- Exhibit P - copy of Senate Bill No. 239.
- Exhibit Q - copy of Senate Bill No. 269.

SENATE AGENDA

COMMITTEE MEETINGS

Committee on Commerce and Labor, Room 213.  
Day Wednesday, Date March 11, Time 1:30 p.m.

REVISED AGENDA

S.B. No. 231--Changes various provisions of law governing physical therapists and their assistants.

S.B. No. 230--Requires 1-week waiting period before claimant is entitled to receive unemployment compensation benefits and narrows requirements.

SENATE COMMITTEE ON

Commerce and Labor

DATE:

3/11/81

EXHIBIT B

PLEASE PRINT	PLEASE PRINT	PLEASE PRINT	PLEASE PRINT
NAME	ORGANIZATION & ADDRESS	TELEPHONE	
Suzanne Hannah	1617 Prospect Ave Sparks NV	359-0503	
Blackie Evans	NEVADA AFL-CIO - C.C.	882-7490	
Richard	FSD - CC	885-4510	
Pat Conn	<sup>Board of</sup> <sup>PT Exam</sup> 80 Arrowhead Dr CC	882-3221	
YETH YAEV	PHYSICAL THERAPIST LAS VEGAS	733-7173	
Buzz Maara	Phys. Therapist - Reno	329-7710	
N.P. Adornisea	SUMMA CORP	733-0123	
Bob Ostrovsky	MFM GRAND - RENO	<del>825-258</del> 784-2000	
Joe Buckley	Summa Corp R.V.	733-0123	
Walter Gibbons	Gibbons Co. Inc - Reno + L.V.	526-6660	
LORNA BENEDICT	Box 1115 RENO NV	322-7438	
Cecily Humphrey	11710 Rocky MH Reno 89506	972-4674	
Edith Ryan	Chrs. Assn	786-2366	
Clay Porter	Box J S. N. 89031	3310177	
THOMAS JAMES	Box 1682 Carson City NV 89701	883-6000	
JACK MADILL	AFL-CIO	8887498	
Larry McInnes	Employment Security	885-8685	
Jack Stafford	Joint Board Culinary + Bartenders	384-7774	
Kate Kella	Nevada Retail Assn	882-1943	
Leo Henrikson	Retired	←	
Charles M. Tucker	Physical Therapy	322-4643	
GEORGE TACKETT	NEVADA BELL	789-8496	
Ed Davis	Theater Reno Sparks Co/c	7863030	

MICHAEL E. SCOTT, M.D.  
1015 SPANISH SPRINGS ROAD  
SPARKS, NEVADA 89431  
TELEPHONE 702-359-3466

EXHIBIT C

March 11, 1981

Committee on Commerce and Labor  
Nevada State Senate  
Carson City, Nevada

RE: SB 231

Gentlemen:

It is unfortunate that I am unable to leave my medical practice today to attend the hearing on Senate Bill No. 231. In my absence, please accept this letter as my testimony regarding certain concerns which I find with this bill.

1. Section 11 of the bill appears to give the Physical Therapist the right to diagnose and treat. With respect to this section, for the protection of the consumer, physical therapy education, of my own knowledge, does not include the training in diagnosis that is included in medical doctorate training.

As I read the bill, the performing and interpreting of tests and measurements could include medical laboratory testing, E.K.G. interpretation, etc. Since these tests are not specifically excluded, as are x-rays, I would interpret that such tests could be performed by physical therapists. And yet, such tests are not a part of physical therapy training.

As a point of clarification, subsection 3 of section 11, authorizes treatment through use of therapeutic agents. This could be interpreted to include the prescription of drugs. Again, for the protection of the consumer, I do not believe that physical therapists are trained to prescribe.

2. With respect to section 14, subsection 6:
  1. Paragraph (a) should refer to the inspection of any facility which is registered with the state physical therapy board or which employs registered physical therapists rather than "any facility".
  2. Paragraph (b) is in violation of patient rights. At present, medical records are available only upon authorization of the patient or upon court order. Patient medical records are very confidential data, and it concerns me that records could be inspected by the board or an agent of the board without the authorization of the patient.

3/11/81

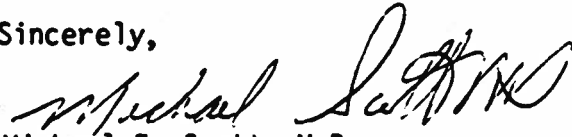
Page 2

3. With respect to section 14, subsection 7, this again should refer only to facilities which employ registered physical therapists.
4. With respect to Section 16, subsection 4:
  1. What if a physical therapist was licensed prior to the existence of curriculum for physical therapy, either in Nevada or in another state, and had been in practice since that time? Is he automatically excluded from licensure in Nevada?
  2. Would this not be better if it stated any school accredited by a national agency such as the American Physical Therapy Association?
5. With respect to Section 23, subsection 1:

It appears that a physical therapist thus becomes the primary entry contact. Since I am sure this was not the intent, should this not read "before accepting such referral?" Again, my concern is the protection of the patient and my question about training of physical therapists in diagnosis.
6. As a point of clarification, I would suggest that Section 22, subsection 1 define "due notice and hearing" by referring to section 4 of the legislation.

Your acceptance of these comments is deeply appreciated.

Sincerely,



Michael E. Scott, M.D.

March 11, 1981

Committee on Commerce and Labor  
Nevada State Senate  
Carson City, Nevada

RE: SB 231

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3/11/81

Page 2

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Sincerely,



Sidney J. Zimmet, M.D.



March 11, 1981

Committee on Commerce and Labor  
Nevada State Senate  
Carson City, Nevada

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Sincerely,



Katharine S. Bennett, M.D.

JAMES F. GRISWOLD, M.D.  
1018 SPANISH SPRINGS ROAD  
SPARKS, NEVADA 89431  
—  
TELEPHONE (702) 359-3468

March 11, 1981

Committee on Commerce and Labor  
Nevada State Senate  
Carson City, Nevada

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Your acceptance of these comments is deeply appreciated.

Sincerely,

*James F. Griswold M.D.*  
James F. Griswold, M.D.

SB. 231

## NOTES

Section II. Old definition is what physical therapy is all about. New definition states purpose of physical therapy.

Section II-I. "Performing and interpreting of tests and measurements of neuromuscular musculoskeletal cardiovascular, and respiratory functions as an aid to treatment."

NOTE Interpretation of these tests constitutes Diagnosis, which has been relegated to MDs, DOs, DOs, DBs, DPMs, and other Doctorate level practitioners. Curricula from Doctoral level programs include many hours of education to diagnose human disease. Physical Therapists are not in their curricula taught Diagnosis and interpretation. PP. 16-23

Example: Stanford University - Masters in Physical Therapy - PP. 3-4  
No courses in curricula describing cardiovascular and respirator test and measurement.

University of Southern California PP. 5-6  
No courses in curriculum describing cardiovascular, respiratory or musculoskeletal test and measurement.

California State College, Long Beach PP 7-8.  
AB in Physical Therapy - Program governed, as are others, by American Physical Therapy Association.  
No curriculum description of course teaching evaluation and testing of Neuromuscular, musculoskeletal, cardiovascular, and respiratory functions. See further general curricula of Physical Therapists indicating requirements of Bachelor level course work and no more.

Section II-2. AMA Guidelines PP. 9-15

Recommend coordinated planning of treatment programs with referring physician not alone as implied using test results requiring diagnosis and interpretation by a Doctoral level practitioner.

Section II-3. Physical Therapists have added to their treatment regimen "Joint Mobilization" which in loose definition means movement of bony articulations of the body and in precise definition means adjustment of any two bones of the body in relation to one another -

There is no mention of preparatory work in any of the school curricula in joint mobilization, manipulation or adjustment.

How can physical therapists do these things on the human body when they are not taught in the schools preparing and qualifying them for State Boards. Chiropractors and Osteopaths are the only Doctors taught joint manipulation or mobilization in their

curricula. Chiropractors spend over 300 classroom hours in practical instruction and application of joint mobilization as well as 1100 clinic hours of practical experience and application of the Science and Art of joint manipulation, particularly of the spine but, including all the moveable joints of the body. And all of this before they receive their Doctoral degrees and may test to practice in Nevada or any other State.

Please see the enclosed Chiropractic and Medical Curriculum.

Chiropractors also study diagnosis of all the systems of the body as do medical and osteopathic Doctors. Each one has extensive education and practical experience in evaluation and testing, diagnosis and treatments of human disease.

Clearly, diagnosis is implied in section II of this Bill, and diagnosis of the functions indicated is not taught the Physical Therapist. It is and must be relegated to Doctors with education, experience and thus expertise in this area.

Just as clearly relating to section II subsection 3 "Joint Mobilization", there is no evidence that Physical Therapists are educated or practiced in the Art and Science of joint mobilization and should therefore, refer this work to qualified Chiropractors and Osteopaths. PP. 18-21

As the very definition of Chiropractic in Nevada embodies manipulation of the joints of the spine, and the degrees of DC, DO, MD, DD, DPM, are levied to those educated to perform diagnosis and treatment the implication and ramifications of the aforementioned changes in the physical therapy law of Nevada are such as to warrant no other alternative but complete removal of these particular proposed changes - for the health and safety of the people of Nevada.

Sounding Board Article

Medical students or other graduate students may pursue the M.S. in HSH concurrently with a five-year Medical School Program or another graduate program and receive both degrees coterminously.

For additional information, address inquiries to the Program Administrator, Health Services Research Division, Department of Family, Community and Preventive Medicine, School of Medicine, Stanford University, Stanford, California 94305.

**NEURO- AND BIOBEHAVIORAL SCIENCES PROGRAM**

The School of Medicine offers an interdepartmental program leading to the Ph. D. in Neuro- and Biobehavioral Sciences. The Program is designed to provide broad, comprehensive, and rigorous training for a limited number of highly qualified graduate students.

Three categories of students are eligible for the Program: (1) non-medical graduate students; (2) postdoctoral fellows who, after completion of the M.D. degree and an approved internship, wish to enter residency training in neurology and to undertake a minimum of nine quarters of nonclinical academic work above and beyond the required three years of clinical training; (3) medical students having sufficient background, including a baccalaureate degree, to enable them to meet the course requirements of the Program concurrent with the medical curriculum so that after completion of the M.D. Program they only need add the amount of time (two to three years) necessary to produce an acceptable thesis. The timing of their program may be adjusted to fit in with their special circumstances.

For further information regarding the Neuro- and Biobehavioral Sciences Program contact Eric M. Shooter, Ph.D., Department of Neurobiology, Stanford Medical School, Stanford, California 94305.

**SOCIAL SCIENCES—HEALTH SERVICES**

Program Advisor: CLIFFORD R. BARNETT, Ph.D., Pediatrics and Anthropology Departments.

The Departments of Anthropology and Sociology at Stanford have much to offer the medical student in concepts, methodology, and findings relevant to socio-medical research and the development of health care systems. Students who opt for a five year M.D. Program may pursue a combination of course work and research leading to the master of arts degree in anthropology or sociology. Course work and research are tailored to advance the special interests of the student (e.g., adapting medical care to special populations in the U.S. and overseas, non-Western curing systems, population control, community psychiatry, and social and cultural factors in disease etiology and prevention). The degree program usually can be completed during two years of part-time work (including one full-time summer). Students may also pursue work in anthropology and sociology without committing themselves to a graduate degree program. For additional information, contact Clifford R. Barnett, Ph.D., Professor, Anthropology, and Professor (by courtesy), Pediatrics.

**DIVISION OF PHYSICAL THERAPY**

Director: HELEN BLOOD, Ed.D.  
 Adjunct Professors: HELEN BLOOD, BARBARA E. KENT  
 Assistant Professor: JOHN M. MEDEIROS  
 Clinical Instructors: HAZEL V. ADKINS, KATHLEEN BICE, DONNA J. BURKE, LINDA FREEMAN, FRANCES LUPI, MARGARET V. PETERSON, FRANCES L. PATTON, ROSALIE LOPOPOLO, ROBERT SIMPSON, PAULA SKINNER, DIANA STRUMM

The Division of Physical Therapy in the Stanford University of School of Medicine offers a master's degree curriculum for students entering the field of physical therapy. The program encompasses two academic years (6 quarters) and a summer internship.

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DR. ARTHUR KORNBERG, M.D., PROFESSOR OF BIOCHEMISTRY AND NOBEL LAUREATE, ON THE WARDS AS IN THE LABORATORY. THE EXCITEMENT OF INVESTIGATION FERVADES MEDICAL EDUCATION AT STANFORD.

between the two, and includes basic courses required for state licensure. Students must complete courses required for state licensure, one of the three advanced study areas and research requirements.

Most classes are held at the Stanford Medical Center. Students have two- and three-week periods of directed clinical experience at Stanford Hospital and affiliated health facilities in California during the first year, a full-time assignment during the Summer Quarter, and a four-week advanced internship in the spring of the second year.

Requirements for admission are a baccalaureate degree, completion of prerequisite courses, filing of an application including scores from the Aptitude Test of the Graduate Record Examination by January 15, and, upon request of the Division, a personal interview. Applicants will be considered without regard to race, color, creed, religion, sex, age, or national origin.

Students are admitted Autumn Quarter each year. Dates for registration and general information will be found in the University Bulletin *Information*.

Basic prerequisites are courses in human anatomy, human physiology, chemistry, physics, psychology, sociology, and statistics. Mathematics, biology, and courses in oral and written communication are highly recommended. Each student's academic background will be reviewed on an individual basis for admission.

As part of the physical therapy program, students will enroll in required courses offered by other departments in the Medical School and other schools in the University. Electives related to the student's program may be selected primarily in the second year.

The curriculum is accredited by the American Physical Therapy Association. For more information see the Stanford University Bulletin *Courses and Degrees*.



## SCHOOL OF MEDICINE

Dean: Clayton Rich

The School of Medicine was established as a department of the University in 1908, when the Cooper Medical College in San Francisco was acquired by Stanford University. Until 1959 clinical teaching and some teaching of the basic medical sciences were carried out in San Francisco, while the remainder was conducted on the University campus near Palo Alto.

In 1953 the Trustees of the University determined that the School of Medicine should be consolidated on the University campus in new facilities. Following the development of a new program of medical education, and the construction of the Stanford Medical Center buildings for teaching, research and patient care activities, the School began its operation at Stanford in September 1959.

The current goals of the School of Medicine can be stated as follows:

To continue an exceptionally strong participation in the intellectual life of the University as a whole, including joint interdisciplinary research and teaching involving the interfaces between the physical and social sciences and medicine.

To maintain an intensive, individualistic program of medical education which emphasizes scientific knowledge and professional excellence at the medical student, graduate, and postgraduate levels.

To preserve present strong commitments to fundamental biomedical research and the education of medical scientists, to develop greater commitments to research related to the scientific base and professional practice of medicine.

The School believes that the goals of the Stanford School of Medical Education are best achieved if each student can plan his or her curriculum within a flexible educational system in which the diversity of students' career goals and educational backgrounds is recognized. Accordingly, in 1968 curricular changes were introduced which provided each student with maximum flexibility in formulating an individualized curriculum that best takes into account the student's past experience and future career goals. Under this plan students need not take courses in areas in which they feel they already have adequate knowledge. In addition, students are encouraged to take advantage of curricular offerings on the University Campus as well as in the School of Medicine. The duration of the program is four years.

completed appropriate graduate work, or include as many as eighteen quarters for students who include extensive research experience. Students interested in combined M.D.-Ph.D. programs must first apply for admission to the M.D. Program. Subsequent and separate application to a specific department is then required for candidacy for the Ph.D.

Provided an applicant to medical school has completed the basic courses in physics, chemistry and biology, the choice of an undergraduate major may reflect other interests, including the arts and humanities. Course work in mathematics and the behavioral sciences is highly recommended because of its importance in understanding medicine. Extracurricular activities and breadth of interests and experiences play an important role in the selection of students from among those applicants having superior academic records. The general requirements for admission are in the *Medical School Bulletin*. For application materials write: Chairman, Committee on Admission, Stanford University, School of Medicine, Stanford, California 94305.

### ALLIED MEDICAL SCIENCES

#### DIVISION OF PHYSICAL THERAPY

*Emerita Lucille Daniels (Professor), Sarah Semans (Associate Professor)*

*Director: Helen Blood*

*Adjunct Professors: Helen Blood, Barbara F. Kent*

*Assistant Professor: John Medeiros*

*Senior Lecturer: Katherine F. Shepard*

*Lecturers: Valerie Coon, Rochelle Parker, Gay L. Raymond, Katharine B. Robertson, Terry L. Sanford, Linda VanHoesen*

*Clinical Associate Professor: Catharine Graham*

*Clinical Instructors: Hazel V. Adkins, Kathleen Bice, Jean M. DuVal, Linda Freeman, Frances Lupp, Lorraine H. Ogg, Frances I. Patton, Robert Simpson, Paula Skinner, Diana Stumm*

*Panel of Consultants: John E. Bell, Clinical Associate Professor, David S. Burton, Assistant Professor, Ronald E. Kaye, Clinical Associate*

### OFFERINGS AND FACILITIES

The Division of Physical Therapy in the Stanford University School of Medicine offers a Master's degree curriculum for students entering the field of physical therapy. The program encompasses two academic years (6 quarters) and a summer internship between the two, and includes basic courses required for state licensure. Students must complete: the courses required for state licensure, one of the three advanced study areas—Administration and Community Health, Curriculum Development and Instruction, Approaches to Neuro-muscular Dysfunction, and research requirements.

Classes are held at the Stanford Medical Center, which houses physical therapy lecture, laboratory, seminar and research rooms. Students have a two- and three-week period of directed clinical experience during the first year, a ten to twelve week internship during summer quarter, and a four week advanced internship during the spring of the second year at Stanford Medical Center and/or affiliating health care facilities in California. This clinical sequence provides the opportunity for students to move toward the full utilization of their knowledge and skill in evaluating, planning, and implementing physical therapy programs.

The curriculum is accredited by the American Physical Therapy Association and the Council on Medical Education of the American Medical Association.

#### ADMISSION

Requirements for admission are a Baccalaureate degree, completion of prerequisite courses, filing of an application including forms from the Aptitude Test of the Graduate Record Examination. The application must be completed by January 15 including letters of recommendation and transcripts. The last possible Graduate Record Examination that can be taken to meet this deadline is the prior December. Upon request of the Division, a personal interview, and completion of supplemental admission tests and forms may be required. Applicants will be considered without regard to race, color, creed, religion, sex, age or national origin.

Students are admitted autumn quarter each year. Dates for registration and general information will be found in the *Information Bulletin* of the University.

### TRAINESHIPS, SCHOLARSHIPS, AND LOANS

the Division of Physical Therapy are limited and vary from year to year.

The Marian Williams Memorial Scholarship is awarded each year by the Committee, and a few private agencies offer special scholarships for physical therapy students.

The Western States (including Hawaii and Alaska) without a physical therapy program provide part of the tuition of legal residents through WICHE (Western Interstate Commission for Higher Education).

The Stanford *Information Bulletin* lists the long-term loan policies of the University and the details of the National Defense Student Loan Program.

### PREREQUISITES AND OTHER COURSES

Basic prerequisites are courses in human anatomy, human physiology, chemistry, physics, psychology (2), sociology, and statistics. Mathematics, biology, and courses in oral and written communication are highly recommended. Each student's academic background will be reviewed on an individual basis for admission.

As part of the physical therapy program, students will enroll in required courses offered by the Division, other departments in the Medical School, and other schools in the University. Electives related to the student's program may be selected primarily in the second year.

Graduate students from other department may attend courses in the Division with the consent of the instructor. Any one of the following courses may not be offered if an insufficient number of students enroll.

#### COURSES

All courses 4-6 units

220. Human Motion and Therapeutic Procedures—Functional anatomy, biomechanics, body motion, analysis and practice of therapeutic exercise procedures; test for and evaluation of physical disability, prosthetics and orthotic and basic medical lectures in specialty area with emphasis on problems of patient care.

4-6 units, Aut (Kent, Staff)  
MW 8:00-11:50, F 8:00-11:00

221. Human Motion and Therapeutic Procedures II—Continuation of Human Motion and Therapeutic Procedures I. Prerequisite: 220

4-6 units, Wm (Kent, Staff)  
MW 8:00-11:50, F 8:00-11:00

222. Human Motion and Therapeutic Procedures III—Continuation of Human Motion and Therapeutic Procedures II. Prerequisite: 221

**Neurophysiological Basis of Human Motion I**—Basic neuroanatomical and neurophysiological principles of normal and abnormal motor control, pre- and post-natal development of motor activity and related assessment skills; current treatment principles for infant and adult neurological patient, evaluation, treatment, and program planning for patients with neuromuscular disabilities.

5 units, Aut (Parker, Staff)  
TTh 10:00-11:50

**Neurophysiological Basis of Human Motion II**—Continuation of Neurophysiological Basis of Human Motion I. Prerequisite: 225.

5 units, Win (Parker, Staff)  
TTh 8:00-11:50 F 10:00-11:50

**Neurophysiological Basis of Human Motion III**—Continuation of Neurophysiological Basis of Human Motion II. Prerequisite: 225.

5 units, Spr (Parker, Staff)  
TTh 8:00-11:50 F 10:00-11:50

**Physical Agents and Basic Skills**—Analysis of the principles underlying the use of rotherapy, massage, and hydrotherapy. Review of essential techniques.

5 units, Aut (Robertson, Staff)  
MW 1:15-3:05

**Physical Agents**—Introduction to kinetic electromyographic techniques; functional activities.

5 units, Win (Robertson, Staff)  
MW 1:15-3:05

**Kinesiologic Electromyography**—Analysis of human motion using electromyography techniques.

5 units, Aut (Robertson) by arrangement

**Clinical Electromyography**—Clinical application of electromyographic procedures and techniques.

5 units, Win, Spr (Robertson)  
by arrangement

**Clinical Medicine**—Lectures, demonstration discussions presented by pathologists, radiologists, and medical and surgical residents with emphasis on abnormalities related by disease or trauma, which produce or contribute to disorders of movement.

5 units, Spr (Physicians) TTh 1:15-3:05

**Directed Clinical Experience in Physical Therapy**—Students are assigned for a select period of full time during a portion of the quarter to health care facilities for a clinical laboratory; review of ethics and selected basic skills.

5 units, Kent, Staff by arrangement

**Experience in Physical Therapy I**—Prerequisites: 221, 226, 243

200 units, (Kent, Staff) by arrangement

**247. Internship in Physical Therapy**—Students are assigned to treatment facilities for full-time clinical experience. Prerequisites: 222, 227, 241, 245, 250.

3-8 units, (Kent, Staff) by arrangement

**248. Advanced Internship in Physical Therapy**—A practicum related to the Advanced Study Area planned by the student, advisor and preceptor from an approved clinical facility. Prerequisites: 244, 245, 247 and 2 quarters of advanced study.

3 units, (Staff) by arrangement

**250. Social and Psychological Aspects of Illness and Disability**—Special problems related to reactions to illness and disability, patient-therapist relationships; emphasis on total needs of the patient as related to his unique life style.

5 units, Spr (Shepard) MW 1:15-3:05;  
F 1:15-2:05

**251. Early Childhood Screening**—Lecture hours on organization of public health clinics, screening processes and cultural considerations in child development followed by field experience in three public health clinics.

2 units, (Raymond) by arrangement

**257. Organizational Behavior and Physical Therapy**—Inter-personal and inter-professional relationships, leadership styles, group dynamics and related areas and the application to physical therapy.

3 units, Aut (Shepard) by arrangement

**258. Special Topics**—Current issues and problems related to developing physical therapy knowledge, techniques and practice.

2-5 units, Win (Staff) TTh 3:15-5:05

**259. Organization and Delivery of Health Care**—Basic concepts of organization and delivery of physical therapy in relation to total health care; includes budgeting, supervision, consultation, and regulation.

3 units, Aut (Sanford) MW 10:00-11:50

#### ADVANCED STUDY AREAS

Courses 244, 245, 247 and their prerequisites must be satisfactorily completed before enrollment in the Advanced Study component of the program. Courses listed between 260 and 285 are related to the Advanced Study Areas. Students must select and complete courses in one of the following areas.

**Administration and Community Health**—260, 261, and 262

**Curriculum development and Instruction**—275, 276, 277

**260. Administration and Community Health in Physical Therapy I**—Program planning, budgeting, cost analysis, selected management techniques; systems for delivery of health care; community strategies; economic, sociocultural, legal, and political impacts on care. Includes projects and field work.

4 units, Aut (Blood, Sanford)  
by arrangement

**261. Administration and Community Health II**—Continuation of Administration and Community Health I. Prerequisite: 260.

4 units, Win (Blood, Sanford)  
by arrangement

**262. Administration and Community Health III**—Continuation of Administration and Community Health I and II.

2 units, Spr (Blood) by arrangement

**265. Advanced Approaches to Neuromuscular Dysfunction I**—Normal processes of growth, development, and aging related to neurological dysfunction; includes the physiological and functional ramifications of pathology, patient evaluation, and analysis of treatment approaches.

4 units, Aut (Raymond) by arrangement

**266. Advanced Approaches to Neuromuscular Dysfunction II**—Continuation of 265.

4 units, Win (Raymond) by arrangement

**267. Advanced Approaches to Neuromuscular Dysfunction III**—Continuation of 265 and 266.

2 units, Spr (Raymond) by arrangement

**270. Advanced Approaches to Musculoskeletal Dysfunction I**—Advanced kinesiology and biomechanics, in-depth study of selected evaluation and treatment procedures for patients with musculoskeletal dysfunction.

4 units, Aut (Staff) by arrangement

**271. Advanced Approaches to Musculoskeletal Dysfunction II**—Continuation of 270.

4 units, Win (Staff) by arrangement

**272. Advanced Approaches to Musculoskeletal Dysfunction III**—Continuation of 270 and 271.

2 units, Spr (Staff) by arrangement

**275. Curriculum Development and Instruction in Physical Therapy I**—Learning theory, objectives, content and evaluating of courses and curricula, directed teaching in selected areas.

4 units, Aut (Shepard) by arrangement

**276. Curriculum Development and Instruction in Physical Therapy II**—Continuation of

**277. Curriculum Development and Instruction in Physical Therapy III**—Continuation of 275 and 276.

2 units, Spr (Shepard) by arrangement

**278. Directed Teaching—Practicum in teaching physical therapy in professional, academic, and clinical education programs and/or physical therapists assistant curricula.**

1-4 units, Win, Spr (Shepard, Staff)  
by arrangement

**285. Individual Work.**

1-5 units, any quarter (Staff)  
by arrangement

#### RESEARCH COURSES

Research requirements of the Division must be satisfied by completing 291.

**290. Seminar in Research**—Basic principles of research with emphasis on material applied to physical therapy.

1-3 units, any quarter (Staff)  
by arrangement

**291. Research.**

1-10 units, (1977-78) any quarter  
(Staff) by arrangement

1-5 units, (1978-79) any quarter  
(Staff) by arrangement

#### BIOCHEMISTRY

Chairman, I. Robert Lehman

Professors: Robert L. Baldwin, Paul Berg, David S. Hogness, A. Dale Kaiser, Arthur Kornberg, I. Robert Lehman, George R. Stark

Associate Professor: Ronald W. Davis

Assistant Professors: Douglas Brutlag, James Rothman

Consulting Professor: Abraham White

Senior Lecturer: Carl Rhodes

#### OFFERINGS AND FACILITIES

The Department of Biochemistry, located in the Stanford Medical Center on the University campus, is part of the Graduate Division of the University and a department of the Medical School. An introductory course series in general biochemistry (Biochemistry 200-201) is taught by the entire staff as well as a number of guest lecturers. The sequence consists of both basic lectures, intended to provide all students with a rigorous background in biochemistry, and special lectures enabling students with varied interests to explore new topics in depth. Medi-

**REQUIREMENTS** (1) *Limitations Within a Department* Not more than 10 upper division units in one department may be counted toward the A.B. degree without prior approval of the Standards Commission. (2) *Limitation of Professional Credit* Of the 128 units required for the degree, at least 112 must be in the College. This allows the student to count 16 professional or units for credit toward the A.B. degree.

### BACHELOR OF SCIENCE WITH MAJORS IN THE SCIENCES

tion to the A.B. degree most departments in the Division of Natural Sciences and Mathematics offer intensive curricula leading to the B.S. degree. Since it is recognized that many entering students will be uncertain whether to work for the A.B. or B.S. degree, each department has to make the first-year program of the two degrees alike so that the student will not have to change until the beginning of the second year. Each department is ready to advise students as to the merits of the two degrees and to suggest a schedule that will make it possible to complete the units within four years.

### BACHELOR OF ARTS AND BACHELOR OF SCIENCE IN ENGINEERING

**THREE-TWO PLAN** Under this plan, a freshman or transfer student can work concurrently for a bachelor of science degree in the engineering department of choice and a bachelor of arts degree in the following majors: economics, history, mathematics, philosophy, or religion. Additional work will be pursued depending upon the engineering discipline in which the student is enrolled. Consultation with advisors. The minimum requirement for the degree is 160 units.

In addition to all general requirements listed for the bachelor of science degree, and all specific requirements of the selected engineering curriculum, the following requirements must also be met: (1) foreign language, 4 units; (2) speech communication, logic, or linguistics, 4 units; (3) humanities, 4 units each in arts, science, and philosophy or religion, history, other than United States, 4 units; major field, 24 upper division units.

Students enrolled in the Three-Two Plan will be under the direct and continuous guidance of the department of engineering and the LAS Advisement Office.

### BACHELOR OF SCIENCE WITH OTHER MAJORS

#### Dentistry

Units are required for the degree.

**LETTERS, ARTS, AND SCIENCES REQUIREMENTS** 96 units. The following requirements include the courses in chemistry, English, physics, and biology required for admission to the School of Dentistry of the University of Southern California.

#### GENERAL EDUCATION REQUIREMENTS AS LISTED FOR THE A.B. DEGREE\*

- General Requirements (5 courses)
- Humanities (3 or 4 courses)\*
- Social Sciences (3 or 4 courses)\*

#### LETTER SCIENCES

- 106abL
- v 105abL, 322abL
- 35abL

**LETTERS** To make a total of 96 units in Letters, Arts, and Sciences. 106 units, including 12 or more on the upper division level, must be taken in the College after junior standing. Upper division units earned in the School of Dentistry may not be used for this requirement.

#### MAJOR REQUIREMENTS 32 units (Dentistry)

The major requirement in dentistry for the B.S. degree is met by completing in the School of Dentistry all the requirements of the first and second years of the D.D.S. curriculum.

#### B.S. IN OCCUPATIONAL THERAPY

A total of 128 units is required. Occupational therapy courses are open only to students with senior standing who have been accepted by the department. Supplementary application to the department is required and must be completed by January 2.

#### GENERAL EDUCATION REQUIREMENTS AS LISTED FOR THE A.B. DEGREE\*

- Group A, General Requirements, 5 courses
- Group B, Humanities, 4 courses
- Group C, Natural Sciences, 3 courses
- Group D, Social Sciences, 4 courses

\*See General Education Requirements

#### PREREQUISITE COURSES

- Biol Sci 305L or Biol Sci 304
- Biol Sci 312
- Psych 201 (may be used for Group D2)
- Psych 206 or Psych 307
- Psych 491

One additional course in basic sociology

#### OCCUPATIONAL THERAPY

- Occ. Ther 405, 415, 420, 440ab, 463ab, 484
- Occ Ther 486 is a postdegree requirement of the American Occupational Therapy Association for Certificate and Registration.

#### ELECTIVES to make a total of 128 units.

Enrollment in occupational therapy courses is limited to students selected by the Department of Occupational Therapy. Only those are selected who possess the qualifications necessary for successful practice as a registered occupational therapist.

#### A.M. DEGREE AND CERTIFICATE IN OCCUPATIONAL THERAPY

Applicants must enter with a bachelor's degree from an accredited college.

#### PREREQUISITE COURSES

- \*Human Anatomy with laboratory
- \*Human Physiology with laboratory
- Introductory or General Psychology
- Introductory or General Sociology
- Abnormal Psychology
- Human Growth and Development

#### REQUIRED COURSES

See the bulletin of The Graduate School for detailed requirements.

#### B.S. - PHYSICAL THERAPY

A total of 137 units is required. Physical therapy courses are open only to students with senior standing who have been accepted by the department. Supplementary application to the department is required and must be completed by January 2.

#### GENERAL EDUCATION REQUIREMENTS AS LISTED FOR THE A.B. DEGREE\*\*

- Group A, General requirements (2 courses) -- English composition
- Group B, Humanities (3 courses)

\*Obtain Departmental approval before registering for these courses.  
\*\*General Education Requirements

<b>Health Education Workshop (Ed CI 581)</b>	<b>588L Physiology of Exercise and Aging</b>
<b>562 Performance Analysis Laboratory: Team Sports (2)</b>	<b>589 Seminar: Exercise for the Aged</b>
<b>583 Performance Analysis Laboratory: Modern Dance (2)</b>	<b>591 Research Seminar</b>
<b>584 Performance Analysis Laboratory: Ethnic Dance (2)</b>	<b>592 Seminar: Adapted Physical Education (2)</b>
<b>586 Theories and Principles of Physical Conditioning (2)</b>	<b>593 Elementary Physical Education for the Atypical Child (2)</b>
<b>587L Seminar: Advanced Exercise Physiology</b>	<b>595 Seminar: Analysis of Human Motor Performance</b>

## PHYSICAL THERAPY

*Professor:* Helen J. Hislop, Ph.D. (Interim Chairman)

*Associate Professors:* Margaret Bryce, M.A.; Lenore Krusell, M.A.

*Clinical Associate Professors:* Jacqueline Montgomery, M.A.; Lorraine Ogg, M.A.; Frances Patton, B.S.

*Assistant Professors:* Phyllis Browne, Ph.D.; Janet Duttarar, M.A.; Ardith Meyer, M.A.; Helen C. Ziler, M.A.

*Clinical Assistant Professors:* Hazel Adkins, M.A.; Daniel J. Antonelli, M.S.; Claire Beckman, M.S.; Cecille J. Cottave, M.A.; Mary Kate Gillis, B.S.; Austin Gridgby, M.P.A.; Dorothy Kanonchek, B.S.; Brenda Lunsford, M.A.; Linda Matsuno, B.S.; Sharon Nicholas, M.A.; Theresa L. Orr, B.A.; Beverly J. Paquet, B.S.; Patricia J. Pechtl, M.A.; George C. Walters, Jr., M.A.

*Instructors:* Marybeth Brown, M.A.; Cynthia Moore, B.A.; George Wolfe, M.S.

*Clinical Instructors:* Joyce Campbell, M.S.; Vivian Hall, M.A.; Sally Howard, B.S.; Scot Irwin, B.S.; Thomas Payne, B.S.; Beverly Toyama, B.S.

*Lecturers:* Charles L. Lowman, M.D., Sc.D., F.A.C.S.

*Emeritus Professor:* Margaret S. Rood, M.A.

### 401 Normal Human Structure and Kinesiology (5)

Normal human anatomy and kinesiology with emphasis on upper and lower extremities, trunk, head and neck, cadaver dissection.

### 402 Human Physiological Support Systems in Exercise (3)

A survey of normal human physiological responses to exercise and environmental changes. Qualified students may substitute PE 587a.

### 403 Human Life Sequences (3)

Survey of human sensorimotor, perceptual, and psychosocial development from prenatal life through changes accompanying the aging process.

### 410 Introduction to Health Care Systems and the Patient (3)

Examination of community resources, the multidisciplinary approach to patient management, patient-therapist relationships, legal and ethical consideration in the delivery of health care.

### 420, 422, 424, 426 Practicum in Patient Care (1-1-1-1)

Clinical instruction and laboratory practice in patient settings. Graded Pass.

### 431 Pathokinesiology

Disturbances of human sensorimotor function with emphasis on mechanical analysis of musculoskeletal disabilities.

### 432 Pathology of the Musculoskeletal System (3)

Current knowledge of basic mechanisms of disease and injury affecting muscle, bone, joints and connective tissues.

### 433 Selected Applications of Environmental Physiology to Patient Care (2)

Physiological responses to temperature, electromagnetic and mechanical energies. Lecture and laboratory.

### 434 Principles and Practice of Therapeutic Exercise in Musculoskeletal Disorders

Pathokinesiological principles in patient evaluation; muscle testing, goniometry, physical examination, gait, and functional analysis; patient management, including program planning, special approaches to exercise, orthotics, prosthetics.

### 455 Principles of Clinical Investigation (2)

Elementary statistics; overview of research methodology; experience in critique of research papers.

### 475 Psychosocial Effects of Physical Disability (2)

Exploration of problems related to the behavioral, emotional and social aspects of disease and disability. Special consideration of interpersonal relationships between patient and therapist.

### 495ab Clinical Affiliation (1, 3)

Clinical instruction and practice in patient management. Graded Pass.

### 502ab Dissection Anatomy for Therapists (2-2)

### 503 Neurosciences

### 504 Clinical Neurology for Therapists (3)

### 505 Human Physiologic Support Systems in Disability

### 506 Clinical Systemic Physiology and Theory of Practice

### 511 Neurophysiology in the Treatment of Neuromuscular Dysfunction (2 or 4)

### 522 Neurophysiological Response Mechanisms in Therapy (2 or 4)

### 525 Principles of Management of Physical Therapy Services (3)

### 528 Practicum in Patient Care (1)

### 530ab Objective Measurement of Physical Performance (3-3)

### 533 Electrotherapy (2)

### 534 Principles and Practice of Therapeutic Exercise in Neurological Disorders

### 540 Principles of Clinical Education

### 553 Gait Analysis, Observational (1)

### 559 Readings in Physical Therapy (1-4, max 8)

### 560 Physiology of Nerve and Muscle (2)

### 561 Independent Study in Electrophysiologic Measurement

### 563 Biomechanics (2)

### 565 Neurophysiology of Motion

### 570 Practicum in Teaching and Instructional Media (1-5)

### 575ab Seminar in Physical Therapy

### 576ab Seminar

### 587ab Physiological Correlates of Therapeutic Exercise (4-4)

### 595abcd Practicum in Advanced Clinical Physical Therapy (3-3-3-3)

1977-78

# Physical Therapy

Cal St. Univ Long Beach

**Department Chair:** Dr. Frank J. Bok.

**Professors:** Bok, D.D. Williams.

**Associate Professors:** Morris, Neilsen.

**Academic Advising Coordinators:** Dr. Frank J. Bok, Dr. David D. Williams (EOP and Minority).

The physical therapy curriculum is designed to enable students to become an integral part of the medical rehabilitation team as practicing physical therapists in a variety of clinical facilities. Appropriate science, professional, medical and clinical experiences are provided. Successful completion of the major and/or degree requirements leads to a bachelor of science degree. Successful completion of the program qualifies one to write the State of California examination to practice as a physical therapist. The program is approved by the American Medical Association in collaboration with the American Physical Therapy Association.

## Professional (Baccalaureate) Program Requirements

Because admission to the program is limited and applications far exceed this limit, admission is on a competitive basis. Admission to the University does not guarantee admission to the program. The following sections detail the admission requirements.

### Application for Admittance to Professional Program

After being admitted to the University, students must file an appropriate supplemental application (obtained from the Physical Therapy Department) with the department. The application must be filed as follows: for currently enrolled undergraduates, during the semester they anticipate having earned 45-60 University credits, they are eligible for enrollment in the orientation course (P.T. 210); and for transfer students, at the time of registration if they have earned 45-60 University credits, they are eligible for the orientation course. For applications to be considered complete and valid applicants must meet the following stipulations:

1. Include all information requested and be truthful.
2. Include transcripts of all academic work attempted at high school and college.
3. Be physically well in order to carry out typical case loads expected of working therapists.

4. Be emotionally well in order to cope with the typical case loads of working therapists.
5. Be less than 35 years of age.
6. Demonstrate satisfactory potential for success in the program as disclosed by previous academic success in all college work attempted.
7. Demonstrate satisfactory potential for success in the program as disclosed by previous academic success in sciences and other program related credits earned. The following sciences and their semester unit values are the CSULB science prerequisites to the professional program: (Note that grades of B or better are required and that all courses except psychology must have laboratory experiences.)

Course	Units
Anatomy (human), Biology 202	3-4
Biology (general, not biological or life science), Biology 200	3
Chemistry (inorganic), Chemistry 200*	4
Chemistry (organic), Chemistry 200*	4
Chemistry (biochemistry), Chemistry 300	4
Physics (survey), Physics 104	4
Physiology (human), Biology 207	3-4
Psychology (general), Psychology 100	3
Psychology (abnormal), Psychology 370	3
Psychology (disability), Physical Therapy 374	3

8. Demonstrate satisfactory success in the field by documented previous work experience in physical therapy or some other health related area.
9. Have no prior felony conviction in the State of California or other jurisdiction.

### Requirements for Admittance to Clinical Practice:

1. Complete or have in progress all other requirements for the baccalaureate degree and/or major at the time of application for admittance to clinical practice.
2. Earn a 2.0 (C) in each professional course attempted.
3. Successfully complete a competence inventory examination.

## Bachelor of Science Degree in Physical Therapy (55 units) (code 3-1225)

**Lower Division:** Physical Therapy 210.

**Upper Division:** Biology 307, Chemistry 300, Physical Therapy 300, 320, 351, 353, 371, 374, 380, 430, 431, 440, 460, 472, 473, 485A,B; Psychology 370.

### Lower Division

- 210. Orientation to Physical Therapy (2) F, S Black, Carlstrom, Hammer, Morris, Nielsen**  
Orientation to the field of physical therapy.

\*If organic and inorganic is taken at another institution a semester of each is required at the University.



## Upper Division

- 300. Human Anatomy for Therapists (4) F. S. Williams**  
Prerequisite: Admittance to professional registration for physical therapists. Human anatomy for therapists, including all gross anatomy, histology, and the use of cadavers and preserved human specimens. (Lecture 2 hours, laboratory 6 hours.)
- 320. Applied Kinesiology for Therapists (4) F. S. Bok, Morris**  
Prerequisites: Physical Therapy 300, consent of instructor. Principles of kinesiology applied to therapeutic techniques and procedures. (Lecture 3 hours, laboratory 3 hours.)
- 351. Physical Therapy Procedures I (3) F. S. Bryant, Long, Wetzier**  
Prerequisites: Physical Therapy 300 (may be taken concurrently) and consent of instructor. Principles and techniques of patient care including massage and hydrotherapy and traction procedures. (Lecture 2 hours, laboratory 1 hour.)
- 353. Physical Therapy Procedures II (3) F. S. Bryant, Long, Wetzier**  
Prerequisites: Physical Therapy 300 and consent of instructor. Principles and techniques of electrotherapy procedures, including indication and physical and physiological bases. (Lecture 2 hours, laboratory 3 hours.)
- 371. Clinical Lectures I (3) F. S. Faculty**  
Prerequisite: Physical Therapy 210 and consent of instructor. The pathology, clinical course, medical and/or surgical implications, and the roles of the physical therapist regarding infectious and idiopathic diseases, and diseases of allergy, metabolism, and the digestive, respiratory, blood, connective-tissue and cardiovascular systems.
- 374. Psychology of Disability (3) F. S. Rabin**  
Prerequisite: Psychology 160. Analysis of situations involving physically disabled persons. Consideration of reaction to acute and chronic disability, role of the physical therapist and the psychologist in promoting positive adjustments, and factors during hospitalization promoting and impeding adjustment. Same course as Psychology 374.
- 380. Clinical Applications (1-4) F. S. Bok, Morris, Nielsen, Faculty**  
Prerequisite: Physical Therapy 320 and consent of instructor. Supervised experience in various clinical rehabilitation facilities during which the student acquires, through observation and participation, clinical insight and experience in the procedures and practices in the field. (Field work.)
- 430. Physical Therapy Procedures III (4) F. S. Morris, Nielsen**  
Prerequisites: Physical Therapy 320 and consent of instructor. Principles and techniques of exercise design and assistive devices as applied to the prevention and correction of physical disability, including methods of evaluation. (Lecture 3 hours, laboratory 3 hours.)
- 431. Physical Therapy Procedures IV (2) F. S. Morris, Nielsen**  
Prerequisites: Physical Therapy 430 and consent of instructor. Advanced therapeutic principles and procedures, including appropriate evaluative techniques. (Lecture 1 hour, laboratory 3 hours.)
- 440. Organization, Administration and Supervision (2) F. S. Hammer**  
Prerequisites: Senior standing in physical therapy and consent of instructor. Organization, administration and supervision of physical therapy departments in various clinical settings.
- 445. Modern Trends in Physical Therapy (3) F. S. Bok, Faculty**  
Prerequisite: Consent of instructor. Designed to bring to the active and inactive therapist updated information on trends, procedures and practices.

- 460. Neuroanatomy and Neurophysiology for Therapists (3) F. S. Williams**  
Prerequisites: Physical Therapy 300 and consent of instructor. Correlation of neuroanatomy with pathologies commonly treated by therapists. (Lecture 2 hours, laboratory 3 hours.)
- 472. Clinical Lectures II (2) F. S. Faculty**  
Prerequisites: Physical Therapy 371 and consent of instructor. Pathology clinical course, medical and/or surgical implications, and the role of the physical therapist in the management of diseases of the endocrine and locomotor systems with specific reference to arthritis, amputation and muscular and congenital deformities.
- 473. Clinical Lectures III (2) F. S. Faculty**  
Prerequisites: Physical Therapy 472 and consent of instructor. Pathology clinical course, medical and/or surgical implications and the role of the physical therapist in the management of neurological, psychiatric and skin conditions.
- 485A,B. Clinical Practice (3,3) F. S. Nielsen, Faculty**  
Prerequisite: Consent of department. Directed practices in physical therapy procedures in clinical affiliation, of various types for 18 40-hour weeks. (Field work.)
- 490. Special Studies (1-3) F. S. Bok, Williams**  
Prerequisite: Consent of department. Independent projects in any area of physical therapy. Human dissection is available as a special study. May be repeated to a maximum of six units.



# Essentials and Guidelines of an Accredited Educational Program for the Physical Therapist

Essentials Adopted 1979 by the  
AMERICAN MEDICAL ASSOCIATION  
NATIONAL ASSOCIATION OF PHYSICAL THERAPISTS  
UNITED STATES PHYSICAL THERAPY ASSOCIATION

Guidelines approved 1979

Program Review Committee  
JOINT REVIEW COMMITTEE FOR PHYSICAL THERAPY EDUCATION

*Essentials*, which present the minimum accreditation standards for an educational program, are printed in regular typeface. The extent to which a program complies with these standards determines its accreditation status; the *Essentials* therefore include all requirements for which an accredited program is held accountable.

Guidelines, explanatory documents which clarify the *Essentials*, are printed in italic typeface. Guidelines provide examples, etc., to assist in interpreting the *Essentials*.

## PREAMBLE

### OBJECTIVE

These *Essentials* are to be used for the development and self-evaluation of physical therapy educational programs for the first professional degree in physical therapy, i.e., baccalaureate, post-baccalaureate certificate and master's degree. The educational institution offering an educational program in physical therapy assumes responsibility for ensuring that the established *Essentials* contained herein will be met and maintained. On-site surveys are made by the appropriate recognized bodies, and lists of accredited programs are published for public information.

Appropriate utilization of this document in the planning and implementation of a physical therapy educational program should:

1. assure the competency of the entry level therapist who successfully completes the program
2. provide a guide for quality education consistent with the professional standards of physical therapy and the standards of the institution of higher learning
3. assist in the development of a new educational program to meet accreditation standards

### DESCRIPTION OF THE PROFESSION

Physical therapy requires practical knowledge of human growth and development, human anatomy and physiology, neuroanatomy, neurophysiology, biomechanics of motion, manifestations of disease and trauma, normal and abnormal psychological responses to injury and disability, and ethnic, cultural and socioeconomic influences on the individual.

Therapeutic procedures include exercise for increasing strength, endurance, coordination, and the range of motion; stimuli to facilitate motor activity and learning; instruction in activities of daily living and the use of assistive devices; and the application of physical agents to relieve pain or alter physiological status.

The physical therapist practices as part of a large and varied team of health specialists, as well as members of the lay community.

The physical therapist must be prepared to practice safely and effectively, and to assume varied patterns of responsibility for development and revision of the individual patient's therapeutic program. The physician has responsibility for these decisions, and has the prerogative of delegating various degrees of authority to the physical therapist to whom the physician refers patients.

The physician's directions to the therapist may be specific and detailed; or they may take the form of standing orders for all patients in a particular category or location. In still other situations, the physician may develop the treatment plan in conference with the therapist or authorize the therapist to select, perform and report upon procedures which the therapist believes are most useful. In responding to the physician's referral, the therapist must also comply with the legal and ethical requirements of state physical therapy practice acts and with the recognized ethical standards of the profession.

Because physical therapy is a rapidly evolving field it is most useful to classify competencies to be developed by the student into three broad categories.

1. Those in common usage in physical therapy services throughout the country in which the student shall develop a level of skill adequate to allow safe and effective performance;
2. Those utilized primarily in specialty areas of physical therapy services in which the student shall develop knowledge of concepts and principles adequate to allow advancement to useful levels of skill with experience; and;
3. Those rarely used in current physical therapy services but which students should know exist, They should

recognize the possible contributions of these activities to patient services; however, little skill in performance shall be expected of the average recent graduate.

Inclusion of a particular aspect of practice in the list of objectives does not mean that the new graduate is expected to

carry sole responsibility for that phase of care. It does indicate that the new physical therapist frequently participates in this activity, and therefore, should be prepared to carry out related responsibilities effectively.

## REQUIREMENTS FOR ACCREDITATION

### I. SPONSORSHIP

Educational programs shall be located in any of the following settings:

- A. A college or university accredited by its regional association of colleges and secondary schools which is authorized to grant the baccalaureate or higher degree and is affiliated with accredited hospital(s) and community health care programs, facilities and agencies.
- B. A medical school or academic health center accredited by the appropriate bodies, which has liberal arts college affiliation and affiliation with accredited hospital(s) and community health care programs, facilities and agencies.
- C. A graduate school meeting the institution's criteria and affiliated with accredited hospital(s) and community health care programs, facilities and agencies.

The sponsoring institution must provide, directly or through affiliation with a neighboring institution, facilities for initial directed clinical education, as well as necessary teaching resources and instructional expertise in the areas of basic and applied natural, behavioral, and medical sciences.

In physical therapy programs involving the facilities of more than one institution, the sponsoring institution shall be the one which assumes primary responsibility for curriculum planning and selection of course content, for coordination of classroom teaching and supervised clinical education, for establishing criteria for faculty appointments, for selecting students for admission to the program, for providing sound financial support of the program on a current and continuing basis, and for granting a degree or certificate as evidence of completion of the program. The sponsoring institution seeks and is granted accreditation of the physical therapy educational program. The sponsoring institution also enters into affiliation agreements with other institutions for the purpose of providing needed supplementary instructional services for the students enrolled in the program.

*The physical therapy educational program may be organized and implemented within one of several administrative patterns. It may be a department in a college or school such as allied health, medicine, or arts and sciences; it may be a cooperative program sponsored by two or more schools of one university; it may be a cooperative program sponsored by two separate educational institutions.*

*Administrative arrangements should provide the director and faculty of the educational program for the physical therapist with effective channels of communication, with the dean or chief administrative officer of the college or school in which the physical therapy program is located as well as effective channels of communication with one or more designated physicians regarding medical matters associated with the curriculum.*

### II. CURRICULUM

#### A. Student Supervision

The student shall be under the direct supervision of the physical therapy faculty in the (educational) program.

#### B. Learning Experiences

The statements of goals for student competencies in these *Essentials* identify both the behaviors and the areas of content on which learning experiences must focus.

### C. Student Competencies

The curriculum shall be designed so that upon completion of the physical therapy educational program, students will possess competencies in the following categories:

#### 1. Individual Patient Services

a. Evaluation of the problem—ability to participate in the initial planning and revision of patient treatment programs through supplementation of the referring physician's evaluation by recognition of areas in which structure and function are abnormal and performing appropriate tests and measurements. The physical therapist shall have the competence to carry out and evaluate tests that will assist in establishing goals, planning a treatment program, and assessing progress and results.

b. Treatment planning—ability to participate with the referring physician in determining objectives and in planning a program to accomplish these objectives.

c. The student must have knowledge of:

1. The types of therapy that are available and their uses

2. The indications and contraindications

3. The goals of treatment, including intermediate goals and subsequent modification of therapy as indicated by the patient's condition and progress

4. A discharge plan

d. The student shall be able to apply specific techniques according to the following schedule:

1. Preparing the treatment area

2. Instructing the patient

3. Positioning and draping of the patient

4. Examining the affected part pre- and post-therapy

5. Treating the appropriate part

6. Applying treatment techniques effectively and safely

7. Striving to obtain the desired results

e. Performance—ability to implement appropriate programs of patient treatment through the use of intelligent utilization of exercise, physical agents, assistive and supportive devices, and other treatment procedures and equipment designed to:

1. Maintain and restore strength, endurance, coordination, relaxation, and range of motion

2. Promote healing

3. Relieve pain

4. Improve functional independence

f. Cognizance—ability to be cognizant of the physiological and psychological effects of illness, disability and the processes necessary for treatment through the evaluation, planning and performance of service. In cooperation with the referring physician, the student therapist shall select and implement promising approaches to

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prevent or minimize psychological stresses for the patient and his family.

2. Communication—the student shall achieve competence in intelligent and effective verbal and non-verbal communication with patients and their families, supervisors, physicians, associates and the public.
3. Administration—the student shall demonstrate ability to participate in major aspects of planning for overall operation of physical therapy services in a facility or a community.
4. Professional growth: self-evaluation and continuing education—the student shall recognize responsibilities to expand and improve her/his own professional knowledge and skills and foster continuing improvement of the physical therapy profession and health care.

#### D. Course Work

1. Each course shall have written objectives. Learning experiences shall be designed to meet the objectives. Students shall know what the objectives and experiences are.
2. Rationale for determination of academic credit must be the same for all courses. The type of degree issued the student must be an indication of the type of collegiate program which was completed.
3. The instructor must develop the content of each course in terms of the overall curricular pattern.
4. An appropriate system of pre-requisites shall be established. Courses shall be offered in logical sequence related to the level of difficulty and the student's professional development.

#### E. Clinical Work

1. Each phase of clinical experience shall have written objectives. Learning experiences shall be designed to meet these objectives. Students shall know what the objectives and experiences are.
2. Students shall have planned experiences which will provide for increasing time, depth of responsibility, and complexity of student involvement with patients throughout the curriculum.

#### Development and Planning

The process of curriculum development will vary considerably in exact format among schools of different sizes and administrative structures. The institution should provide the faculty with adequate time for planning, development, reevaluation and revision of the curriculum. The endeavors should result in an up-to-date basic description of all learning experiences, including courses, clinical experiences and independent work.

The following elements are desirable components of curriculum development for all programs. These guidelines describe major aspects of the process needed if the curriculum is to be related to educational goals of the program, responsive to change, and effectively integrated.

- Faculty should be allowed time to work on individual course planning as a regular part of their responsibilities.
- There should be regularly scheduled meetings of the full faculty and of sub-groups which have closely related curriculum responsibilities to facilitate exchange of information and collaboration on course planning, and to develop strong bases for integration and sequencing of curriculum components.
- An up-to-date file of basic descriptive material on all courses should be maintained in a location readily accessible to all faculty. Material should include written course objectives, course outlines, reading and assignment lists, and copies of all examinations.
- Some mechanism should be regularly employed by the fac-

ulty to assess overall strengths and weaknesses of the program.

- The curriculum should be subject to annual review by faculty groups outside the immediate professional program to ensure that its structure and level are compatible with those of other programs in the institution, and as one means of avoiding professional parochialism. The exact nature of the review may vary widely among institutions, and it need not be a formal process involving controlling approval. Some established method should, however, exist for soliciting ideas from other specialists within the parent institution and the major clinical affiliate(s).
- Some regular mechanism should be in use to allow student participation in curriculum evaluation and development.
- Regular provision should be made for joint planning meetings in which both classroom and clinical faculty participate. Clinical faculty should be kept fully informed about all changes in curriculum, but should also have an opportunity to participate in planning these changes, although they act ordinarily in an advisory capacity.
- Regular provision should also be made for joint planning meetings of representatives of the physical therapy faculty and medical specialists who utilize the services of physical therapists for their patients. These meetings should be used to reassess expectations of both groups and to share views on the relevance of selected curriculum content.
- Despite the desirability of active advisory participation of faculty from other disciplines, students and clinicians, the full-time program faculty should have the major voice in determining curriculum structure. The mechanisms for securing administrative or overall faculty approval should be clearly described and known to faculty. Extended delays in securing administrative review and veto of faculty-proposed changes by a single administrative officer on other than financial grounds should be avoided. The following are examples of skills which the physical therapist should possess to communicate effectively:
  - Recognizing the effect of her/his own verbal or non-verbal communications
  - Being receptive to message of others, whether expressed verbally or non-verbally
  - Asking relevant and understandable questions
  - Giving accurate and appropriate information concisely and clearly
  - Giving patients and their families clear and concise directions using lay or medical terms for body parts and disorders as indicatedOther kinds of performance skills include:
  - Estimating current costs of providing services, establishing charges, and identification of methods for minimizing costs
  - Implementing a practical system for ongoing assessment of the quality of care provided by the service
  - Implementing policies to ensure safe and ethical practice in keeping with medico-legal principles
  - Estimating needs for manpower at various levels and delegation of responsibility and scheduling of activities for available personnel
  - Estimating needs for recruitment, selection, orientation, retention, and promotion of new personnel for the service
  - Estimating facility and equipment needs, and establishing planning priorities for their acquisition as a basis for budget planning
  - Hypothesizing about probable consequences for physical therapy services as a result of changing patterns in delivery of health care
  - Identifying and utilizing sources of expert assistance in planning physical therapy services
  - Relating the functions of physical therapy to those of other elements in the health care system of the community

The curriculum should encourage:

- Requiring awareness of major developments in theory and practice
- Being flexible in adapting to new and changing concepts and practice
- Identifying unsolved problems which exist in physical therapy
- Identifying her/his own areas of special interest and opportunities for involvement in these areas
- Identifying additional knowledge and skills needed to improve her/his function in areas of special interest
- Recognizing and becoming involved in the resources for continuing education
- Recognizing areas in need of research and understanding some of the major research methods in use to evaluate published or presented work
- Participating in community health planning
- Understanding and practicing professional ethics
- Recognizing major social issues and health trends which influence the field of physical therapy

### III. RESOURCES

#### A. Personnel Resources

The instructional staff shall be qualified, through academic preparation and experience, to teach the subjects assigned. A planned program for their continuing education should be provided.

##### 1. Program Director

###### a. Qualifications

1. The director shall be a physical therapist with special competence in educational administration and curriculum.
2. The director shall have had adequate clinical, administrative, and classroom experience.
3. Except in unusual cases when special professional experiences can be considered the equivalent, the director shall hold the master's or doctoral degree in an appropriate field.

The director is expected to be licensed as a physical therapist by the state board of examiners for the state in which the program is based. Evidence of competence in educational administration and curriculum planning will ordinarily consist of graduate study in those areas and of recent experience on the academic faculty of an established physical therapy educational program.

The director's competence in educational administration and curriculum planning should include knowledge of trends in higher education and their implications for physical therapy education, as well as familiarity with current legislation in health and education having potential impact on physical therapy practice.

The director should have at least five years of experience in the various aspects of physical therapy practice, three years of which should be clinical.

###### a. Responsibilities

1. The director brings together the many and varied talents in a department for the total effort and the optimum utilization of individual abilities.
2. The director maintains communications within the department on an interdepartmental, university, and community level.
3. The director provides leadership in teaching activities, in recruiting students, in encour-

aging the development of the staff, in budgeting, in establishing priorities, and in delegating departmental responsibilities.

4. The director takes an active part with the rest of the faculty in seeking facilities and resources for research and special teaching projects.
5. The director has chief responsibility for the development, maintenance, and updating of the curriculum.

#### 2. Classroom Faculty

All persons with major teaching responsibilities shall hold academic appointments in the institution in which the program is located.

##### a. Qualifications

1. Except in unusual cases when special professional experiences can be considered the equivalent, all classroom faculty shall hold the master's or doctoral degree.
2. Physical therapist faculty members shall have had sufficient clinical experiences to enable them to relate classroom theory to the realities of current and changing aspects of clinical practice in a practical and interesting manner.
3. Instructors responsible for basic courses in the natural, biological, and social sciences shall ordinarily hold an advanced degree in that discipline, be active in it, and hold an appointment in the appropriate academic department. They may or may not be qualified as professional physical therapists.
4. Faculty members shall have special competence in those areas of the curriculum for which they are responsible.

Faculty members shall not be expected to teach in all parts of the program or to frequently vary the curriculum area for which they are responsible. Collectively, physical therapy faculty members shall have complementary strengths and special expertise in varying areas.

##### b. Responsibilities

1. The majority of classroom faculty shall devote full time to the educational program, although a limited number of part-time faculty and guest lecturers may be used to enrich program offerings.
2. All classroom faculty shall have and must use regular opportunities for renewal and extension of their own knowledge and skills.

#### 3. Clinical Faculty

- a. One person in each facility who is familiar with basic theory and method of planning educational activity shall be designated as responsible for the student affiliation program in that institution. This person shall have continuing, regularly scheduled contact with the classroom faculty and program administration throughout the year.
- b. Professional staff shall be available in each affiliating center to assist with student education and supervision. Staff members to whom students are assigned shall have been formally oriented to the structure and goals of the total educational program and to the special purpose of the clinical phase of that curriculum.
- c. Professional staff who are assigned to work with the students shall:
  1. Be available in sufficient numbers to ensure

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supervision of all students by a professional physical therapist despite temporary absences of individual staff or of the supervisor of clinical education.

2. Have had a minimum of one year of full-time clinical experience.
3. Ensure that the student has opportunities for meaningful interaction with physicians who utilize the services of physical therapy for their patients.

All clinical faculty shall participate in continuing education programs for renewal and extension of their knowledge and skills. This may be accomplished by use of opportunities such as those outlined for classroom faculty.

#### 4. Medical and Basic Science Faculty

There shall be substantial evidence of institutional commitment to support the educational program by providing adequate mechanisms to ensure ongoing provision of appropriate instruction on subject matter usually covered by faculty based in other departments such as clinical medicine, anatomy, physiology, psychology and social sciences. In executing this commitment, the sponsoring institution shall:

- a. Designate a qualified physician to participate with the program director and faculty in developing and coordinating appropriate instructional services concerning medical and surgical topics relevant to physical therapy; and
- b. Provide administrative support to ensure adequate commitment of basic science departments to meet the reasonable and legitimate needs of the program.

#### B. Financial Resources

1. The institution which accepts responsibility for the education of physical therapists shall be prepared from the onset to provide a major portion of the total budget required. As the program grows, financial support for the program should increase to reflect rising costs and an increase in total tuition payments by the enrolled students.
2. The director of the professional curriculum shall be actively involved in both immediate and long-range planning and budget management.
3. The program shall not substitute students for paid personnel to conduct the work of the clinical facility.

#### C. Facilities Resources

1. There shall be adequate classroom and laboratory space as well as adequate administrative offices.
2. There shall be space and resources for independent study available to students.
3. There shall be space for faculty and student meetings.
4. There shall be secretarial services and space adequate to meet the needs of both program administration and faculty.
5. There shall be one or more primary areas with adequate learning opportunities for clinical education.
6. Appropriate modern equipment and supplies for directed experience shall be available in sufficient quantities for student participation.
7. Faculty of the program shall participate in, or conduct, and document an annual review of the adequacy of the facilities currently available in relation to the types of learning experiences offered and the numbers of students enrolled, and make written recommendations to appropriate

administrative officers regarding projected needs of the program.

*The faculty should have full opportunity to participate in the activities of the total faculty of the institution as well as those of their own program.*

*A sufficient number of full-time faculty should hold appointments to the program to ensure that:*

- *The student-faculty ratio allows for continuing individual counseling of students by professional program faculty throughout their period of study.*
- *The student-faculty ratio for laboratory activities should not exceed 16 to 1 (as the upper limit).*
- *The faculty teaching loads approximate those recommended by the American Association for University Professors: 12 semester hours credit per semester.*
- *There is an adequate reserve of faculty to provide continuity of coverage when an individual faculty member is temporarily absent.*
- *The variety of faculty background allows expression of different ideas and points of view in faculty planning conferences, and exposure of students to a variety of approaches in the instructional program.*

*Two years of experience should in most cases be regarded as minimum for faculty who are teaching physical therapy theory and procedures. In addition, if contact with patients is not possible as a regular part of faculty appointments, an opportunity should be provided for some of the faculty to spend blocks of time in a clinical setting at periodic intervals.*

*This involvement should be in some form of scientific research whether it is clinical, laboratory, or literary. Formal scientific research is only one of the appropriate forms of contributory activity, but its importance is such that at least some of the faculty should be regularly involved in such investigations. The time and other resources necessary for this component of faculty responsibility should be considered a basic element in program planning and budgeting.*

*Classroom faculty should be regularly involved in some type of scholarly activity designed to contribute to assessment, synthesis, or expansion of professional knowledge.*

*These opportunities are generally referred to as continuing education. Continuing education is a fundamental aspect in the maintenance of a qualified faculty. Continuing education endeavors should include:*

- *Study of current methods and new developments in the general field of physical therapy in addition to study of special areas of interest to the faculty member.*
- *Study in areas of general applicability to physical therapy including: clinical areas, methods of teaching, development of administrative skills, and the changing role of physical therapy in relationship to the health sciences and the community.*

*Some methods used to obtain continuing education (varied among the many available) are:*

- *Reading published literature in scientific journals*
- *Attending workshops, scientific meetings, seminars, lectures, and experiences of equivalent educational merit*
- *Watching televised educational programs and listening to educational tape recordings*

*The supervisor of clinical education should:*

- *Have formal approval from the administrator of the facility to participate in the teaching program*
- *Be formally recognized as a member of the university program faculty in whatever way is most appropriate in terms of that institution's policies*
- *Be available in the facility on a full-time basis throughout the period of all student affiliations*
- *Have varied clinical experience (three years will ordinarily be a minimum), preferably in more than one facility*
- *Be familiar with basic theory and method of planning educational activities*

**Financial**

Because the per student cost of quality education at the professional level is necessarily high, it will usually be impossible for the parent institution to meet the full cost of operation from tuition payments alone. Additional support from gifts, endowments, and grants must be sought as needed through a process which includes realistic long-range planning. In particular, when grant support is an important element of an overall funding of the program, there should be careful advanced planning to identify sources of alternative funding to cover budget needs when and if grant support is reduced or terminated.

The director as well as all members of the professional program faculty should have an opportunity to participate in the establishment of the priorities on which budget planning and allocation of resources are based. They should be advised of the institutional policies and procedures which form the framework for fiscal planning.

As a basis for budget planning, the present and anticipated costs of program operation should be calculated for the total program and on a per-student basis. Projections should include such items as the number of students that will be enrolled, the number of instructors needed, and the number of sections in each of the required subjects to be covered. Other considerations are provisions for faculty participation in continuing education activities, books to be purchased by the library, plant maintenance and upkeep and all the other needs of the program for the fiscal period. Provisions should be made for contingencies and emergencies and for vacations, sabbatical leaves and other faculty benefits.

Because the budget consists of a series of estimates, many of which are prepared months in advance of the fiscal period to which they are related, periodic revision should be made in order that the budget may always represent a realistic plan for expenditures.

**Facilities**

It is the responsibility of the sponsoring institution to ensure that students assigned to an affiliating clinical facility are engaged in planned activities designed to complement the academic phase of the program; that each student is adequately supervised; and that students are not exploited.

These facilities are expected to be conveniently located, well-lighted, ventilated, and maintained at comfortable temperatures in relation to the activities being conducted.

Administrative offices for the program director and supportive personnel should be adequate in size, design, and location to enable the administrative functions of these persons to be conducted effectively and efficiently.

Each full-time faculty member should be provided with adequate office space which is well-lighted, ventilated, maintained at a comfortable temperature, and large enough to advise students and keep files.

At least one basic laboratory for instruction in physical therapy skills and treatment techniques should be assigned permanently to the physical therapy program. If clinical facilities are readily accessible and available at convenient times, they may be used for part of the laboratory instruction in physical therapy procedures, but additional laboratory space is usually needed for demonstration and practice of techniques.

Additional classroom space required for lectures, demonstrations, and laboratory activities may be shared with the other university programs, so long as it is available at suitably scheduled times to meet the needs of the program.

In addition to the resources available to the educational program for the physical therapist, there should be an adequate learning center. Each school should have its own library, teaching materials, and audiovisual aids center. The important factor is that students be provided with adequate access to journals and textbooks they need to prepare for classroom participation and to complete assignments requiring library research on a topic.

The number of secretarial and clerical personnel assigned to provide supportive services for the program will vary in relation to the operational requirements of the program. However, it is expected that the routine administrative work of the program is sufficient to justify at least one full-time secretary. Additional supportive personnel may be needed to type course materials for individual faculty members and to prepare correspondence related to admissions or clinical education.

A primary area for clinical education is defined as a well-established physical therapy service which is utilized for the initial directed clinical education of students and which is geographically convenient to permit early integration of clinical and didactic learning.

**IV. STUDENTS****A. Selection**

The academic standards for the students shall reflect the requirements and the purposes of both the educational institution and the program of physical therapy. There shall be a published statement of criteria for the recruitment, selection, retention and evaluation of students.

**B. Health**

The sponsoring institution shall provide health services for its students. This shall include provisions for adequate coverage during periods when students are off campus at clinical affiliations.

**C. Number**

The number of students enrolled in each class must be commensurate with the most effective learning and teaching practices and shall also be consistent with acceptable student-teacher ratios.

**D. Counseling**

Testing and counseling services shall be available to the student prior to enrollment and shall continue throughout the entire educational program.

**RECORDS****A. Student**

Records of classroom, laboratory, and clinical experience of each student shall be maintained in accordance with the requirements of the institution.

**B. Curriculum**

1. A copy of the current curriculum shall be kept available.
2. Copies of all materials utilized to implement the curriculum shall be available for review by representatives of the accrediting agencies.

Information should be provided by the educational institution, including assistance to students who seek part-time employment opportunities, scholarships, and loans. Assistance should also be provided to graduates of the program of physical therapy who are seeking appropriate employment.

**V. OPERATIONAL POLICIES**

- A. Announcements and advertising must reflect accurately the program offered.
- B. Student matriculation practices and student and faculty recruitment shall be non-discriminatory with respect to race, color, creed, sex, age, handicap(s), or national origin.
- C. Academic credit and costs to the student shall be accurately stated and published.
- D. Policies and processes for student withdrawal, and refunds of tuition and fees, shall be published and made known to all applicants.
- E. The institution shall comply with *Fair Practices in Education* as established by the Committee on Allied Health Education and Accreditation (CAHEA).

**VI. CONTINUING PROGRAM EVALUATION**

- A. A process for periodic and systematic review of the

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program's effectiveness must be documented. The results of these reviews must be considered and reflected in policies developed and in the program's self-study.

- B. One element of program evaluation shall be the employment record of graduates of the program.

#### VII. MAINTAINING ACCREDITATION

- A. The Annual Report form provided by the Committee on Allied Health Education and Accreditation shall be completed, signed by an appropriate official, and returned by the established deadline.
- B. If the program director, medical director, or education coordinator of an accredited program is changed, prompt notification shall be sent to the Department of Allied Health Evaluation of the

AMA. A curriculum vitae of the new program official, giving details of training, education, and experience in the field, shall be provided.

- C. The Committee on Allied Health Education and Accreditation may withdraw accreditation whenever the educational program is not maintained in substantial compliance with the *Essentials* outlined herein; or there are no students in the program for two consecutive years.
- D. Accreditation shall be withdrawn only after notice has been given to the chief executive officer of the institution that such action is contemplated, with the reasons therefore, and with sufficient time to permit a considered response. Established procedures for appeal and review shall be available.

#### ADMINISTRATION OF ACCREDITATION

1. Application for accreditation of a program should be made to:  
Department of Allied Health Evaluation  
American Medical Association  
535 N Dearborn St  
Chicago, IL 60610
2. The evaluation and accreditation of a program can be initiated only at the written request of the chief executive officer of the sponsoring institution or an officially designated representative.
3. A sponsoring institution may withdraw its request for initial accreditation at any time (even after the site visit) prior to final action.
4. The program being evaluated is given the opportunity to review the factual report of the visiting survey team and to comment on its accuracy before final action is taken.
5. CAHEA and cooperating review committees will periodically resurvey educational programs for continued accreditation.
6. The chief executive officer of the sponsoring institution may request that a return on-site evaluation be made in the event of significant deficiencies in the performance of an earlier evaluation team.
7. Adverse accreditation decisions may be appealed by writing to CAHEA. Due process will be followed.

MAJOR CATEGORY WARD LEVEL State Institution School Program Title Occupational Title	ACADEMIC DESCRIPTION					PROGRAM SIZE					APPLICATION INFORMATION					FINANCIAL INFORMATION					
	Specialization	AGREES Admission	REQUIREMENTS	Avg. # Credits	EST. ESTABLISH Year	Total enrollment 1970/75		CREDITS REQ. 1975	CREDITS REQ. 1970	AGREES Admission	REQUIREMENTS	Institution	Entrance requirements	A.S.T.			Resident	Non- res. 1971			
						Full time	Part- time							VA	SCIENCE	LANG			PHYS	Other	
<b>REHAB.-PHYSICAL—Con.</b>																					
<b>ILLINOIS</b> Central ILLCA Community College Physical Therapy Assistant Physical Therapy Assistant	YES	F	A CERT	22	1971	32	5	15		Private	Diploma/GED	3	Institution Exam Personal Interview Biographical Info Other	Y	Y	Y	N	BG/AG	4000	4000	
<b>TEXAS</b> Galveston College Physical Therapy Assistant Physical Therapy Assistant	YES	CP	AS 11 CERT	24	1970	112	110	114	6	Public	Diploma/GED	1	A.C.T. Personal Interview G.P.A. 2.00 Biographical Info	Y	Y	Y	N	BG/AG	616	1416	
<b>TEXAS</b> Texas Medical College Physical Therapy Assistant Physical Therapy Assistant to Balance & CERT	YES	CP	AAS 13 CERT	24	1970	240	230	244	6	Public	Diploma/GED	1	A.C.T. Personal Interview G.P.A. 2.00 Biographical Info	Y	Y	Y	N	BG/AG	616	1416	
<b>ALABAMA</b> Alabama State University Physical Therapist Physical Therapist	YES	F	HS	21	1964	46	0	23	1	Public	2 Yrs College Biol Sci Chemical Sci Soc/Behav Sci	1	A.C.T.	N	Y	Y	N	BG/AG	2,400	3,600	
<b>ALABAMA</b> South Alabama Univ Physical Therapist Physical Therapist	NEW		BSPT	36	1975	49	0	20		Public	Diploma/GED	1	A.C.T.	Y	Y	Y	N	BG/AG	3,600	3,600	
<b>ARKANSAS</b> Univ of Central Arkansas Physical Therapist Physical Therapist	YES	F	BS	15	1970	17	0	18	64	Public	3 Yrs College Liberal Arts Biol Sci Soc/Behav Sci	1	N	Personal Interview G.P.A. 2.50	Y	Y	Y	N	BG/AG	1,166	1,031
<b>CALIFORNIA</b> Cal State U Fresno Physical Therapist Physical Therapist	YES	F	BS	24	1971	50	0	30	90	Public	2 Yrs College Biol Sci Soc/Behav Sci	1	N	Institution Exam Personal Interview G.P.A. 3.00 Biographical Info	Y	Y	Y	N	BG/AG	1,000	3,200
<b>CALIFORNIA</b> Cal State U Los Angeles Physical Education for Exceptional Students Correctional Therapist/Adapted Phy Ed Director			BA			340	340			Public											
<b>CALIFORNIA</b> Santa Clara University Physical Therapist Physical Therapist	YES	F	BS	22		108	0	50	140	Private	2 Yrs College Biol Sci Chemical Sci Soc/Behav Sci	1	Y	Portfolio Other	Y	Y	Y	N	BG/AG	6,170	6,170
<b>CONNECTICUT</b> Conn Main Campus U of Physical Therapist Physical Therapist Quinnipiac College Physical Therapist Physical Therapist	YES	F	BS	36		300	0	60	900	Public	Diploma/GED	1	N	S.A.T.-CEEB	N	Y	Y	Y	BG/AG	1,735	2,785
<b>CONNECTICUT</b> Quinnipiac College Physical Therapist Physical Therapist	YES	CP	BS	48	1969	263	0	3	210	Private	Diploma/GED	1	N	S.A.T.-CEEB Portfolio Personal Interview	Y	Y	Y	N	BG/AG	9,500	9,500
<b>DELAWARE</b> Delaware University of																					



## Admission Requirements

It is the policy of Logan College that completion of two years (60 semester hours) of education at an accredited college be required for enrollment.

REFER TO ENCLOSED SUPPLEMENT

## Pre-Chiropractic Education

The Logan Professional Education Program is based on the firm belief that ~~chiropractic~~ students should be liberally educated in addition to being competently trained in the basic sciences and chiropractic skills.

Logan College is committed to the idea that the best education is one which in addition to producing a highly skilled doctor of chiropractic produces an individual able to reason, to think, to explore the great heritages of ideas and the vast body of knowledge accumulated in literature, the humanities, and the sciences, and who is able to wrestle with the issues and values of contemporary society.

The recommended two-year liberal arts curriculum includes:

ENGLISH	6 semester hours
SCIENCE	20-40 semester hours In any of the following
Biology	
Chemistry	
Physics	
Mathematics	
Microbiology	
Bio-Chemistry	
SOCIAL STUDIES	10-20 semester hours
History	
Economics	
Political Science	
Sociology	
Psychology	
HUMANITIES	6-9 semester hours
Literature	
Philosophy	
Religion	
Art	
Music	

Students may matriculate at Logan College of Chiropractic after successfully completing two-years of any pre-professional course of studies. It is not mandatory for students to follow this structured course of study. However, I

## Admission Procedure

Logan College of Chiropractic selects students on the basis of character, attitude, interest, intellectual ability, motivation, and superior scholastic achievement. There is no discrimination because of race, color, creed, sex, residence, or financial status. Applications are reviewed and independently evaluated by members of the Committee on Admissions. Final decisions are made by the faculty committee as a whole. All applicants are interviewed prior to their acceptance.

The College strives to recruit, enroll, and educate an increased number of students from racial-minority and educationally deprived groups, and to increase the number of black doctors of chiropractic in the United States.

Application and full information on admission may be obtained by writing the Office of Admissions at Logan College.

For enrollment, the following must be submitted:

- (1) Completed application for admission.
- (2) Small photo.
- (3) Letter of recommendation.
- (4) Official transcripts of all previous education credits sent directly from schools attended. College entrance tests taken should be exhibited on these transcripts or results sent in conjunction with them.
- (5) Admissions fee of \$25.00.

Logan College reserves the right to accept those students it feels will benefit by the course of training, who will be a credit to the College and an asset to the profession. The admission procedure is based not only on the applicant's academic record, but also upon careful scrutiny of the "total personality" of the student.

The College calendar in the front of the catalog gives the dates of admission. The curriculum is arranged for the student to enroll either in September or January.

is necessary to follow this program if the Bachelor of Science (B.S.) degree is to be granted with the Doctor of Chiropractic (D.C.) degree.

The first two years at a liberal arts college are devoted to laying the beginning of a scientific base. Students need to know what science is in its generic sense prior to studying the application of the methods of science to chiropractic practice. In addition to being a scientist, it is exceedingly important for the chiropractic student to become a humanist. A very generous portion of the liberal arts curriculum is left open for electives and students can pursue the humanities of their choice.

Upon satisfactory completion of his liberal arts studies, the student matriculates at Logan College of Chiropractic to complete his professional education.

The chiropractic practice is a translation of basic science into chiropractic care. It is the best means of achieving precision in care. Everything that doctors of chiropractic do in clinical practice comes out of some element of basic science, either behavioral or biophysical, or both. The curriculum is the mechanism by which this process is conceptualized.

In the first year at Logan College of Chiropractic, students begin a modular program of study.

A C A D E M I C	1	BASIC SCIENCES	Introduction to the modular program of study	Module 1 The Nervous System	C H I R O P R A C T I C  S C I E N C E S
	2		Module 1 continued The Nervous System	Module 2 The Musculo- skeletal System	
Y E A R	3	C H I R O P R A C T I C  S C I E N C E S	Module 3 The Cardio- vascular System	Module 4 The Respiratory System	C H I R O P R A C T I C  S C I E N C E S
	4		Module 5 The Gastro- intestinal System	Module 5 The Gastro- intestinal System	
S	1	C H I R O P R A C T I C  S C I E N C E S	Module 5 continued The Gastro- intestinal System	Module 6 continued The Urogenital System	C H I R O P R A C T I C  S C I E N C E S
	2		Module 6 The Urogenital System	Module 7 The Endocrine System	

Each module contains all studies of a particular system of the body. For instance, module #1, the nervous system, includes the embryological development, the histological components, the anatomical structures, the physiological functioning, and the possible pathological conditions with associated physical diagnosis, clinical diagnosis and suggested treatment procedures. In the modular system, students develop a total understanding of each bodily system. In addition to the modules, students study the basic sciences, (chemistry, microbiology, etc.) and chiropractic principles and practices (x-ray analysis, adjusting technique, etc.). All modules are team taught.

<b>Logan College of Chiropractic</b>
Four years of instruction in the basic sciences and chiropractic principles and practice.
Student graduates with the Bachelor of Science (B.S.) and Doctor of Chiropractic (D.C.) degrees.
Pre-Professional two year liberal arts
The sciences, social sciences and electives in the liberal arts at a college selected by the student.

The student who follows the Logan Education Program can graduate with the Bachelor of Science (B.S.) degree in addition to the Doctor of Chiropractic (D.C.) degree. This makes it possible for him to continue his education in a post graduate course of studies, which is particularly helpful to the student who is interested in a career in chiropractic education or research.

### Advanced Standing

Application for advanced standing credits from other institutions must be supported by an official transcript and a catalog of the institution containing a course outline. If the applicant meets the general admission requirements at Logan, the Registrar will refer the files to the Academic Dean for a decision on advanced standing.

In all cases where an immediate decision for advanced standing application cannot be made, applicants are required to attend all classes in such subjects until the instructor concerned has rendered his decision to the Dean.

In some cases of question a proficiency examination may be necessary to acquire advanced standing credit.

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## Synopsis of Curriculum

<b>First Year</b>	
<b>First Semester</b>	
Anatomy 102 .....	Hours 160
Inorganic Chemistry 106 .....	120
Organic Chemistry 107 .....	40
Orthopedy 101 .....	80
<b>Introduction to Basic Science Module</b>	
Histophysiology IMA .....	40
Pathology IMR .....	20
Embryology IMC .....	20
<b>Total</b> .....	<b>480</b>
<b>Second Semester</b>	
Chiropractic Principles 158 .....	80
Anatomy 152 .....	160
Biochemistry 156 .....	160
<b>Module I (Nervous System)</b>	
Embryology M1-A .....	20
Histology M1-B .....	10
Neurology M1-C .....	50
<b>Total</b> .....	<b>480</b>
<b>Second Year</b>	
<b>First Semester</b>	
Bacteriology 205 .....	Hours 160
Palpation & Analysis 204 .....	80
Physical Diagnosis 200 .....	80
<b>Module I (Nervous System)</b>	
Physiology M1-D .....	60
Pathology M1-E .....	20
Clinical Diagnosis M1-F .....	70
Neurological Reflexes M1-G .....	10
<b>Total</b> .....	<b>480</b>

<b>Second Semester</b>	
X-Ray Interpretation & Diagnosis 252 .....	80
Basic Technique 251 .....	40
Principles of Chiropractic 258 .....	80
Diversified Technique 250 .....	40

<b>Module II (Musculoskeletal system)</b>	
Embryology M2-A .....	20
Histology M2-B .....	20
Physiology M2-B .....	40
Pathology M2-C .....	80
Clinical Diagnosis M2-D .....	50
Orthopedics M2-E .....	30
<b>Total</b> .....	<b>480</b>

<b>Third Year</b>	
<b>First Semester</b>	
Diversified Technique 300 .....	Hours 10
Basic Technique 310 .....	40
X-Ray Interpretation 307 .....	80
Histology 301 .....	40
Hematology 302 .....	40

<b>Module III (Cardiovascular System)</b>	
Embryology M3-A .....	10
Histology-Anatomy M3-B .....	30
Physiology M3-C .....	80
Pathology M3-D .....	40
Physical Diagnosis M3-E .....	20
Clinical Diagnosis M3-F .....	60
<b>Total</b> .....	<b>480</b>

<b>Second Semester</b>	
X-Ray Interpretation 354 .....	40
Nutrition & Dietetics 353 .....	40
Diversified Technique 351, 352 .....	80
Adjusting Drill 350 .....	80

<b>Module IV (Respiratory System)</b>	
Embryology M4-A .....	10
Histoanatomy M4-B .....	20
Physiology M4-C .....	40
Pathology M4-D .....	40
Physical Diagnosis M4-E .....	20
Clinical Diagnosis M4-F .....	40

<b>Module V (Gastrointestinal System)</b>	
Embryology M5-A .....	20
Histoanatomy M5-B .....	20
Physiology M5-C .....	20
Biochemistry M5-D .....	10
<b>Total</b> .....	<b>480</b>

Fourth Year	
	Hours
First Semester	
Obstetrics 401	40
Gynecology 405	40
Nutrition 403	40
Office Management 401	40
Adjusting Drill 400	40
Diversified Technique 411	40

Module V (Cont.)	
Pathology M5-E	40
Physical Diagnosis M5-F	5
Clinical Diagnosis M5-G	60

Module VI (Urogenital System)	
Embryology M6-A	40
Histoanatomy M6-B	40
Physiology M6-C	40
Physical Diagnosis M6-D	5
Urinalysis M6-E	10
<b>Total</b>	<b>480</b>

Second Semester	
Pediatrics 451	60
Adjusting Drill 450	60
Diversified Technique 453	40
Topographical Anatomy 452	40
Office Management 451	40

Module VI (Cont.)	
Pathology M6-F	60
Urinalysis M6-G	30
Clinical Diagnosis M6-H	40

Module VII (Endocrine System)	
Embryology M7-A	20
Histology M7-B	20
Anatomy M7-C	10
Biochemistry M7-D	10
Physiology M7-E	20
Pathology M7-F	30
<b>Total</b>	<b>480</b>

Third Semester	
Psychology 501	80
X-Ray 508	80
Jurisprudence 502	30
Insurance 503	10
Dermatology 507	40
Modular Conclusion MC	80
Toxicology 505	20
Bacteriology 506	20

Hygiene & Sanitation 504	80
Electives	40
<b>Total</b>	<b>480</b>

### Summary of Courses

	Hours
<b>Anatomy</b>	<b>80</b>
Orthopedy	170
Histology	160
Embryology	60
Neurology	420
Gross Anatomy	890

Physiology	320
Physiology	320

Pathology	360
Pathology	180
Bacteriology	20
Toxicology	560

Public Health	80
Hygiene & Sanitation	80

Chemistry	120
Inorganic	40
Organic	80
Clinical Laboratory Diagnosis	180
Biochemistry	420

Clinical Subjects	30
Orthopedics	130
Physical Diagnosis	370
Clinical Diagnosis	60
Pediatrics	40
Dermatology	80
Psychology	80
Nutrition & Dietetics	40
Obstetrics	40
Gynecology	80
X-ray Technique	950

Practical Subjects	
Optics & Analysis	30
Principles of Chiropractic	30
Biomechanics - Basic Technique	150
Verified Chiropractic Technique	210
Technique & Adjusting Drill	180
X-Ray Interpretation & Diagnosis	200
Office Management	80
jurisprudence & Ethics	30
Insurance	10

Practical	
Practical Practice	300
Total of above	1050
Lectives	40
Grand Total	1120

## Course Descriptions

### Course Descriptions-First Year, First Semester

#### Orthopedy 101

Hours: 80

Lecture course presenting detailed information on the anatomy of the spine and pelvis, and functions of the parts involved. The spinal cord and neural areas are fully discussed; characteristics of individual segments are described as are the articulations, joints and spinal ligaments.

Texts: Gray's Anatomy - Goss

Chiropractic Orthopedy - Pharaoh

References: Atlas of Anatomy - Grant

Nervous System - Ciba

#### Gross Anatomy 102

Hours: 160

Lecture course study of osteology which provides information on the neck, joints and articulations of the human body. Detailed descriptions are given with full information on function and relationship.

Detailed study is made of the musculature, blood and lymph vessels and nerve fibers of the lower extremities.

Laboratory groups dissect a human cadaver of those regions being studied. Students learn gross characteristics of body structures. Lectures are closely related to laboratory work. Relationships of the various structures underlying are stressed and association of the nervous system throughout these areas is emphasized.

Texts: Gray's Anatomy - Goss

The Dissector's Handbook - Grant

#### Inorganic Chemistry 106

Hours: 120

Study of the basic principles, theories and applications of chemistry in lecture and laboratory, which covers the general properties and composition of matter; measurement and calculations; structure of the atom; atom structure related to chemical change; classification of the elements; chemical relationships of mass and energy; states of matter. A survey of the elements and their more important compounds is presented, including sodium, chlorine, magnesium, aluminum, silicon, phosphorus, sulfur, electrolytes, their solutions and equilibria involving them.

Texts: Inorganic Chemistry - Morrison and Boyd, Publisher, Allyn and Bacon

#### Organic Chemistry 107

Hours: 120

Lecture and laboratory study of the properties and reactions of the common and important organic compounds including aliphatic, aromatic and heterocyclic fields, including saturated hydrocarbons, unsaturated hydrocarbons; halogen derivatives; aliphatic alcohols; ethers, aldehydes and ketones; aliphatic monocarboxylic acids; esters, fats and oils, soaps, amides; urea; amines.

#### Introduction to the Modules

##### Introduction to Histophysiology IMA

Hours: 10

Lecture course covering histological components and physiological functioning of the typical cell.

##### Introduction to Pathology IMB

Hours: 20

Lecture course covering pathological changes and dysfunction of the typical cell.

##### Introduction to Embryology IMC

Hours: 20

Review of the anatomy and physiology of the reproductive organs, and the formation of gametes with their travel. The course examines the process of fertilization and growth of the zygote through the three germinal stages.

Texts: Medical Physiology - Guyton

Textbook of Histology - Bloom and Fawcett

Human Embryology - Patten

A Textbook of Pathology - William Boyd

### Course Descriptions-First Year, Second Semester

#### Gross Anatomy 152

Hours: 160

A continuation of Gross Anatomy 102 including the upper extremities, the thorax, abdomen, pelvis, brain and spinal cord.

SPA 720—Introduction to Graduate Study	3
SPA 721—Craniofacial Disorders	3
SPA 751—Dysphasia	3
SPA 752—Stuttering	3
SPA 753—Communication Disorders in the Cerebral Pased	3
SPA 754—Seminar in Physical Anomalies	2
SPA 757—Experimental Phonetics	3
SPA 759—Seminar in Clinical Procedures	2
SPA 762—Disorders of Voice	3
SPA 765—Advanced Audiology	3
SPA 767—Advanced Practicum	2
SPA 768—Seminar in Audiology	3
SPA 769—Seminar in Audiological Measurements	2
SPA 794—Workshops and Institutes	1-3
SPA 780—Independent Study	1-3
SPA 797—Thesis	1-6

All students must have their programs approved by the departmental graduate adviser.

For additional information on the graduate program in speech pathology and audiology, consult the Program Director, Room 108, Mackay Science.

### Graduate Programs in Biochemistry

Advanced degrees are offered at the Master of Science and the Doctor of Philosophy levels and may be pursued under the direction of the graduate faculties in the College of Agriculture, College of Arts and Science, or School of Medicine. Since requirements are determined by the Graduate School and not by the individual colleges, they are identical and are shown under Graduate Offerings from the College of Agriculture.

### Four-year Medical School Program

#### General Information

The School of Medicine, University of Nevada-Reno, was established in 1969 to provide the first two years of medical education and was authorized to convert to an M.D. degree-granting school in 1977 by separate acts of the Nevada State Legislature.

The goal of the school is to provide academic programs for undergraduates and postgraduates in the health-professions, with an emphasis on the development of primary care physicians who will provide comprehensive health care to meet the needs of the individual, the family, and the community. The school is dedicated to selecting and training individuals who will provide health care competently and with compassion. Classes, laboratories, and clinical activities take place in a

combination of on-campus buildings and community health facilities. Through affiliation agreements with hospitals located throughout Nevada, students have access to clinical facilities totaling 2,000 beds.

### Curriculum

The first two years of this curriculum places emphasis on biomedical and behavioral sciences basic to medicine. Basic science disciplines are often integrated with each other and with clinical material toward a clear and meaningful understanding of the major organ systems of the body. The curriculum encourages the student to think in terms of problem solving and to utilize independent learning techniques whenever possible. Behavioral objectives provide students with guidelines for each learning experience. Integrated courses in clinical and behavioral sciences follow the core curriculum. Preceptorships with physicians throughout Nevada offer students additional clinical experience.

The third and fourth years of the curriculum include clerkships and electives in Family and Community Medicine, Internal Medicine, Obstetrics and Gynecology, Pediatrics, Psychiatry and Behavioral Sciences, and Surgery. The curriculum is oriented toward the education of primary care physicians. Clinical training occurs in a number and variety of community based hospitals. Thus, the third and fourth year's education is divided among Reno, Las Vegas and rural Nevada. Postgraduate training at present consists of residency programs in Family and Community Medicine, Internal Medicine and Pediatrics.

### Requirements for Entrance

Since the medical school utilizes the centralized application service of the Association of American Medical Colleges (AAMC), students must submit their applications through the American Medical College Application Service (AMCAS). AMCAS applications may be obtained from the AAMC, 1775 Massachusetts Avenue, Northwest, Washington, D.C. 20036. On completion, the application must be returned directly to AMCAS. Deadline is November 1.

The new MCAT is required. This exam is offered only twice a year, once in the spring and once in the fall. Applications may be obtained by contacting Office of Counseling and Testing, Pre-Med Office or Office of

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**Medical School Admissions.** A minimum of three years of college work (90) semester credits is normally required. Under exceptional circumstances, 60 semester credits may be accepted. However, the Student Selection Committee strongly recommends completion of a baccalaureate degree.

Requirements for application include:

	Semester Credits
Chemistry (including organic)	16
Biology	16
Physics	8
Behavioral Sciences*	9

In addition, a facility in English composition and expression is required. Generally, students are expected to satisfy the English composition requirements of their undergraduate institution. Students are encouraged to utilize courses in human growth and development, abnormal psychology, or medically oriented sociology in fulfillment of the behavioral science requirement. The following supplementary courses are recommended as useful to the study or practice of medicine but are not required for admission: calculus, biochemistry, genetics, and embryology.

### Selection Factors

Candidates are evaluated on the basis of academic performance, performance on the new MCAT (which should be taken in spring prior to making application), the nature and depth of scholarly and extracurricular activities during college years, academic letters of evaluation, and the personal interview, if requested by the Student Selection Committee. A high priority is given to residents of Nevada. Generally the remaining successful applicants have been residents of states participating in the WICHE program, particularly residents of states without medical schools. Applicants from states other than those involved in the WICHE program are discouraged from applying to the University of Nevada.

#### First Year

	Credits
Bio 401 Human Biochemistry	9
Anat 401 Human Anatomy	9
Pchy 401 Human Behavior I	3
Phsy 401 Medical Physiology I	6
Phsy 402 Medical Physiology II	5
Anat 402 Human Neuroanatomy	4
Micr 401 Medical Microbiology	9
Med S. 450 Introduction to Clinical Medicine	3
Med S. 470 Introduction to Clinical Medicine	2

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\*Three credits of the behavioral science requirement must be upper division

#### Second Year

	Credits
Phar. 401 Medical Pharmacology	7
Path 451 General Histology	4
Path 402 Systemic Human Pathology	6
Phar. 402 Medical Pharmacology II	4
Path 403 Laboratory Medicine	4
Pchy. 402 Human Behavior II	4
Med S. 473 Physical Diagnosis	2
Med S. 476 Community Health	2
12 Week Integrated Module (currently being developed)	33

#### Third Year

	Credits
Medi. 451 Clerkship	12
Surg. 451 Clerkship	12
ObGy. 451 Clerkship	6
Pedi. 451 Clerkship	6
Pchy. 451 Clerkship	6
Fcm. 451 Clerkship	6
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Students are required to pass the Part I exam administered by the National Board of Medical Examiners before they can enter the fourth year of study.

#### Fourth Year

Building on the three previous years, the curriculum of the fourth year covers 32 required weeks and is made up of selective-elective clinical experiences, as arranged between the individual student, adviser, clinical adviser, and appropriate chairmen of the various clinical departments of the school. Included in the 32 weeks are four weeks of a required rural preceptorship, which offer opportunities of most of the clinical areas in a rural setting, and 24 weeks of strictly clinical electives. The advisory system insures that students are guided to take account of both career choices and to secure additional experiences in areas needing any remediation.

Students must pass the Part II exam administered by the National Board of Medical Examiners in order to graduate with an M.D. degree.

### Departments and Faculty

The School of Medicine has 12 teaching departments whose interaction permits the curriculum to be structured for the maximum interdisciplinary approach to health care education.

#### Anatomy

Faculty: Kendall, Licata, Schneider (Ch), Stratton, Tibbitts, Warfield

#### Biochemistry

Faculty: Blomberg, Gardner (Ch), Ruff

#### Division of Health

Faculty: D. Balda, S. The, Gearhart, McGurness, Morrison, Tsukuba, Speech Pathology and the Office of Assessment), Clinical Faculty

#### Family and C

Faculty: M. Bonar, German, Martin (Ch), Clinical Faculty, Clark, Davis, Hendrick, Her, Moren, Noorda, vall, Tueller, W

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#### Internal Med

Faculty: Aplice, Graze, Groschland, Keefra, Pokroy, Quinn (Actg. Ch.), Clinical Faculty, Belcourt, Bern, Browning, Bur, Clark, R. Day, Dieckhoff, Forsythe, Filtserf, Gardner, Jacobs, M, Kauffman, Maher, Minamark, Nunez, Quagliana, F, erts, Robins, Stafford, St, Treason, Tr, Zebrack, Z

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REFERENCES

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2. McNeil BJ, Keeler E, Adelstein SJ. Primer on certain elements of medical decision making. *N Engl J Med.* 1975; 293:211-5.
3. Galea RS, Gambino SR. Beyond normality: the predictive value and efficiency of medical diagnoses. New York: John Wiley, 1975.
4. Ransohoff DF, Feinstein AR. Problems of spectrum and bias in evaluating the efficacy of diagnostic tests. *N Engl J Med.* 1978; 299:926-30.
5. Warsaw AL, Fuller AF Jr. Specificity of increased renal clearance of amylase in diagnosis of acute pancreatitis. *N Engl J Med.* 1975; 292:325-8.

SOUNDING BOARD

THE FUTURE OF CHIROPRACTIC

WHAT is to be done about chiropractors? Efforts by organized medicine to eliminate them have been unsuccessful. The label "quack" has not stuck. Despite the most strenuous opposition, they have attained licensure in every state in the United States and in Canada and many foreign countries. Over 23,000 chiropractors treat some 8 million Americans for a wide variety of conditions. Reimbursement for their services has been authorized by Medicare, Medicaid, Workmen's Compensation plans, and by many Blue Shield plans and other private insurance carriers. Chiropractors received more than \$30 million of Medicare funds in 1978. Over 2000 new chiropractors will be graduated this year, more than 70 per cent of them from colleges federally recognized as accredited. Chiropractors appear to be winning their struggle to survive.

Awareness of these facts is finally appearing in medical circles.<sup>1,2</sup> Perhaps the most important stimulus, however, has come from the antitrust suit filed in 1976 by five Illinois chiropractors against the American Medical Association (AMA), the American Osteopathic Association, 10 other medical organizations, and four individuals,<sup>3</sup> followed by antitrust suits in several other states. The medical code of ethics has already been modified to remove restrictions on professional association with chiropractors, but the broader question of the role that chiropractors will play in the American health-care system must still be faced by makers of health policy, legislators, and the leaders of organized medicine.

An informative discussion of the worth of chiropractic therapy is contained in a recent report, "Chiropractic in New Zealand," by an official Commission of Inquiry.<sup>4</sup> I agree that it is "probably the most comprehensive and detailed independent examination of chiropractic ever undertaken in any country." Its principal conclusions are that

modern chiropractic is far from being "an unscientific cult." ... it is safe, ... can be effective in relieving musculo-skeletal symptoms. ... In a limited number of cases where there are organic and/or visceral symptoms, chiropractic treatment may provide relief, but this is unpredictable, and in such cases the patient should be under concu-

rent medical care if that is practicable. There must be no attempt to full professional cooperation between chiropractors and medical practitioners. Chiropractors should, in the public interest, be accepted as partners in the general health care system. Patients should continue to have the right to consult chiropractors direct.

An impartial evaluation of chiropractic in the United States should, and probably would, come to essentially the same conclusions as the New Zealand Commission. In any case, the makers of American health policy need to consider carefully the roles that chiropractors might play in the future.

One alternative seems clearly foreclosed — the route that osteopathy has followed. The notion that chiropractic's evolution has, a generation later, modeled after that of osteopathy is not historically accurate,<sup>5</sup> nor is such a route likely in the future. Despite their shared preoccupation with manipulation, chiropractors simply do not practice like osteopaths. They do not prescribe drugs nearly as much as medical doctors do. Although chiropractors envy the greater prestige and comprehensiveness of medical practice, and they claim to provide complete primary care, their hostility toward drug therapy strongly inhibits the desire to become allopathic practitioners. This impediment, of course, reinforced by the vigorous opposition of organized medicine to any claims by chiropractors to practice comprehensive medicine.

A second possible alternative — for chiropractors to function under medical prescription as physical therapists do — is equally unlikely, although it is what President Carter first proposed to Congress, but was dropped, in his 1979 National Health Insurance Plan. It would not work because chiropractors already have too autonomous a professional status to be willing to subordinate themselves to medical doctors. In addition, medical doctors are not trained to know when chiropractic would be beneficial or contraindicated, and they have regarded chiropractors as unfit for a professional association for so long that they would generally be unwilling to send patients to chiropractors.

A variant on this "solution" would be for physical therapists to become skilled spinal manipulators and offer patients all that chiropractors do — but without medical prescription. James Cyriax, M.D., himself a skilled manipulator, urges physicians and physical therapists to master the manipulative therapy he calls "orthopaedic medicine," and he offers to conduct workshops for those who wish to learn.<sup>6</sup> Similarly, physical therapist Stanley Paris tells me that he has postgraduate instruction in "orthopaedic physical therapy"; he organized the Institute of Orthopaedic Physical Therapy on Staten Island, N.Y., and helped establish a Section on Orthopaedics in the American Physical Therapy Association. How many physical therapists were to follow this route, would the prescribing physicians have to know more about the indications and contraindications of manipulative therapy than they do now, but

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chiropractors would in effect have to become chiropractors, although their current baccalaureate-level training does not qualify them to diagnose general pathology or to prescribe for it. Hence, it is not likely that the problem of chiropractic can be eliminated by a concerted effort to replace chiropractors with upgraded physical therapists.

A third option is to maintain the status quo. Chiropractors would remain a "marginal" profession independent of organized medicine, their therapy continuing to be stigmatized as of dubious value, and their ability to make differential diagnoses suspect. Perhaps chiropractors could gradually elevate themselves to a profession "parallel" to medicine (a status somewhat like that of osteopaths in the recent past) through continuing to upgrade the quality of their methods and their diagnostic competence. But if this is to happen, the "separate but equal" dilemma would probably appear, just as it has with race relations. Separated groups are seldom truly equal; indeed, comparisons are inevitably made. The reverse occurs: Groups of equal status tend not to remain separate. Just as racial groups of equal standing integrate more easily, so too do professional groups that are close to equal status — thus, the recent rapprochement between medicine and osteopathy. Since chiropractic, for reasons stated earlier, is not likely to follow the path of osteopathy by broadening its scope of practice and upgrading itself to the level of medicine, the attempt to maintain the status quo in professional relations between chiropractic and medicine would be more likely to keep chiropractic "marginal" rather than "parallel." Still, this is a viable option.

The final alternative, and the most promising one for many reasons, is the gradual evolution of chiropractic to a "limited" or "limited medical" profession. The most familiar examples are dentistry, optometry, and psychology; psychology, speech therapy, and audiology occupy similar roles. These professions limit their scope of practice to a specific part of the body or its functioning, and the range of therapies they employ is also limited. Unlike chiropractic, they do not challenge orthodox medical theories of disease therapy. Hence, they can coexist with organized medicine. However, the road can be rocky, as demonstrated by the long history of disputes between ophthalmologists and optometrists and between psychiatrists and psychologists.<sup>8</sup>

It is far more difficult for a marginal profession like chiropractic, which has historically subscribed to a theory explaining the source of all illnesses, to have the satisfactory relation with medicine that limited medical professions have. The different provisions in state laws of chiropractors' scope of practice have relatively little effect on how chiropractors actually practice or on major trends in chiropractic practice. One critical question will be to what extent chiropractors will abandon some of their principles, a process that has indeed already

begun. Policy makers should not be misled by pronouncements of the chiropractic "superstraights," a very small group of doctrinaire practitioners who disavow the vast majority of chiropractors and who are in turn disavowed by them.

With most states now requiring that candidates for licensure be graduated from accredited colleges, there is increasing uniformity in chiropractors' education as well as a guaranteed minimum of competence in the basic medical sciences. Furthermore, the colleges now use standard medical textbooks and university-trained instructors, most of whom are not chiropractors, for the basic sciences. Although the colleges are still weak, recent graduates are less doctrinaire, more aware of the limitations of chiropractic theory and therapy, and better able than their predecessors to identify conditions beyond their competence to treat. Therefore, they can function satisfactorily as "portals of entry" into the health-care system without being the providers of total primary care that medical doctors are (and that some chiropractors still claim to be). As a result, chiropractors have the potential for evolving into "limited" or "limited medical" practitioners even though many of them would deny it and many medical doctors would resist it.

There are several forces pushing chiropractors toward becoming limited practitioners. Chiropractic is in fact a limited therapy, not as limited as most physicians have assumed, but certainly not as broad as chiropractors originally claimed, and as chiropractors become better educated in the basic medical sciences, they better understand the limited role of spinal manipulation. They devote most of their time to treatment of musculoskeletal conditions and closely related conditions such as sciatica that manipulative therapy has been shown to help. These conditions are the ones that chiropractors are most associated with in the public view, the ones for which third-party payers are most willing to reimburse chiropractors, and the ones for which medical doctors would be most likely to refer patients to chiropractors.

If chiropractors were to become limited practitioners, there would be advantages for them, organized medicine, the health-care system, and public health. Chiropractic would be "contained" to a limited role, and organized medicine could cease its active opposition to chiropractors. Medical doctors would be more likely to refer patients to chiropractors, and vice versa. There would develop a greater consensus among chiropractors as to what chiropractic is, and the public would have a clearer understanding of what chiropractors do, which should lead to an improved public opinion of this form of treatment and its practitioners. Insurance companies would more readily reimburse chiropractors for services performed. Chiropractors would attain a more secure place in the health-care system, and the health of the American public would be enhanced. 25 835

It may seem utopian to expect chiropractors to accede to such a limited role, and just as utopian to expect organized medicine even to consider it. But that is what the New Zealand Commission of Inquiry seems to be recommending for its country. In Ontario, where chiropractors are routinely reimbursed under a socialized system, hostility between medical doctors and chiropractors is minimal. There is no fundamental reason why the same situation could not prevail in the United States. The AMA has already lost its struggles to keep chiropractors unlicensed, to prevent payments to them under Medicare, Medicaid, and most other third-party payers, and to prevent the accreditation of chiropractic colleges. Organized medicine faces further assaults on its prerogatives and practices from the courts and in legislative chambers. The leaders of organized medicine and other makers of health policy need to become better informed concerning the current status of chiropractic education and practice, and should seriously consider whether the limited-practice model could be the basis of accommodation between the two groups that have been so hostile to each other for so long.

University of Connecticut  
Storrs, CT 06268

WALTER I. WARDWELL, PH.D.

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MASSACHUSETTS  
MEDICAL SOCIETY

#### DEATHS

**ANDREW** — Edward Donald Andrew, M.D., of Exsthampton, died on August 1. He was in his 57th year.

Dr. Andrew received his degree from Columbia University College of Physicians and Surgeons in 1951. He was associate medical examiner for Hampshire County.

He is survived by his wife, four daughters, and three sons

**BAKER** — Harry Abraham Baker, M.D., of Holyoke, died on October 27. He was in his 73rd year.

Dr. Baker received his degree from Tufts College Medical School in 1932. He was a member of the American College of Surgeons and the American Medical Association.

**BARNES** — William Ellsworth Barnes, III, M.D., of Taunton, died on December 3. He was in his 60th year.

Dr. Barnes received his degree from Tufts College Medical School in 1945. He was a member of the American Medical Association.

He is survived by his wife, three daughters, and two sons

**BARONE** — Salvatore Antonio Barone, M.D., of Lawrence, died on August 14. He was in his 74th year.

Dr. Barone received his degree from Middlesex University School of Medicine in 1930. He was a member of the American Medical Association.

He is survived by his wife, a daughter and son, two granddaughters, and several nieces and nephews.

**BEAUCHAMP** — Eugene Wilfrid Beauchamp, M.D., of Chicopee, died on October 30. He was in his 81st year.

Dr. Beauchamp received his degree from Jefferson Medical College in 1923. He was formerly president of the staff and surgeon-in-chief at Mercy Hospital and president of the staff at the Soldiers Home. He was a member of the American College of Surgeons, the American Medical Association, and a member of the Massachusetts Medical Society.

He is survived by his wife, a daughter and four sons, a daughter-in-law, and two sisters, and 17 grandchildren.

**BEEHAM** — William Parkes Beeham, Sr., M.D., of Taunton, died on January 24, 1979. He was in his 77th year.

Dr. Beeham received his degree from Harvard Medical School in 1926. He was formerly surgeon-in-chief at Massachusetts Eye and Ear Infirmary and assistant clinical professor of ophthalmology at Harvard Medical School. He was a member of the American Ophthalmological Society, the American Association of Ophthalmologists, the American Academy of Ophthalmology, the American Society for Internal Medicine, and the American Medical Association.

He is survived by his wife, two daughters, and a son

**BELHUMEUR** — Gedeon Aram Belhumeur, M.D., of Taunton, died on November 12. He was in his 81st year.

Dr. Belhumeur received his degree from University of Massachusetts Medical School in 1929. He was formerly chairman of the Health in Gardner. He was a member of the American Medical Association and a 50-year member of the Massachusetts Medical Society.

He is survived by a daughter and son, and three granddaughters

**LOGIE** — Arthur James Logie, M.D., of Taunton, died on July 26. He was in his 81st year.

Dr. Logie received his degree from Temple University College of Medicine in 1917. He served with the Army Medical Corps during World War I. He formerly was chief of staff at New England Hospital. He was a member of the American Medical Association and a member of the Massachusetts Medical Society.

He is survived by his wife, a daughter and a son, and five grandchildren.



EXHIBIT F

3/11/91 5827

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## exhaustion

- the **exenteration** (eks-en'ter-a'shun) [ex- + Gr. *enteron* bowel]. Surgical removal of the inner organs; commonly used to indicate radical excision of the contents of a body cavity, as of the pelvis. Used in connection with the eye, it denotes removal of the entire contents of the orbit. **pelvic e.**, excision of the organs and adjacent structures of the pelvis. **pelvic e., anterior**, excision en masse of the bladder, lower ureters, vagina, adnexa, pelvic lymph nodes, and pelvic peritoneum, with implantation of the ureters into the intact pelvic colon. **pelvic e., posterior**, excision en masse of the pelvic colon, uterus, vagina, and adnexa, with or without pelvic lymph node excision, the lower urinary tract being undisturbed. **pelvic e., total**, excision en masse of the bladder, lower ureters, vagina, uterus, adnexa, and the pelvic and lower sigmoid colon, with excision of the pelvic lymph nodes and removal of all the pelvic peritoneum.
- exenteritis** (eks-en'ter-i'tis). Inflammation of the peritoneal covering of the intestine.
- exercise** (ek'ser-iss). The performance of physical exertion for improvement of health or the correction of physical deformity. **Active e., motion imparted to a part by voluntary contraction and relaxation of the muscles controlling the part.** **active resistive e.**, that performed voluntarily by the patient against resistance supplied by another or by his own physiologically antagonistic muscles. **corrective e.**, the scientific use of bodily movement to maintain or restore normal function in diseased or injured tissues. **free e.**, active exercise in which no aid is derived from external forces. **muscle-setting e.**, static e. **passive e.**, motion imparted to a segment of the body by another individual, machine, or other outside force, or produced by voluntary effort of another segment of the patient's own body. **static e.**, active contraction and relaxation of a muscle or of a group of muscles without producing motion of the joint which it ordinarily mobilizes. **therapeutic e., corrective e., underwater e.**, exercise performed in a pool or a large tub. Cf. *Hubbard tank*.
- exeresis** (eks-er'a-sis) [Gr. *exairesis* a taking out]. Removal or excision of a nerve, vessel, or other part or organ.
- exergic** (ek-ser'jik) [ex- + Gr. *ergon* work]. Giving out work: a term applied to chemical reactions which occur with a decrease in free energy. Cf. *endergic*.
- exergonic** (ek'ser-gon'ik). Characterized or accompanied by the release of energy.
- exesion** (eg-ze'zhun) [L. *exedere* to eat out]. The gradual destruction of superficial parts of a tissue.
- exfetation** (eks'fe-ta'shun) [ex- + L. *fetus*]. Extra-uterine pregnancy.
- exflagellation** (eks'flaj-la'shun) [ex- + L. *flagellum*]. The protrusion or formation of flagella by

**Laurence McClish, M.D.**

FELLOW AMERICAN ACADEMY OF ORTHOPAEDIC SURGONS

ORTHOPEDIC SURGERY

175 W. 6TH STREET, SUITE 32

RENO, NEVADA 89503

323-1034

EXHIBIT G

March 10, 1981

TO: Committee on Commerce & Labor

As an orthopedic surgeon and athletic team physician, I rely on physical therapists, not only for treatment and rehabilitation of patients, but also on their ability to give and interpret testing of patients.

An example of testing done by therapists is the Cybex test for muscle strength and for muscle strength ratio of muscle groups. Strength imbalance is very often the cause of injury, especially in athletics.

Proper testing and interpretation can prevent many injuries in sports. An example of this was the testing of the entire Reno High School football team before the season began, with specific exercise programs for athletes with strength weaknesses or muscle imbalance. Other tests done by therapists for me are manual muscle exams, ROM tests, and evaluation and treatment plans for post-surgical patients.

Sincerely,



LAURENCE MCCLISH, M.D.  
LMcC/dm

Patient \_\_\_\_\_ Age \_\_\_\_\_  
Physician \_\_\_\_\_  
Facility \_\_\_\_\_  
DX \_\_\_\_\_

Physical Therapy  Evaluation   
 Progress  Report  
 Discharge

Program Medicare  Private  Medi-Cal  # \_\_\_\_\_ Date \_\_\_\_\_

	STRENGTH		N = Normal G = Good F = Fair P = Poor T = Trace O = Zero N.T. = Not Tested	JOINT MOTION	
	Right	Left		Right	Left
a. Shoulder					
b. Elbow					
c. Forearm					
d. Wrist					
e. Hand					
f. Hip					
g. Knee					
h. Ankle					
i. Trunk					

COMMENT

EXHIBIT H

FUNCTIONAL ABILITY					
a. Dressing	<input type="checkbox"/>	b. Feeding	<input type="checkbox"/>	c. Grooming	<input type="checkbox"/>
d. Appliances	<input type="checkbox"/>	e. Turn in Bed	<input type="checkbox"/>	f. Lvg. to Sit	<input type="checkbox"/>
g. Sit. Bal.	<input type="checkbox"/>	h. Stand. Bal.	<input type="checkbox"/>	i. Bed to w/c	<input type="checkbox"/>
j. w/c Operation	<input type="checkbox"/>	k. w/c to Toilet	<input type="checkbox"/>	l. w/c to Tub	<input type="checkbox"/>
m. ambulation	<input type="checkbox"/>	n. Stairs	<input type="checkbox"/>	o.	<input type="checkbox"/>

5 = Able to do  
4 = With Supervision  
3 = Able with help  
2 = Needs much help  
1 = Unable to do  
0 = Does not apply  
NT = Not Tested

TREATMENT PLAN		ARM LEG		
a. Ambulation Re-Ed	<input type="checkbox"/>	Exercise		
b. Transfer Re-Ed	<input type="checkbox"/>	i. Resistive	R - L	R - L
c. Self Care Re-Ed	<input type="checkbox"/>	j. Active		
d. w/c Operation	<input type="checkbox"/>	k. Assistive		
e. Positioning	<input type="checkbox"/>	l. Passive		
f. Respiratory Ex.	<input type="checkbox"/>	m. Isometric		
g. Heat or Cold	<input type="checkbox"/>	n. Musc. Re-Ed		
h. Equipment	<input type="checkbox"/>	o. Postural		

TREATMENT  Times Per Week

GOALS					
a. Ambulation	<input type="checkbox"/>	f. Strength	<input type="checkbox"/>	k. Posture	<input type="checkbox"/>
b. Transfers	<input type="checkbox"/>	g. Joint Motion	<input type="checkbox"/>	l. Respiration	<input type="checkbox"/>
c. Self Care	<input type="checkbox"/>	h. Coordination	<input type="checkbox"/>	m.	<input type="checkbox"/>
d. w/c Operation	<input type="checkbox"/>	i. Endurance	<input type="checkbox"/>	n. Communication	<input type="checkbox"/>
e. Pain	<input type="checkbox"/>	j. Contractures	<input type="checkbox"/>	o. Edema	<input type="checkbox"/>

1 = Independent  
A = With help  
E = With Equip.  
S = With Supervision  
M = Maintain  
↑ = Increase  
↓ = Decrease

CHANGE IN ORDERS

**RENO REHABILITATION CENTER**  
505 S. ARLINGTON AVE. - 1000 RYLAND STREET  
TELEPHONE 329-0548

This evaluation and treatment plan is hereby submitted in response to your referral.

Signed

RPT

LEFT

RIGHT

			Examiner's Initials				
			Date				
			<b>SCAPULA</b>	Abductor	Serratus anterior		
				Elevator	Upper trapezius		
				Depressor	Lower trapezius		
				Adductors	{ Middle trapezius Rhomboids		
			<b>SHOULDER</b>	Flexor	Anterior deltoid		
				Extensors	{ Latissimus dorsi Teres major		
				Abductor	Middle deltoid		
				Horiz. abd.	Posterior deltoid		
				Horiz. add.	Pectoralis major		
				External rotator group			
				Internal rotator group			
			<b>ELBOW</b>	Flexors	{ Biceps brachii Brachioradialis		
				Extensor	Triceps		
			<b>FOREARM</b>	Supinator group			
				Pronator group			
			<b>WRIST</b>	Flexors	{ Flex. carpi rad. Flex. carpi uln.		
				Extensors	{ Ext. carpi rad. l. & br. Ext. carpi uln.		
			<b>FINGERS</b>	M. P. flexors	Lumbricales		
				I. P. flexors 1st	Flex. digit. sub.		
				I. P. flexors 2nd	Flex. digit. prof.		
				M. P. extensor	Ext. digit. com.		
				Adductors	Palmar interossei		
				Abductors	Dorsal interossei		
				Abductor digiti quinti			
				Opponens digiti quinti			
			<b>THUMB</b>	M. P. flexor	Flex. poll. br.		
				I. P. flexor	Flex. poll. l.		
				M. P. extensor	Ext. poll. br.		
				I. P. extensor	Ext. poll. l.		
				Abductors	{ Abd. poll. br. Abd. poll. l.		
				Adductor pollicis			
				Opponens pollicis			
			<b>FACE:</b>				

Additional data:

S.B. 231

Amend. Sect. 11 #1

Delete joint mobilization. Therapeutic, active and passive exercise as per Dorlands Medical Dictionary covers the term as physical therapy proponents have described joint mobilization. Joint mobilization would also infringe upon chiropractic law N.R.S. 634.010 (definition of Chiropractic) physical therapists simply are not qualified to mobilize, manipulate or adjust the joints or articulations of the human body. The general public's safety should be carefully considered.

S.B. 231

Sect. 23 #1 line 23

PROPOSED AMENDMENT

Physical therapists (may) shall treat only patients who are referred to them by a physician, chiropractic physician, dentist, chiropodist or psychologist in the regular course of his practice (except that a physical therapist may perform an initial examination of a person before such a referral).

S.B. 231

Sect. 14 #6

PROPOSED AMENDMENT

(A) Enter any facility, including a department of a hospital, which (provides physical therapy) employes a physical therapist and inspect the facility and its staff with respect to practice of physical therapy therein.

This amendment would insure other health care facilities, utilizing physical therapy, from being policed by another board other than that which licenses them.

S.B. 231

Sect. 22 #8

Retain in entirety:

Deleting this section and Sec. 23 seems to indicate that the intent is to enable the physical therapists to practice independently of prescription.



S.B. 231

Sect. 21 #3

PROPOSED AMENDMENT

Physical Therapists shall treat only patients who are referred to them by a medical physician, chiropractic physician, dentist, chiropodist or psychologist, in the regular course of his practice.

## MEMORANDUM

STATE OF NEVADA  
EMPLOYMENT SECURITY DEPARTMENT

EXHIBIT J

TO Senator William H. HernstadtDATE March 10, 1981FROM Larry McCracken, Executive DirectorSUBJECT Tip Income

NRS 612.190 defines "Wages" as, "all remuneration paid for personal services, including commissions and bonuses and the cash value of all remuneration payable in any medium other than cash."

NRS 612.350 defines "Weekly Benefit for Unemployment" as, "1) Each eligible individual who is unemployed in any week shall be paid with respect to such week a benefit in an amount equal to his weekly benefit amount, less 75 percent of the remuneration payable to him with respect to such week."

Although the law does list a few exceptions in its definition of "wages," it does not give any exceptions under 612.350.

It may be argued that tips are not now included as wages for benefit computation purposes, but they are deducted as earnings when claimants apply for benefits. This same phenomena happens in other areas as well; for example, if a person worked in covered agricultural employment, his wages would be reported. If he became unemployed and drew benefits but went to work part-time for a non-covered agricultural employer, his part-time earnings would be deducted in computing the benefit amount. Yet these same earnings would not be reported or used in future benefit computations. This same condition can exist with domestic service, real estate sales, independent contractors, or any other exempt service. There is no direct relationship between earnings and wages. Contributions on "wages" are a means of financing the unemployment trust fund. "Earnings" deductions are more in line with the intent of the program which is to compensate individuals who are unemployed through no fault of their own. It would seem against the intent to compensate a person with benefits if he was earning \$400 per week simply because those earnings were not defined as "wages" or because they were earned in non-covered employment.

de



# NEVADA ASSOCIATION OF REALTORS®

William E. Cozart, CAE  
Executive Vice President  
Corporate Secretary

EXHIBIT K

*Office of the President*  
1135 Terminal Way  
Suite 204  
Reno, Nevada 89502  
(702) 329-3001

1135 TERMINAL WAY, SUITE 201 / POST OFFICE BOX 7338 / RENO, NEVADA 89510 / (702) 329-6648

*President*  
J.R. "Dick" LaMay

March 10, 1981

*President - Elect*  
Jack E. Matthews

## M E M O

*Regional Vice-President*  
John Ross

TO: SENATE COMMERCE COMMITTEE

*Regional Vice President*  
Calvin P. Wilson

FROM: BILL COZART

*Regional Vice President*  
D. Mark N. Miscevic

RE: S.B. 193

*Treasurer*  
Gene Milligan

*Directors*  
Anne M. Bartz  
Lvall Bowen  
Art D. Buck  
Georgia Conaty  
Rick DeLuca  
Chuck Harton  
Lamond Higbee  
Karin Highwood  
Tom Hill  
Thomas A. Johnstone  
Gloria T. Katz  
J. R. "Buck" McElhone  
Bruce Menke  
Taunya N. Milligan  
Dale E. Puhl  
Shirley Rappaport  
Ronn Reiss  
Florence L. Skurski  
Betty Staley  
Loretta Starbuck  
A. L. "Brick" Tenk  
Frank L. Thomas  
Jerry W. Thran  
Gail L. Thurman  
Gary L. Troxel  
Alice Uriarte  
John W. Woods  
Robert A. Zaring

Prior to your work session on S.B. 193, I wanted to amplify our opposition to the proposed amendment on page 11, line 11. The proposed amendment would allow the costs of the Division to operate education and research programs to be taken from the Education, Research and Recovery Fund.

The Association is totally opposed to this amendment for the following reasons:

1. This proposal is not in accord with the legislative intent or the industry's reasons for asking that the Fund be created.
2. At a bare minimum this would take approximately \$25,000 per year out of the Fund (the fee paid by 1,250 licensees) and open the liability of the Fund to whatever the Division wanted to tap it; for such items as secretarial salaries, unlimited travel, office space prorations, etc. This money should be used to provide additional educational and research programs.
3. Contrary to testimony given by the Division, the Education Coordinator spends 25% or less of her time on activities directly related to the Fund. They are basing their 80-90% on all the Coordinator's activities, not just those directly related to the Fund. The other activities in pre and post licensing education would exist whether there was a Fund or not. Why should the Fund bear the cost.
4. Usage of the Fund to compensate Division activities is a subtrafuge. On the surface it reduces the operating costs of the Division while in fact all

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*Immediate Past President*  
William E. Hoppe

*National Directors*  
Norma C. Fink  
William E. Hoppe  
D. G. Laubach  
W. H. "Bill" Myers  
James Wade

PAST PRESIDENTS: Thomas J. McLaughlin, William H. Garrett, Paul G. Drury, John T. Patton, Lawrence P. Stecher, Glen C. Johnson, Gene Foutz, Mat H. Gibbons, C. D. Baker, Preston Q. Hale, Leo R. English, F. E. (Pete) Walters, Herb Mattheus, Charles Naylor, D. E. (Ted) Mattson, Frank Sala, Fred Desiderio, Gilbert Schwartz, Robert Bowers, Joe Nolan, Charles L. Ruthe, Paul Argeres, Jessie Emmett, William E. Creer, William H. Myers, William E. Hoppe.

March 10, 1981

Page two

- it is doing is prostituting a dedicated Fund. Division personnel and activities should be shown and approved as part of the General Fund Budget.
5. Real estate licensees are willing to pay the cost of operating the Division and do so through licensee fees, but this amendment amounts to triple dipping: licensee fees (to be increased); additional fees for course approval; and the Fund monies. That does not make sense. The additional money from license fees and course accreditation fees should easily pay for those activities.
  6. The Education Coordinator's position is not a new, extra cost position. It was created by a position reclassification. Again, no new costs.
  7. The Fund was established to provide programs for the benefit of licensees and the public, not to encourage or compensate more bureaucracy.

Thank you for your consideration of our position.

WEC/rl

Recommendation 7: The Legislature should adopt a fee schedule that covers the cost of regulation based on the budget approved for the agency for the next biennium (Appendix F, BDR 54-116).

The cost of regulation of real estate practitioners and land sales is supported by general fund appropriations. In turn, all real estate licensing fees and land sales fees are deposited in the general fund. The review prepared by the Fiscal Analysis Division revealed that fees collected by the agency were less than the cost of regulation paid from the state's general fund. During the 1978-79 biennium this deficit was \$104,000 and, based on the 1980-81 biennial budget and agency revenue estimates, this difference is anticipated to grow (see Appendix B, page 12).

The subcommittee feels that licensing and related fees should at all times cover the cost of regulation. The subcommittee noted that all other occupations regulated by the State of Nevada are self-supporting from fee revenue and that the real estate broker license fee in Nevada has not been increased since 1956 and the salesman license fee has not increased since 1963. When expenditures exceed revenues, the cost of regulation is shifted from the licensee and the buying and selling public to the general public.

The Subcommittee recognizes that the Division is in the process of preparing their biennial budget using the zero-based budgeting concept and that this exercise plus the implementation of a new computerized licensing system should streamline the regulatory process and produce savings. In addition, the subcommittee believes that certain recommendations of this report, such as, combining the applications and licensing sections, administering the examination first and background investigation last, funding a portion of the education coordinator position from the education fund, and the development of agency goals and objectives could increase the efficiency of agency operations and minimize the impact of any fee increase. Based on 10 percent yearly increments to the current Division budget, the subcommittee estimates that a \$25 per year increase in brokers, broker-salesman and salesman license fees will bring revenues in line with expenditures. This amounts to a \$50 increase in the actual license fee since it is for a 2-year period. The subcommittee also recommends that fees for penalties and branch offices be increased in line with the proposed license fee increase and that an initial continuing education course accreditation fee of \$50 and an annual renewal fee of \$10 be established. In addition, the subcommittee found that the fees derived from the regulation of subdivisions (NRS 119, Land Sales Act)

did not cover the cost of that activity and therefore recommends the establishment of a \$25 application fee that must be paid by all subdivision requests including those that are later determined to be exempt from regulation. The subcommittee recognizes that changes to the Division's budget that occur during the budgetary process may require adjustments to the proposed fees. The following table depicts the fee changes recommended by the subcommittee. The subcommittee recommends that all other existing fees in NRS 645 and 119 should remain the same.

<u>Fee</u>	<u>Existing</u>	<u>Proposed</u>
Original Broker License (2 years)	\$80	\$130
Original Salesman License (2 years)	50	100
Original Branch Office (2 years)	50	100
Penalty, Failure to File - Broker	40	65
Penalty, Failure to File - Salesman	25	50
Renewal, Brokers License	80	130
Renewal, Salesman License	50	100
Renewal, Branch Office	50	100
Penalty, Late Filing Broker	40	65
Penalty, Late Filing Salesman	25	50
Original Continuing Education Accreditation	-0-	50
Renewal, Continuing Education Accreditation	-0-	10
Subdivision Application Fee (NRS 119)	-0-	25

The subcommittee considered a recommendation to reduce the \$40 education, research and recovery fund fee to partially offset the recommended increase in license fees. The subcommittee noted that the Advisory Commission had been urged by the Nevada Association of Realtors to increase the level of research and education expenditures in order to deplete the large surplus that had accumulated in the fund and avoid any possibility that the Legislature might require reversion of these excess funds to the state's general fund (the education account fund balance for fiscal year 1979-80 was \$444,216). The subcommittee is not recommending reduction of this fee, however, since both the Division and the Association testified that the demands on that fund for real estate courses as a result of continuing education requirements were increasing. The Association also testified its membership opposes reduction of this fee.

Recommendation 8: The Division should establish formal goals and objectives for their organization and develop an internal information system which has the capability of measuring program effectiveness.

EXHIBIT M

the Advisory Commission and legal staff to national conventions, travel of Division staff, and for the publication costs of a quarterly newsletter. These other expenditures were made without specific legislative review or approval.

The subcommittee believes that adequate legislative review of agency plans through the budget process depends on candid and complete descriptions of proposed expenditures. The subcommittee feels that an expanded Executive Budget presentation will provide sufficient legislative control over proposed expenditures and that more specific statutory language governing acceptable uses of these funds is not necessary (see Appendix B, page 17).

Recommendation 11: A portion of the Education Coordinator position should be funded from the ERF fund corresponding to the amount of time spent on fund activities or programs (Appendix F, BDR 54-116).

The Education Coordinator position spends considerable time performing ERF fund activities such as coordinating the educational program, preparing the quarterly newsletter and preparing recommendations on ERF sponsored courses. This position is currently funded entirely from general fund resources (see Appendix B, page 17). The subcommittee feels the ERF fund should share in the cost of this position based on the amount of time spent on fund programs. The general fund should only be responsible for time spent in the regulatory process. The subcommittee also recommends that NRS 645.842 be amended to include Division expenses in operating the education program as an authorized expenditure from the ERF fund.

Recommendation 12: The Legislature should amend NRS 645.847 to increase the interest rate required on repayments to the recovery fund as a condition for restitution of the suspended license (Appendix F, BDR 54-116).

The law requires the automatic suspension of the license of any practitioner for whom the recovery fund is required by court order to pay a claim. In order to reinstate the license, the practitioner must repay the claim plus 6 percent interest. The subcommittee feels that 6 percent interest is too low and recommends establishing the rate as the same rate allowed on court ordered judgments when no other rate is specified (see Appendix B, page 18).

The subcommittee found that most of the duties of the Advisory Commission were in fact not "advisory." The Commission promulgates regulations, conducts disciplinary hearings, approves who can sit for examinations, approves real estate courses, approves licenses and approves certain education fund expenditures. The use of the word "advisory" does not properly describe the role of the Commission and may in fact be deceiving or misleading to the public as well as licensees (see Appendix A, page 28.11).

Recommendation 4: The Legislature amend NRS 645.050 to delete the provision that the Governor must consider a list of nominees from the Nevada Association of Realtors when making appointments to the Advisory Commission (Appendix F, BDR 54-116).

Although the Governor may want to consult the Nevada Association of Realtors when making appointments to the Advisory Commission, the subcommittee felt it was inappropriate to require such a procedure in statute. The subcommittee noted that the Association does not represent all licensees in Nevada and that all members of the current Advisory Commission are members of the Association, several had been state officers in that organization and one is currently a national officer. Although the statute does not require the Governor to appoint nominees of the Association, the procedure creates the appearance of control by the Association over the Commission and tends to narrow the choices for appointment to exclude those licensees who are not members of the Association.

Recommendation 5: The Legislature amend NRS 645 to narrow the scope of duties of the Advisory Commission to promulgating regulations and conducting disciplinary hearings required by law. The Commission's responsibilities to approve who may sit for examinations and final approval of licensees should be given to the Division and the requirement for final Commission approval of education fund expenditures should be deleted. The Commission should maintain an advisory role only in education fund expenditures (Appendix F, BDR 54-116).

The subcommittee found that Commission approval of who can sit for examinations and final approval of all licensees were routine matters frequently handled in telephone conference meetings. The Division currently performs all the licensing functions necessary under regulations of the Commission and procedures exist for potential licensees to appeal decisions of the Division to the Commission should that be necessary (see Appendix A, page 28.13).



The subcommittee also found that Commission approval of education fund expenditures presented a potential conflict since these moneys had gone exclusively to the Nevada Association of Realtors for educational classes up until fiscal year 1979-80 and all members of the Commission are members of the Association and were nominated for appointment by the Association. In fiscal year 1979-80, for instance, the Commission approved contracts with the Association in the amount of \$154,500. Actual payments under this contract totaled \$147,132 as of September 19, 1980, which included \$21,800 for Association consulting charges and \$29,258 for Association staff salaries, including the salary for the Executive Vice President of the Association. Payments also included charges for the actual cost of classes, such as, speaker fees, facility and equipment rental and class materials. The subcommittee feels that payment for consulting charges and Association staff time creates the appearance that the state is subsidizing the Association. The subcommittee feels that even the appearance of such a subsidy creates a potential conflict between the interests of the state and the interests of the Association. The subcommittee recognizes that the Division and the Advisory Commission have begun to implement a competitive proposal system for the letting of education contracts in fiscal year 1980-81, however, it still believes that the responsibility for education expenditures should be given solely to the Division and the Commission should only advise the Division on matters of curriculum.

Recommendation 6: The Legislature should amend NRS 645.150 to delete specific date requirements for Commission meetings in the Eastern and Western Districts (Appendix F, BDR 54-116).

NRS 645.150 requires that the Commission hold two regular meetings, one on the second Monday of January and the other on the second Monday of July, each year. One of these meetings must be held in the Eastern District and the other in the Western District. (The Eastern District includes Clark, Elko, Eureka, Lander, Lincoln, Nye and White Pine Counties.) The subcommittee feels that statutorily setting the dates of meetings places an unnecessary burden on the Commission and may even be inconvenient for Commission members, licensees and the general public. The subcommittee agrees, however, that the requirement that at least one meeting each year be held in the Eastern District and one in the Western District should be retained (see Appendix B, page 14).

(REPRINTED WITH ADOPTED AMENDMENTS)

FIRST REPRINT

S. B. 193

SENATE BILL NO. 193—COMMITTEE ON  
COMMERCE AND LABOR

FEBRUARY 5, 1981

Referred to Committee on Commerce and Labor

SUMMARY—Reestablishes real estate division of department of commerce,  
changes fees and duties of division and brokers. (BDR 54-116)

FISCAL NOTE: Effect on Local Government: No.  
Effect on the State or on Industrial Insurance: No.

EXPLANATION—Matter in *italics* is new; matter in brackets [ ] is material to be omitted.

AN ACT relating to real estate; providing for the reestablishment of the real estate division of the department of commerce; changing the name and enlarging the size of the advisory commission; changing qualifications for commission members; consolidating and changing procedures for examination and licensing; extending time for payment of fees and action on applications; changing fees for transcripts and licenses; imposing a duty on brokers to supervise their associates; providing penalties; and providing other matters properly relating thereto.

*The People of the State of Nevada, represented in Senate and Assembly, do enact as follows:*

- 1 SECTION 1. NRS 645.010 is hereby amended to read as follows:
- 2 645.010 As used in this chapter, "commission" means the [Nevada]
- 3 real estate [advisory] commission.
- 4 SEC. 2. NRS 645.035 is hereby amended to read as follows:
- 5 645.035 1. Within the meaning of this chapter, a "real estate broker-
- 6 salesman" is any person who holds a real estate broker's license, or who
- 7 has passed the real estate broker's examination, [pursuant to the provi-
- 8 sions of NRS 645.475,] but who, as an employee or as an independent
- 9 contractor, for compensation or otherwise, is associated with a licensed
- 10 real estate broker in the capacity of a salesman, to do or to deal in any
- 11 act, acts or transactions included within the definition of a real estate
- 12 broker in NRS 645.030.
- 13 2. A real estate broker-salesman is an employee for the purposes of
- 14 industrial insurance and occupational disease coverage, and shall submit
- 15 proof of coverage under chapters 616 and 617 of NRS in order to obtain
- 16 or renew a license.
- 17 3. In this chapter [wherever] the term "real estate salesman"



1 [appears the same shall, when applicable, mean] includes "real estate  
2 broker-salesman [.]” when applicable.

3 SEC. 3. NRS 645.050 is hereby amended to read as follows:

4 645.050 1. The [Nevada] real estate [advisory] commission is  
5 hereby created. The commission consists of [five] six members appointed  
6 by the governor. [The governor shall obtain and consider a list of nom-  
7 inees from the Nevada Association of Realtors.]

8 2. The commission shall act in an advisory capacity to the real  
9 estate division, adopt regulations [, approve or disapprove all applications  
10 for licenses,] and conduct hearings as provided in this chapter. The com-  
11 mission shall adopt regulations establishing standards for the operation of  
12 licensees' offices and for their business conduct and ethics.

13 3. The commission may by regulation delegate any authority con-  
14 ferred upon it by this chapter to the administrator to be exercised pursu-  
15 ant to the regulations of the commission.

16 4. *Service of process and other communications upon the commis-  
17 sion may be made at the principal office of the real estate division.*

18 SEC. 4. NRS 645.090 is hereby amended to read as follows:

19 645.090 [Each member of the commission shall:

20 1. Be a citizen of the United States.

21 2. Have been a resident of the State of Nevada for not less than 5  
22 years.

23 3. Have been actively engaged in business as a real estate broker  
24 within the State of Nevada for a period of at least 3 years next immedi-  
25 ately preceding the date of his appointment.]

26 1. *The governor shall appoint:*

27 (a) *Four members who have been actively engaged in business as real  
28 estate brokers within the State of Nevada for at least 3 years next immedi-  
29 ately preceding the date of appointment.*

30 (b) *One member who has been actively engaged as a real estate sales-  
31 man within the State of Nevada for at least 3 years next immediately pre-  
32 ceding the date of appointment.*

33 (c) *One member who is a representative of the general public.*

34 2. *A person is not eligible for appointment unless he:*

35 (a) *Is a citizen of the United States; and*

36 (b) *Is a resident of the state of Nevada.*

37 SEC. 5. NRS 645.110 is hereby amended to read as follows:

38 645.110 The commission [shall meet at Carson City, Nevada, annu-  
39 ally on the 2nd Monday in July and] , *at the first meeting of each fiscal*  
40 *year, shall elect a president, a vice president and a secretary to serve for*  
41 *the ensuing year.*

42 SEC. 6. NRS 645.150 is hereby amended to read as follows:

43 645.150 1. The commission shall hold [regular meetings on the 2nd  
44 Monday of January and July of each year,] *at least two meetings*  
45 *annually, one of which [shall] must be held in the [eastern district]*  
46 *southern part of the state, and one of which [meetings shall] must be*  
47 *held in the [western district] northern part of the state, at such place or*  
48 *places as [shall be designated by] the commission designates for that*  
49 *purpose.*

50 2. [Special] *Additional meetings of the commission [shall] may be*

1 held at the call of the president [whenever] when there is sufficient  
2 business to come before the commission to warrant such action, at any  
3 place [most] convenient to the commission, or upon written request of  
4 two members of the commission. Written notice of the time, place and  
5 purpose of all such meetings [shall] *must* be given to each [commission]  
6 member at least [5] 3 working days prior to the holding of [a special  
7 meeting.] *each additional meeting.*

8 SEC. 7. NRS 645.310 is hereby amended to read as follows:

9 645.310 1. All deposits accepted by every [person holding a real  
10 estate broker's license or] *real estate broker or person* registered as an  
11 owner-developer pursuant to this chapter, which [deposits] are retained  
12 by him pending consummation or termination of the transaction involved,  
13 must be accounted for in the full amount at the time of the consumma-  
14 tion or termination.

15 2. Every real estate salesman *or broker-salesman* who [received a  
16 deposit on any transaction in which he is engaged] *receives any money*  
17 on behalf of a broker or owner-developer shall pay over the [deposit]  
18 *money promptly* to the real estate broker or owner-developer.

19 3. A real estate broker shall not commingle the money or other prop-  
20 erty of his principal with his own.

21 4. [Each broker shall maintain] *If a broker receives money, as a*  
22 *broker, which belongs to others, he shall promptly deposit the money in a*  
23 *separate checking account in a bank in this state which must be designated*  
24 *a trust account. All down payments, earnest money deposits, rents, or*  
25 *other [trust funds] money which he receives, on behalf of his principal or*  
26 *any other person, must be deposited in the account unless all persons who*  
27 *have any interest in the money have agreed otherwise in writing. A real*  
28 *estate broker in his discretion may pay to any seller or the seller's author-*  
29 *ized agent the whole or any portion of such special deposit. [Such] The*  
30 *real estate broker is personally responsible and liable for such deposit at*  
31 *all times. A real estate broker shall not permit any advance payment of*  
32 *funds belonging to others to be deposited in the real estate broker's busi-*  
33 *ness or personal account or to be commingled with any money he may*  
34 *have on deposit.*

35 5. Every real estate broker required to maintain a separate custodial  
36 or trust fund account shall keep records of all money deposited [therein,  
37 which] *therein. The records must clearly indicate the date and from*  
38 *whom he received money, the date deposited, the dates of withdrawals,*  
39 *and other pertinent information concerning the transaction, and must*  
40 *show clearly for whose account the money is deposited and to whom*  
41 *the money belongs. All such records and money are subject to inspection*  
42 *and audit by the division and its authorized representatives. All such*  
43 *separate custodial or trust fund accounts must designate the real estate*  
44 *broker as trustee and provide for withdrawal of money without previous*  
45 *notice.*

46 6. Each broker shall notify the division of the names of the banks  
47 in which he maintains trust accounts and specify the names of the  
48 accounts on forms provided by the division.

49 SEC. 8. NRS 645.330 is hereby amended to read as follows:



1 645.330 1. The division may approve an application [for examina-  
2 tion] for a license for a person who [:] meets all the following require-  
3 ments:

4 (a) Has a good reputation for honesty, trustworthiness, integrity and  
5 competence to transact the business of a broker, broker-salesman or  
6 salesman in a manner which safeguards the interest of the public, and  
7 who offers [satisfactory] proof of those qualifications satisfactory to the  
8 [board.] division.

9 (b) Has not been convicted of, or entered a plea of guilty or nolo  
10 contendere to, forgery, embezzlement, obtaining money under false pre-  
11 tensions, larceny, extortion, conspiracy to defraud or any crime involving  
12 moral turpitude in any court of competent jurisdiction in the United  
13 States or elsewhere. The untrustworthiness of an applicant and a conviction  
14 of a crime listed in this subsection may be sufficient ground for  
15 refusal of a license. The [board] division may, in its discretion, deny a  
16 license to any person who has been convicted of engaging in a real  
17 estate business without a license.

18 (c) Has not made a false statement of material fact on his application.

19 (d) Is competent to transact the business of a real estate broker,  
20 broker-salesman or salesman in a manner which will safeguard the  
21 interests of the public.

22 (e) Has satisfactorily passed the examination.

23 2. Suspension or revocation of a license pursuant to this chapter or  
24 any prior revocation or current suspension in this or any other state, district  
25 or territory of the United States or any foreign country within 1 year  
26 before the date of the application is grounds for refusal to grant a license.

27 3. A person [must] may not be licensed as a real estate broker unless  
28 he has been actively engaged as a full-time licensed real estate broker-  
29 salesman or salesman in this state, or actively engaged as a full-time  
30 licensed real estate broker, broker-salesman or salesman in another  
31 state or the District of Columbia, for at least 2 of the 4 years immediately  
32 preceding:

33 (a) The issuance of a broker's license; or

34 (b) The date of application for examination for a broker's license.

35 SEC. 9. NRS 645.340 is hereby amended to read as follows:

36 645.340 1. The division shall not approve an application for [exam-  
37 ination for] a broker's or salesman's license of any person unless he is  
38 a bona fide resident of the State of Nevada.

39 2. The requirements of subsection 1 are applicable to each member  
40 of a copartnership or association and to each officer or director of a  
41 corporation who will actively engage in the real estate business.

42 SEC. 10. NRS 645.350 is hereby amended to read as follows:

43 645.350 1. Application [for examination] for license as a real  
44 estate broker, broker-salesman or salesman must be made in writing to  
45 the division upon blanks prepared or furnished by the division.

46 2. Every application for [examination for] a real estate broker's,  
47 broker-salesman's or salesman's license must set forth the following  
48 information:

49 (a) The name, age and address of the applicant. If the applicant is a  
50 copartnership or an association which is doing business as a real estate

1 broker, the name and address of each member thereof. If the application  
2 is for a corporation which is doing business as a real estate broker, the  
3 name and address of each officer and director thereof.

4 (b) [The name, if known,] *In the case of a broker, the name* under  
5 which the business is to be conducted. The name is a fictitious name if  
6 it does not contain the name of the applicant or the names of the mem-  
7 bers of the applicant's firm, copartnership or association. A license  
8 [shall] *must* not be issued under a fictitious name which includes the  
9 name of a real estate salesman or broker-salesman. A license [shall]  
10 *must* not be issued under the same fictitious name to more than one  
11 licensee within the state. All licensees doing business under a fictitious  
12 name shall comply with other pertinent statutory regulations regarding  
13 the use of fictitious names.

14 (c) [The] *In the case of a broker, the place or places, including the*  
15 *street number, the city and county where the business is to be conducted.*  
16 [ , if known.]

17 (d) The business or occupation engaged in by the applicant for a  
18 period of at least 2 years immediately preceding the date of the applica-  
19 tion, and the location thereof; if a copartnership or an association is  
20 doing business as a real estate broker, by each member thereof, or if a  
21 corporation, by each officer thereof.

22 (e) The time and place of the applicant's previous experience in the  
23 real estate business as a broker or salesman.

24 (f) Whether the applicant has ever been convicted of or is under  
25 indictment for a felony or has entered a plea of guilty or *nolo contendere*  
26 to a charge of felony, and if so, the nature of the felony.

27 (g) Whether the applicant has been refused a real estate broker's,  
28 broker-salesman's or salesman's license in any state, or whether his  
29 license as a broker or salesman has been revoked or suspended by any  
30 other state.

31 (h) If the applicant is a member of a copartnership or association, or  
32 an officer of a corporation, the name and office address of the copartner-  
33 ship, association or corporation of which the applicant is a member or  
34 officer.

35 3. An applicant [for examination] for a license as a broker-sales-  
36 man or salesman shall provide a verified statement from the broker with  
37 whom he will be associated [ . The statement must be provided to the  
38 division and must contain:

39 (a) The information required in an application for a broker's license.

40 (b) The name and address of the applicant's last employer.

41 (c) The name and place of business of the person who employs the  
42 applicant or with whom he will be associated.

43 4. If the information required in paragraphs (b) and (c) of sub-  
44 section 2 is not known at the time of the application, it must be furnished  
45 as an addendum to the application as soon as it becomes known to the  
46 applicant.

47 5.] , *expressing the intent of that broker to associate the applicant*  
48 *with him and to be responsible for the applicant's activities as a licensee.*

49 4. If a copartnership or association is [doing] *to do* business as a  
50 real estate broker, the application for a broker's license must be verified



1 by at least two members thereof. If a corporation is [doing] to do busi-  
2 ness as a real estate broker, the application must be verified by the  
3 president and the secretary thereof.

4 SEC. 11. NRS 645.400 is hereby amended to read as follows:

5 645.400 1. In addition to the information required by this chapter,  
6 applications for brokers' or salesman's [examinations and] licenses must  
7 contain such other information pertaining to the applicants as the [com-  
8 mission] division may require.

9 2. The [commission] division may require such other proof through  
10 the application or otherwise, with due regard to the paramount interests  
11 of the public as to the honesty, truthfulness, integrity and competency  
12 of the applicant.

13 3. The commission may adopt regulations connected with the appli-  
14 cation for any examination and license.

15 SEC. 12. NRS 645.410 is hereby amended to read as follows:

16 645.410 Every application for examination for a license as real  
17 estate broker, broker-salesman or salesman under the provisions of this  
18 chapter must be accompanied by the examination fee prescribed by  
19 this chapter. The applicant shall pay the original license fee and the real  
20 estate education, research and recovery fund fee within [30] 90 days  
21 after he is notified in writing by the division that [he has passed the  
22 examination.] *his application for a license has been approved.* If an  
23 applicant fails to pay the prescribed fees within [30] 90 days after  
24 notification, no license may be issued to him except upon another origi-  
25 nal application, except that within 1 year of the due date a license  
26 may be issued upon payment of a fee one and one-half times the amount  
27 otherwise required for a license.

28 SEC. 13. NRS 645.420 is hereby amended to read as follows:

29 645.420 1. [Except as provided in subsection 2,] *The division*  
30 *shall notify each applicant in writing whether he passed or failed the*  
31 *examination.*

32 2. *The division shall act upon* all applications for licenses as real  
33 estate brokers, broker-salesmen or real estate salesmen [shall be acted  
34 upon by the real estate division] within [30] 60 days from the date of  
35 [the written examination, as provided and scheduled in NRS 645.450,  
36 next following the filing of applications therefor. No license may be  
37 issued by the real estate division until the application therefor has been  
38 approved by the commission.

39 2. All applications for licenses as real estate brokers where the  
40 applicant takes the written examination prior to meeting the experience  
41 requirements of subsection 3 of NRS 645.330 shall be acted upon by  
42 the real estate division within 30 days from the date the applicant  
43 furnishes proof satisfactory to the division that all the requirements of  
44 this chapter have been met.] *receiving the completed application for a*  
45 *license.*

46 3. If in the opinion of the real estate division additional investiga-  
47 tion of the applicant appears necessary, the real estate division may  
48 extend the [30-day] 60-day period and may make such additional  
49 investigation as is necessary or desirable prior to acting on the appli-  
50 cant's application.

1 4. The burden of proof [shall] in every respect [be] is upon the  
2 applicant to establish to the satisfaction of the real estate division that  
3 he is qualified to receive a license.

4 5. [The division shall notify each applicant in writing of his passing  
5 or failing the examination.] *Passing the examination creates no vested  
6 right in the applicant to hold a license pending his appeal of a denial  
7 of his licensing by the division.*

8 SEC. 14. NRS 645.440 is hereby amended to read as follows:

9 645.440 1. If the division, after an application for a license in  
10 proper form has been filed with it, accompanied by the proper fee,  
11 denies an application, the division shall give notice of the fact to the  
12 applicant within 15 days after its ruling, order or decision.

13 2. Upon written request from the applicant, filed within 30 days  
14 after receipt of that notice by the applicant, the president of the commis-  
15 sion shall set the matter for a hearing to be conducted within 90 days  
16 after receipt of the applicant's request if the request contains allegations  
17 which, if true:

18 (a) [Qualify the applicant to take the examination;

19 (b)] Qualify the applicant for a license; or

20 [(c)] (b) Would entitle the applicant to a waiver of the education  
21 requirements of NRS 645.343.

22 3. The hearing must be held at such time and place as the com-  
23 mission prescribes. At least 15 days before the date set for the hearing,  
24 the division shall notify the applicant and shall accompany the notifica-  
25 tion with an exact copy of any protest filed, together with copies of all  
26 communications, reports, affidavits or depositions in possession of the  
27 division relevant to the matter in question. Written notice of hearing  
28 may be served by delivery personally to the applicant, or by mailing it  
29 by certified mail to the last-known business address of the applicant. [If  
30 the application is for a real estate salesman's license, the division shall  
31 also notify the broker with whom the applicant expected to be associ-  
32 ated by mailing the notice by certified mail to the broker's last-known  
33 business address.]

34 4. The hearing may be held by the commission or a majority thereof,  
35 and a hearing must be held, if the applicant so desires, within the county  
36 where the applicant's principal place of business is situated. A record  
37 of the proceedings, or any part thereof, must be made available to each  
38 party upon the payment to the division of [such fee as the commission  
39 prescribes by regulation, not exceeding 25 cents per folio or the cost  
40 of reproducing the tape.] *the reasonable cost of transcription.*

41 5. The commission shall render a decision on any appeal within 60  
42 days from the final hearing and shall notify the parties to the proceedings,  
43 in writing, of its ruling, order or decision within 15 days after it is made.

44 6. [Where an applicant has been convicted of forgery, embezzlement,  
45 obtaining money under false pretenses, larceny, extortion, conspiracy to  
46 defraud, or other like offense or offenses, or has been convicted of a  
47 felony or a crime involving moral turpitude, and has been convicted or  
48 has entered a plea of guilty in a court of competent jurisdiction of this or  
49 any other state, district or territory of the United States, or of a foreign



1 country, such untrustworthiness of the applicant, and the conviction, may  
2 in itself be sufficient ground for refusal of a license.

3 7.] Where an applicant has made a false statement of material fact  
4 on his application [such], the false statement may in itself be sufficient  
5 ground for refusal of a license.

6 SEC. 15. NRS 645.460 is hereby amended to read as follows:

7 645.460 1. [In addition to the proof of honesty, truthfulness and  
8 good reputation required of any applicant for a real estate license, the]  
9 The division shall ascertain by written examination that the applicant has  
10 an appropriate knowledge and understanding of those subjects which com-  
11 monly and customarily apply to the real estate business.

12 2. The division may hire a professional testing organization to create,  
13 administer or score the written examination or perform all of those func-  
14 tions.

15 3. [The division shall notify each applicant of his having passed or  
16 failed the examination.] The division may accept successful completion  
17 of the uniform portion of a national real estate examination in partial sat-  
18 isfaction of the requirements of the examination in Nevada.

19 SEC. 16. NRS 645.475 is hereby amended to read as follows:

20 645.475 1. An applicant for a real estate broker's [examination]  
21 license may take the written examination [upon furnishing proof satisfac-  
22 tory to the division that] before he has complied with [all the require-  
23 ments for a broker's license with the exception of] the experience  
24 requirements of subsection 3 of NRS 645.330; but the division shall not  
25 approve the issuance of a broker's license until all the requirements of  
26 this chapter are met.

27 2. An applicant, pursuant to subsection 1, who passes the broker's  
28 examination must be issued a broker-salesman's license. [The applicant  
29 shall pay the license fee and the required amount to the real estate educa-  
30 tion, research and recovery fund within 30 days after he is notified that  
31 he has passed the examination or paid the additional fee required by  
32 NRS 645.410.] The applicant may be issued a broker's license upon:

33 (a) Making proper application to the division; and

34 (b) Satisfying the experience requirements of subsection 3 of NRS  
35 645.330.

36 SEC. 17. NRS 645.660 is hereby amended to read as follows:

37 645.660 1. Any unlawful act or violation of any of the provisions of  
38 this chapter by any licensee is not cause for the suspension or revoca-  
39 tion of a license of any person associated with the licensee, unless it  
40 appears to the satisfaction of the commission that the associate [had  
41 guilty knowledge thereof.] knew or should have known thereof. A  
42 course of dealing shown to have been persistently and consistently fol-  
43 lowed by any licensee constitutes prima facie evidence of such knowl-  
44 edge upon the part of the associate.

45 2. If it appears that a registered owner-developer [had guilty knowl-  
46 edge] knew or should have known of any unlawful act or violation on  
47 the part of a real estate broker-salesman or salesman employed by him,  
48 in the course of his employment, the commission may suspend or revoke  
49 his registration.

50 3. The commission may suspend or revoke the license of a real estate

1 broker if it appears he has failed to maintain adequate supervision of a  
2 salesman or broker-salesman associated with him and that person com-  
3 mits any unlawful act or violates any of the provisions of this chapter.

4 SEC. 18. NRS 645.690 is hereby amended to read as follows:

5 645.690 1. The hearing on the charges must be held at such time  
6 and place as the commission prescribes. The hearing may be held by the  
7 commission or a majority thereof, and the hearing must be held, if the  
8 licensee so requests in writing, within the county where the licensee's  
9 principal place of business is situated.

10 2. [At the hearing the licensee is entitled:

11 (a) To examine, either in person or by counsel, all persons who testify  
12 against him, as well as all other witnesses whose testimony is presented at  
13 the hearing and is relied upon to substantiate the charge made.

14 (b) To present such evidence, written and oral, as he sees fit, and is  
15 pertinent to the inquiry.

16 3.] At the hearing, [all witnesses must be sworn by the commission,  
17 or any member thereof, and] a stenographic transcript of the proceedings  
18 must be made [and filed as part of the record in the case.] *if requested*  
19 *or required for judicial review.* Any party to the proceedings desiring [it]  
20 a transcript must be furnished with a copy [of the transcript] upon pay-  
21 ment to the division of [such fee as it adopts by regulation, not exceeding  
22 25 cents per folio.] *the reasonable cost of transcription.*

23 SEC. 19. NRS 645.760 is hereby amended to read as follows:

24 645.760 1. A ruling or decision of the commission in any disciplinary  
25 action is final when in favor of the licensee.

26 2. If a ruling or decision is against the licensee, the licensee may  
27 within 30 days from the date of the decision appeal therefrom to the dis-  
28 trict court in and for the county in which the party adversely affected by  
29 the decision resides or has his place of business under the terms of this  
30 chapter, by serving upon the administrator a notice of such appeal, a writ-  
31 ten petition for review and a demand in writing for a certified transcript  
32 of all the papers on file in the office of the division affecting or relating  
33 to the decision, and all the evidence taken on the hearing, and paying not  
34 more than [25 cents for each folio of the transcript and] \$1 for the cer-  
35 tification thereof. Thereupon, the division shall, within 30 days, make  
36 and certify the transcript, and the appellant shall, within 5 days after  
37 receiving it, file it and the notice of appeal with the clerk of the court.  
38 The petition for review need not be certified but must set forth in specific  
39 detail any ground for the appeal, including any errors which the licensee  
40 contends that the commission committed at the hearing. The commission  
41 is a party to review proceedings. The petition may be served upon the  
42 administrator by delivery or by certified mail. The petition must be filed  
43 in the district court.

44 3. Upon the hearing of the appeal, the burden of proof shall be upon  
45 the appellant, and the court shall consider the action of the commission  
46 from which the appeal is taken, and is limited solely to a consideration  
47 and determination of the question whether there has been an abuse of  
48 discretion on the part of the commission in making such decision.

49 SEC. 20. NRS 645.830 is hereby amended to read as follows:



1	645.830	1. The following fees must be charged by and paid to the	
2		division:	
3		For each real estate salesman's or broker's examination.....	\$40
4		For each original real estate broker's, broker-salesman's	
5		or corporate broker's license.....	[\$80] 130
6		For each original real estate salesman's license.....	[50] 100
7		For each original branch office license.....	[50] 100
8		For [each] real estate education, research and recovery	
9		[fee] to be paid at the time of issuance of each origi-	
10		nal license or renewal.....	40
11		For each penalty assessed for failure of an applicant for an	
12		original broker's, broker-salesman's or corporate	
13		broker's license to file within [30 days of] 90 days	
14		after notification.....	[\$40] 65
15		For each penalty assessed for failure of an applicant for	
16		an original salesman's license to file within [30 days	
17		of] 90 days after notification.....	[25] 50
18		For each renewal of a real estate broker's, broker-sales-	
19		man's or corporate broker's license.....	[80] 130
20		For each renewal of a real estate salesman's license.....	[50] 100
21		For each renewal of a real estate branch office license....	[50] 100
22		For each penalty for late filing of a renewal for a broker's,	
23		broker-salesman's or corporate broker's license.....	[40] 65
24		For each penalty for late filing of a renewal for a sales-	
25		man's license.....	[25] 50
26		For each change of name or address.....	10
27		For each transfer of a real estate salesman's or broker-	
28		salesman's license and change of association or	
29		employment.....	10
30		For each duplicate license [or pocket card] where the	
31		original license [or pocket card] is lost or destroyed,	
32		and an affidavit is made thereof.....	10
33		For each change of status from broker to broker-sales-	
34		man, or the reverse.....	10
35		For each reinstatement to active status of an inactive real	
36		estate broker's, broker-salesman's or salesman's	
37		license.....	10
38		For each reinstatement of a real estate broker's license	
39		when the licensee fails to give immediate written	
40		notice to the division of a change of name or business	
41		location.....	20
42		For each reinstatement of a real estate salesman's or	
43		broker-salesman's license when he fails to notify the	
44		division of a change of broker within 30 days of	
45		termination by previous broker.....	20
46		For each original registration of an owner-developer.....	40
47		For each annual renewal of a registration of an owner-	
48		developer.....	40
49		For each enlargement of the area of an owner-developer's	
50		registration.....	15

1	For each cooperative certificate issued to an out-of-state	
2	broker licensee for 1 year or fraction thereof.....	\$40
3	For each original accreditation of a course of continuing	
4	education.....	50
5	For each renewal of accreditation of a course of continuing	
6	education.....	10

7 2. The fees prescribed for courses of continuing education do not  
8 apply to any university or college of the University of Nevada system.

9 Sec. 21. NRS 645.842 is hereby amended to read as follows:

10 645.842 The real estate education, research and recovery fund is  
11 hereby created as a special revenue fund. A balance of not [more] less  
12 than \$50,000 must be maintained in the fund, to be used for satisfying  
13 claims against persons licensed under this chapter, as provided in NRS  
14 645.841 to 645.8494, inclusive. Any balance over \$50,000 at the end  
15 of any fiscal year must be set aside and used by the administrator, [after  
16 approval] with the advice of the commission, for real estate education  
17 and [research.] research and the direct costs to the division to operate  
18 such programs.

19 Sec. 22. NRS 645.843 is hereby amended to read as follows:

20 645.843 1. Upon issuance or renewal of every real estate broker's,  
21 broker-salesman's and salesman's license, every licensed broker, broker-  
22 salesman and salesman shall pay in addition to the original or renewal  
23 fee, a fee [of \$40.] for real estate education, research and recovery. The  
24 additional fee must be deposited in the state treasury for credit to the  
25 real estate education, research and recovery fund, and [shall] must be  
26 used solely for the purposes provided in NRS 645.841 to 645.8494,  
27 inclusive.

28 2. Owner-developers need not contribute to the fund.

29 Sec. 23. NRS 645.844 is hereby amended to read as follows:

30 645.844 1. When any person obtains a final judgment in any court  
31 of competent jurisdiction against any licensee under this chapter, upon  
32 grounds of fraud, misrepresentation or deceit with reference to any  
33 transaction for which a license is required under this chapter, that  
34 person, [may,] upon termination of all proceedings, including appeals  
35 in connection with any judgment, may file a verified petition in the  
36 court in which the judgment was entered for an order directing payment  
37 out of the fund in the amount of the unpaid actual damages included in  
38 the judgment, [and unpaid,] but not more than \$10,000 per claimant.  
39 [and the] The liability of the fund does not exceed \$20,000 for any  
40 licensee. The petition must state the grounds which entitle the person to  
41 recover from the fund.

42 2. A copy of the petition must be served upon the administrator  
43 and an affidavit of service must be filed with the court.

44 3. The court shall act upon the petition within 30 days after service  
45 and, upon the hearing thereof, the petitioner shall show that:

46 (a) He is not the spouse of the debtor, or the personal representative  
47 of that spouse.

48 (b) He has complied with all the requirements of NRS 645.841 to  
49 645.8494, inclusive.



1 (c) He has obtained a judgment of the kind described in subsection  
2 1, stating the amount thereof, the amount owing thereon at the date of  
3 the petition, and that the action in which the judgment was obtained was  
4 based on fraud, misrepresentation or deceit of the licensee in a trans-  
5 action for which a license is required pursuant to this chapter.

6 (d) A writ of execution has been issued upon the judgment and that  
7 no assets of the judgment debtor liable to be levied upon in satisfaction  
8 of the judgment could be found, or that the amount realized on the sale  
9 of assets was insufficient to satisfy the judgment, stating the amount so  
10 realized and the balance remaining due.

11 (e) He has made reasonable searches and inquiries to ascertain  
12 whether the judgment debtor possesses real or personal property or  
13 other assets, liable to be sold or applied in satisfaction of the judgment.

14 (f) The petition has been filed no more than 1 year after the termi-  
15 nation of all proceedings, including reviews and appeals, in connection  
16 with the judgment.

17 [(g) He has posted a bond to guarantee costs should his application  
18 be denied, in the amount of 10 percent of the actual damages he seeks  
19 from the fund.]

20 4. The provisions of this section do not apply to owner-developers.

21 SEC. 24. NRS 645.847 is hereby amended to read as follows:

22 645.847 If the administrator pays from the fund any amount in  
23 settlement of a claim or towards satisfaction of a judgment against a  
24 licensee, his license issued pursuant to chapter 119 of NRS and this  
25 chapter must be automatically suspended upon the effective date of an  
26 order by the court as set forth herein authorizing payment from the fund.  
27 No such broker, broker-salesman or salesman may be reinstated until  
28 he has repaid in full, plus interest at the rate of [6] 8 percent per  
29 annum, the amount paid from the fund on his account. Interest is com-  
30 puted from the date payment from the fund was made by the adminis-  
31 trator.

32 SEC. 25. Chapter 645 of NRS is hereby amended by adding thereto  
33 a new section which shall read as follows:

34 *An applicant for examination for a license as broker, broker-sales-*  
35 *man or salesman in this state must, as part of his application, be finger-*  
36 *printed. Each applicant shall, at his own expense, and on a card*  
37 *provided by the division, arrange to be fingerprinted by any police or*  
38 *sheriff's office and shall attach his fingerprint card, after his fingerprints*  
39 *are taken, to his application. The division may mail the applicant's*  
40 *fingerprint card to the Federal Bureau of Investigation, Washington,*  
41 *D.C., for its report, and to such other law enforcement agencies as the*  
42 *division may deem necessary.*

43 SEC. 26. NRS 119.160 is hereby amended to read as follows:

44 119.160 1. The administrator of the division shall make an exami-  
45 nation of any subdivision, and shall, unless there are grounds for denial,  
46 issue to the subdivider a public report authorizing the sale or lease, or  
47 the offer for sale or lease, in this state of the lots or parcels in the sub-  
48 division. The report [shall] *must* contain the data obtained in accord-  
49 ance with NRS 119.140 and which the administrator determines are

1 necessary to implement the purposes of this chapter. The administrator  
2 may publish the report.

3 2. The grounds for denial are:

4 (a) Failure to comply with any of the provisions in this chapter or  
5 the rules and regulations of the division pertaining thereto.

6 (b) ~~[(The sale or lease would constitute misrepresentation to or deceit~~  
7 ~~or fraud of the purchasers or lessees.~~

8 (c) ~~[(Inability to deliver title or other interest contracted for.~~

9 ~~[(d) (c) Inability to demonstrate that adequate financial arrange-~~  
10 ~~ments have been made for all offsite improvements included in the offer-~~  
11 ~~ing.~~

12 ~~[(e) (d) Inability to demonstrate that adequate financial arrange-~~  
13 ~~ments have been made for any community, recreational or other facilities~~  
14 ~~included in the offering.~~

15 ~~[(f) (e) Failure to make a showing that the parcels can be used for~~  
16 ~~the purpose for which they are offered.~~

17 ~~[(g) (f) Failure to provide in the contract or other writing the use~~  
18 ~~or uses for which the parcels are offered, together with any covenants or~~  
19 ~~conditions relative thereto.~~

20 ~~[(h) (g) Agreements or bylaws to provide for management or other~~  
21 ~~services pertaining to common facilities in the offering, which fail to com-~~  
22 ~~ply with the regulations of the division.~~

23 ~~[(i) (h) Failure to demonstrate that adequate financial arrange-~~  
24 ~~ments have been made for any guaranty or warranty included in the offer-~~  
25 ~~ing.~~

26 3. If the administrator of the division finds that grounds for denial  
27 exist, he shall issue an order so stating to the owner or subdivider no  
28 later than 30 days after receipt of the information required to be filed  
29 by NRS 119.130 and 119.140. The administrator may, alternatively,  
30 issue a temporary permit to be effective for not more than 6 months from  
31 the date of issuance. If the administrator of the division issues an order of  
32 denial, the owner or developer may appeal such order to the director  
33 of the department of commerce who shall, within 5 days of the receipt  
34 of such appeal, determine whether grounds for denial exist. If the  
35 director finds that grounds for denial exist, he shall confirm the denial.  
36 If the director confirms the denial, the owner or developer may appeal  
37 to the real estate ~~[advisory] commission, [created by NRS 645.050,]~~  
38 which shall conduct a hearing and either confirm the denial or order a  
39 license issued within 30 days of the receipt of the appeal.

40 4. If it appears to the administrator of the division that a statement  
41 of record, or any amendment thereto, is on its face incomplete or inac-  
42 curate in any material respect, the administrator shall so advise the  
43 developer within a reasonable time after the filing of the statement or the  
44 amendment, but prior to the date the statement or amendment would  
45 otherwise be effective. ~~[(Such notification shall serve)]~~ *This notification*  
46 *serves* to suspend the effective date of the statement or the amendment  
47 until 30 days after the developer files such additional information as the  
48 administrator ~~[shall require.]~~ *requires*. Any developer, upon receipt of



1 such notice, may request a hearing, and such hearing [shall] must be  
2 held within 20 days of receipt of such request by the administrator.

3 SEC. 27. NRS 119.320 is hereby amended to read as follows:

4 119.320 1. Subject to the provisions of this chapter, the division  
5 shall collect the following fees at such times and upon such conditions  
6 as it may provide by rule and regulation:

7 For each annual registered representative's license to repre-  
8 sent a developer..... \$25

9 For each transfer of a registered representative's license to  
10 represent a developer..... 10

11 For each application for a developer's permit for a subdivi-  
12 sion or for exemption from any provision of this chap-  
13 ter..... 25

14 For each developer's permit per subdivision..... 250

15 The \$250 fee [shall] does not apply to any subdivision having 34 or  
16 fewer lots, parcels, interests or units nor to any subdivision where the lots,  
17 parcels, interests or units being offered or disposed of are in excess of  
18 40 acres net size.

19 2. At the time of the original filing, each developer shall pay an  
20 additional \$5 for each lot, parcel, interest or unit in any one subdivision  
21 in excess of 50, but not exceeding 250 such lots, parcels, interests or  
22 units; \$4 for 251 through 500 lots, parcels, interests or units in any one  
23 subdivision; \$3 for 501 through 750 lots, parcels, interests or units in any  
24 one subdivision; and \$2.50 for all lots, parcels, interests or units in excess  
25 of 750 in any one subdivision. The developer may designate lots, parcels,  
26 interests or units it intends to offer for sale or lease in this state out of the  
27 subdivision and the per lot parcel, interest, or unit fee shall only be  
28 applicable to such lots, parcels, interests or units. Such units [shall] must  
29 be designated in groupings of no less than 5 contiguous units in each  
30 group, except that the division in its discretion may accept fewer upon  
31 request of the developer. [Should] If the developer [determine] deter-  
32 mines to offer additional lots, parcels, interests or units it shall so certify  
33 to the division and pay the additional fee therefor.

34 3. With the exception of the fees for a registered representative's  
35 license or transfer, the fees enumerated in this section [shall] must be  
36 reduced by the administrator at such times as, in his judgment, he con-  
37 siders a reduction equitable in relation to the necessary costs of carrying  
38 out the administration and enforcement of the provisions of this chapter.

39 SEC. 28. Section 9 of chapter 688, Statutes of Nevada 1979, at page  
40 1841, is hereby amended to read as follows:

41 Sec. 9. Unless continued or reestablished by express act of the  
42 legislature, the following agencies terminate on July 1, 1981:

43 1. The Nevada racing commission.

44 2. The bureau of community health services established by the  
45 state board of health.

46 [3. The real estate division of the department of commerce.]

47 SEC. 29. NRS 645.360 and 645.540 are hereby repealed.

48 SEC. 30. Sections 13 to 27, inclusive, of chapter 688, Statutes of  
49 Nevada 1979, at page 1841, are hereby repealed.

1     **SEC. 31.** This section and sections 28 and 30 of this act shall become  
2 effective upon passage and approval. The remaining sections shall become  
3 effective on July 1, 1981.



(REPRINTED WITH ADOPTED AMENDMENTS)  
FIRST REPRINT

S. B. 239

SENATE BILL NO. 239—COMMITTEE ON  
COMMERCE AND LABOR

FEBRUARY 17, 1981

Referred to Committee on Commerce and Labor

SUMMARY—Makes various changes to law governing practice of traditional  
Oriental medicine. (BDR 54-168)

FISCAL NOTE: Effect on Local Government: No.  
Effect on the State or on Industrial Insurance: No.

EXPLANATION—Matter in *italics* is new; matter in brackets [ ] is material to be omitted.

AN ACT relating to traditional Oriental medicine; clarifying certain provisions of law; authorizing a fee for the issuance of temporary certificates; making repeated malpractice a ground for disciplinary actions; prohibiting under certain circumstances representation as a practitioner; providing a penalty; and providing other matters properly relating thereto.

*The People of the State of Nevada, represented in Senate and Assembly, do enact as follows:*

- 1 SECTION 1. NRS 634A.020 is hereby amended to read as follows:  
2 634A.020 *Unless* *As used in this chapter, unless* the context  
3 otherwise requires [ , the words, phrases and derivatives thereof  
4 employed in this chapter have the meanings ascribed to them in this  
5 section. ] :  
6 1. "Acupuncture" means the insertion of needles into the human  
7 body by piercing the skin of the body [ , for the purpose of controlling  
8 and regulating ] *to control and regulate* the flow and balance of energy  
9 in the body [ . ] *and to cure, relieve or palliate:*  
10 (a) *Any ailment or disease of the mind or body; or*  
11 (b) *Any wound, bodily injury or deformity.*  
12 2. "Board" means the state board of Oriental medicine.  
13 3. "Doctor of acupuncture" means a person who [has been] *is*  
14 licensed under the provisions of this chapter to practice the art of healing  
15 known as acupuncture.  
16 4. "Doctor of herbal medicine" means a person who [has been] *is*  
17 licensed under the provisions of this chapter to practice the art of healing  
18 known as herbal medicine.  
19 5. "Doctor of traditional Oriental medicine" means a person who  
20 [has been] *is* licensed under the provisions of this chapter to practice  
21 the art of healing through traditional Oriental medicine.

1 6. "Herbal medicine" and "practice of herbal medicine" mean sug-  
2 gesting, recommending, prescribing or directing the use of herbs for the  
3 cure, relief or palliation of any ailment or disease of the mind or body,  
4 or for the cure or relief of any wound, [fracture,] bodily injury or  
5 deformity.

6 7. "Herbs" means plants or parts of plants valued for medicinal  
7 qualities.

8 8. "Licensed [acupuncture assistant]" *assistant in acupuncture*"  
9 means a person who assists in the practice of acupuncture under the  
10 direct supervision of a person licensed under the provisions of this  
11 chapter to practice traditional Oriental medicine or acupuncture.

12 9. "Traditional Oriental medicine" means that system of the healing  
13 art which places the chief emphasis on the flow and balance of energy  
14 in the body mechanism as being the most important single factor in  
15 maintaining the well-being of the organism in health and disease. [and]  
16 *The term includes the practice of acupuncture and herbal medicine.*

17 SEC. 2. NRS 634A.120 is hereby amended to read as follows:

18 634A.120 1. Examinations [shall] *must* be given at least twice a  
19 year at a time and place fixed by the board.

20 2. Applicants for licenses to practice acupuncture, herbal medicine  
21 and traditional Oriental medicine and to practice as an [acupuncture  
22 assistant shall] *assistant in acupuncture must* be examined in the respec-  
23 tively appropriate subjects as determined by the board.

24 SEC. 3. NRS 634A.140 is hereby amended to read as follows:

25 634A.140 The board shall issue [a license for the practice of]  
26 *separate licenses to practice respectively* traditional Oriental medicine  
27 [or a license for the practice of acupuncture] , *acupuncture or herbal*  
28 *medicine, as appropriate, where the applicant:*

29 1. Has successfully completed a course of study of [48 months in  
30 traditional Oriental medicine or 36 months in acupuncture at a college  
31 in Hong Kong] :

32 (a) *Four years in traditional Oriental medicine;*

33 (b) *Three years in acupuncture; or*

34 (c) *Three years in herbal medicine,*

35 *at any college or school approved by the board which is located in any*  
36 *country, territory, province or state or has qualifications considered*  
37 *equivalent by the board;*

38 2. Has practiced traditional Oriental medicine [or] , acupuncture  
39 *or herbal medicine* for [10] 6 years; and

40 3. Passes the examination of the board.

41 SEC. 4. NRS 634A.150 is hereby amended to read as follows:

42 634A.150 [An applicant for] *The board shall issue* a license for  
43 [acupuncture assistant shall be issued a license by the board if he:] *an*  
44 *assistant in acupuncture where the applicant:*

45 1. Has successfully completed a course of study in acupuncture in  
46 any college or school *approved by the board which is located in any*  
47 *country, territory, province or state requiring an attendance of [36*  
48 *months;] 3 years or other qualifications deemed by the board to be*  
49 *equivalent to the course of study; and*

50 2. [Practiced acupuncture for not less than 3 years; and



1 3.] Passes the examination of the board for [acupuncture assist-  
2 ant.] *assistant in acupuncture or has other qualifications deemed by the*  
3 *board to be the equivalent.*

4 SEC. 5. NRS 634A.160 is hereby amended to read as follows:

5 634A.160 1. Every license must be displayed in the office, place of  
6 business or place of employment of the holder thereof.

7 2. Every person holding a license shall pay to the board on or  
8 before February 1 of each year, the annual registration fee required  
9 pursuant to subsection 4. If the holder of a license fails to pay the regis-  
10 tration fee his license must be suspended. The license may be reinstated  
11 by payment of the required fee within 90 days after February 1.

12 3. A license which is suspended for more than 3 months under the  
13 provisions of subsection 2 may be canceled by the board after 30 days'  
14 notice to the holder of the license.

15 4. The annual registration fees must be prescribed by the board and  
16 must not exceed the following amounts:

17 (a) Doctor of traditional Oriental medicine.....	\$500
18 (b) Doctor of acupuncture.....	500
19 (c) Doctor of herbal medicine.....	300
20 (d) Licensed <i>assistant</i> in acupuncture [assistant].....	250

21 SEC. 6. NRS 634A.165 is hereby amended to read as follows:

22 634A.165 1. The board may prescribe regulations for the issuance  
23 of temporary certificates to persons not licensed pursuant to this chapter.  
24 A temporary certificate may be issued:

25 [1.] (a) In connection with a bona fide educational seminar con-  
26 cerning traditional Oriental medicine; or

27 [2.] (b) For the purpose of authorizing a person to engage in lectur-  
28 ing on or teaching traditional Oriental medicine in this state on a short-  
29 term basis.

30 2. *The board may charge a fee for the issuance of a temporary certi-*  
31 *ficatate. The fee shall not exceed an amount which adequately reimburses*  
32 *the board for costs incurred in:*

- 33 (a) *Investigating an applicant under this section; and*
- 34 (b) *Monitoring a seminar, if the board deems that action necessary.*

35 SEC. 7. NRS 634A.170 is hereby amended to read as follows:

36 634A.170 The board may [either refuse to issue or may] *denv,*  
37 *suspend or revoke any license for any one or any combination of the*  
38 *following causes:*

39 1. Conviction of a felony, conviction of any offense involving moral  
40 turpitude or conviction of a violation of any state or federal law regulat-  
41 ing the possession, distribution or use of any controlled substance as  
42 defined in chapter 453 of NRS, as shown by a certified copy of record  
43 of the court [;].

44 2. The obtaining of or any attempt to obtain a license or practice in  
45 the profession for money or any other thing of value, by fraudulent  
46 misrepresentations [;].

47 3. *Gross or repeated malpractice [;].*

48 4. Advertising by means of knowingly false or deceptive statement  
49 [;].

- 1 5. Advertising, practicing or attempting to practice under a name  
2 other than one's own [;].
- 3 6. Habitual drunkenness or habitual addiction to the use of a con-  
4 trolled substance as defined in chapter 453 of NRS [;].
- 5 7. Using any false, fraudulent or forged statement or document, or  
6 engaging in any fraudulent, deceitful, dishonest or immoral practice in  
7 connection with the licensing requirements of this chapter [;].
- 8 8. Sustaining a physical or mental disability which renders further  
9 practice dangerous [;].
- 10 9. Engaging in any dishonorable, unethical or unprofessional con-  
11 duct which may deceive, defraud or harm the public, or which is unbe-  
12 coming a person licensed to practice under this chapter [;].
- 13 10. Using any false or fraudulent statement in connection with the  
14 practice of traditional Oriental medicine or any branch thereof [;].
- 15 11. Violating or attempting to violate, or assisting or abetting the  
16 violation of, or conspiring to violate any provision of this chapter [;].
- 17 12. Being adjudicated incompetent or insane [;].
- 18 13. Advertising in an unethical or unprofessional manner [;].
- 19 14. Obtaining a fee or financial benefit for any person by the use of  
20 fraudulent diagnosis, therapy or treatment [;].
- 21 15. Willful disclosure of a privileged communication [;].
- 22 16. Failure of a licensee to designate his school of practice in the  
23 professional use of his name by the term traditional Oriental doctor,  
24 doctor of acupuncture, doctor of herbal medicine or [acupuncture assist-  
25 ant.] *assistant in acupuncture*, as the case may be [;].
- 26 17. Willful violation of the law relating to the health, safety or  
27 welfare of the public or of the [rules and regulations promulgated]  
28 *regulations adopted* by the state board of health [;].
- 29 18. Administering, dispensing or prescribing any controlled sub-  
30 stance as defined in chapter 453 of NRS, except for the prevention, alle-  
31 viation or cure of disease or for relief from suffering [; and].
- 32 19. Performing, assisting or advising in the injection of any liquid  
33 silicone substance into the human body.
- 34 Sec. 8. NRS 634A.230 is hereby amended to read as follows:  
35 634A.230 A person who represents himself as a practitioner of  
36 traditional Oriental medicine, or any branch thereof, [and] or who  
37 engages in the practice of traditional Oriental medicine, or any branch  
38 thereof, in this state without holding a valid license issued by the board  
39 is guilty of a gross misdemeanor.



(REPRINTED WITH ADOPTED AMENDMENTS)

FIRST REPRINT

S. B. 269

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SENATE BILL NO. 269—COMMITTEE ON  
COMMERCE AND LABOR

FEBRUARY 19, 1981

Referred to Committee on Commerce and Labor

SUMMARY—Revises educational requirements and certain administrative procedures affecting real estate brokers and salesmen. (BDR 54-854)

FISCAL NOTE: Effect on Local Government: No.  
Effect on the State or on Industrial Insurance: No.



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EXPLANATION—Matter in *italics* is new; matter in brackets [ ] is material to be omitted.

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AN ACT relating to real estate brokers, broker-salesmen and salesmen; revising educational requirements for licensing; making various administrative changes; deleting the requirement for pocket cards; and providing other matters properly relating thereto.

*The People of the State of Nevada, represented in Senate and Assembly,  
do enact as follows:*

- 1 SECTION 1. NRS 645.343 is hereby amended to read as follows:  
2 645.343 1. In addition to the other requirements contained in this  
3 chapter, an applicant for an original real estate salesman's license [shall]  
4 *must* furnish proof satisfactory to the real estate division that he has suc-  
5 cessfully completed a course of instruction in real estate principles, prac-  
6 tices, procedures, law and ethics, which course may be an extension  
7 or correspondence course offered by the University of Nevada System, or  
8 any other accredited college or university, or by any other college or  
9 school approved [as provided in NRS 645.345.] *by the commission.*  
10 2. Except as provided in NRS 645.475, and in addition to other  
11 requirements contained in this chapter, an applicant for an original real  
12 estate broker's or broker-salesman's license [shall] *must* furnish proof  
13 satisfactory to the real estate division that he has successfully completed a  
14 college level course of three semester units or an equivalent number of  
15 quarter units in real estate law, *including at least 15 classroom hours of*  
16 *the real estate law of Nevada*, and another course of equal length in the  
17 principles of real estate, and satisfied the experience requirements of sub-  
18 section 3 of NRS 645.330.  
19 3. In addition to the other requirements contained in this chapter, an  
20 applicant for an original real estate broker's or broker-salesman's license  
21 [shall] *must* furnish proof satisfactory to the real estate division that he

1 has successfully completed nine semester units or the equivalent in quar-  
2 ter units of college level courses in real estate appraisal and business or  
3 economics.

4 4. On and after January 1, 1978, in addition to other requirements  
5 contained in this chapter, an applicant for an original real estate broker's  
6 or broker-salesman's license [shall] *must* furnish proof satisfactory to  
7 the real estate division that he has successfully completed nine semester  
8 units or the equivalent in quarter units of college level courses in real  
9 estate, business or economics.

10 5. On and after January 1, 1982, in addition to other requirements  
11 contained in this chapter, an applicant for an original real estate broker's  
12 or broker-salesman's license [shall] *must* furnish proof satisfactory to  
13 the real estate division that he has successfully completed 45 semester  
14 units or the equivalent in quarter units of college level courses.

15 6. On and after January 1, 1986, in addition to other requirements  
16 contained in this chapter, an applicant for an original real estate broker's  
17 or broker-salesman's license [shall] *must* furnish proof satisfactory to  
18 the real estate division that he has completed 64 semester units or the  
19 equivalent in quarter units of college level courses in real estate, business  
20 and economics.

21 7. On and after January 1, 1978, for the purposes of this section,  
22 each person holding a valid real estate salesman's license under the provi-  
23 sions of this chapter [shall] *is entitled to receive credit for the equivalent*  
24 *of 16 semester units of college level courses for each two years of active*  
25 *experience he has as a licensed real estate salesman.*

26 8. The educational requirements of this section may be waived parti-  
27 tially or completely by the commission if the applicant for an original  
28 real estate broker's or broker-salesman's license furnishes proof satisfac-  
29 tory to the commission that he resides in a rural county where educa-  
30 tional resources are not available and where excess travel would work a  
31 hardship on the applicant in meeting [such] *the requirements.*

32 9. The educational requirements of subsections 5 and 6 include and  
33 are not in addition to the requirements in each preceding subsection.

34 10. An applicant for a broker's [examination] *license* pursuant to  
35 NRS [645.475] 645.350 [shall] *must* meet the educational prerequi-  
36 sites applicable on the date his application is received by the real estate  
37 division.

38 11. For the purposes of this section, "college level courses" are  
39 courses offered by any accredited college or university or by any other  
40 institution which meet the standards of education established by the com-  
41 mission. The commission may adopt regulations setting forth standards  
42 of education which are equivalent to the college level courses outlined in  
43 this subsection. The regulations may take into account the standard of  
44 instructors, the scope and content of the instruction, hours of instruction  
45 and such other criteria as the commission requires.

46 SEC. 2. NRS 645.345 is hereby amended to read as follows:

47 645.345 The [commission,] *division*, with the [prior written]  
48 approval of [a dean of the college of business administration of the Uni-  
49 versity of Nevada System,] *the commission*, shall:



1 1. **[Promulgate]** *Adopt* reasonable regulations defining what con-  
2 stitutes:

3 (a) A course of instruction in real estate principles, practices, proce-  
4 dures, law and ethics, which course of instruction **[shall]** *must* include  
5 the subjects upon which an applicant is examined in determining his fit-  
6 ness to receive an original real estate salesman's license.

7 (b) A school offering such a course.

8 2. Adopt regulations providing for the establishment and mainte-  
9 nance of a uniform and reasonable standard of instruction to be observed  
10 in and by such schools.

11 **SEC. 3.** NRS 645.530 is hereby amended to read as follows:

12 645.530 1. The license of each real estate broker-salesman or sales-  
13 man must be delivered or mailed to the real estate broker with whom the  
14 licensee is associated or to the owner-developer by whom he is employed  
15 and must be kept in the custody and control of the broker or owner-  
16 developer.

17 2. Each real estate broker shall:

18 (a) Display his license conspicuously in his place of business. If a real  
19 estate broker maintains more than one place of business within the state,  
20 an additional license must be issued to the broker for each branch office  
21 so maintained by him, and the **[duplicate]** *additional* license must be  
22 displayed conspicuously in each branch office.

23 (b) Prominently display in his place of business the licenses of all real  
24 estate broker-salesmen and salesmen associated with him therein or in  
25 connection therewith.

26 3. Each owner-developer shall prominently display in his place of  
27 business the license of each real estate broker-salesman and salesman  
28 employed by him.

29 **SEC. 4.** NRS 645.580 is hereby amended to read as follows:

30 645.580 1. When any real estate broker-salesman or salesman ter-  
31 minates, for any reason, his association with the real estate broker with  
32 whom he was associated, or his employment with the owner-developer by  
33 whom he was employed, the real estate broker or owner-developer shall:

34 (a) Immediately deliver or mail by certified mail to the division the  
35 real estate broker-salesman's or salesman's license, together with a written  
36 statement of the circumstances surrounding the termination of the associa-  
37 tion or the employment.

38 (b) At the time of delivering or mailing the license to the division,  
39 address a communication to the last-known residence address of the  
40 broker-salesman or salesman, advising him that his license has been  
41 delivered or mailed to the division. A copy of the communication must  
42 accompany the license when delivered or mailed to the division.

43 2. A broker-salesman or salesman must, within 30 days after ter-  
44 mination of that association, become associated with or employed by  
45 another broker or owner-developer or request that his license be placed  
46 on inactive status.

47 3. It is unlawful for any real estate salesman to perform any of the  
48 acts contemplated by this chapter, either directly or indirectly, under  
49 authority of the license on or after the date of receipt of the license from

1 the broker or owner-developer by the division and until the license is  
2 transferred or reissued or a new license is issued.

3 [4. A license must not be transferred or reissued to the real estate  
4 broker-salesman or salesman until he has returned his former pocket  
5 card to the division or satisfactorily accounted for it.]

6 SEC. 5. NRS 645.830 is hereby amended to read as follows:

7 645.830 The following fees must be charged by and paid to the divi-  
8 sion:

9	For each real estate salesman's or broker's examination.....	\$40
10	For each original real estate broker's, broker-salesman's or	
11	corporate broker's license.....	80
12	For each original real estate salesman's license.....	50
13	For each original branch office license.....	50
14	For each real estate education, research and recovery fee to	
15	be paid at the time of issuance of original license or	
16	renewal.....	40
17	For each penalty assessed for failure of an applicant for an	
18	original broker's, broker-salesman's or corporate brok-	
19	er's license to file within 30 days of notification.....	40
20	For each penalty assessed for failure of an applicant for an	
21	original salesman's license to file within 30 days of noti-	
22	fication.....	25
23	For each renewal of a real estate broker's, broker-salesman's	
24	or corporate broker's license.....	80
25	For each renewal of a real estate salesman's license.....	50
26	For each renewal of a real estate branch office license.....	50
27	For each penalty for late filing of a renewal for a broker's,	
28	broker-salesman's or corporate broker's license.....	40
29	For each penalty for late filing of a renewal for a sales-	
30	man's license.....	25
31	For each change of name or address.....	10
32	For each transfer of a real estate salesman's or broker-	
33	salesman's license and change of association or employ-	
34	ment.....	10
35	For each duplicate license [or pocket card] where the origi-	
36	nal license [or pocket card] is lost or destroyed, and	
37	an affidavit is made thereof.....	10
38	For each change of status from broker to broker-salesman,	
39	or the reverse.....	10
40	For each reinstatement to active status of an inactive real	
41	estate broker's, broker-salesman's or salesman's license.....	10
42	For each reinstatement of a real estate broker's license when	
43	the licensee fails to give immediate written notice to	
44	the division of a change of name or business location.....	20
45	For each reinstatement of a real estate salesman's or broker-	
46	salesman's license when he fails to notify the division	
47	of a change of broker within 30 days of termination	
48	by previous broker.....	20
49	For each original registration of an owner-developer.....	40



1	For each annual renewal of a registration of an owner-	
2	developer.....	\$40
3	For each enlargement of the area of an owner-developer's	
4	registration.....	15
5	For each cooperative certificate issued to an out-of-state	
6	broker licensee for 1 year or fraction thereof.....	40
7	SEC. 6. NRS 645.540 is hereby repealed.	

FISCAL NOTE

HB  
A.B. 364  
S.B.

STATE AGENCY ESTIMATES Date Prepared March 14, 1979

Agency Submitting Office of the Attorney General

Revenue and/or Expense Items	Fiscal Year 1978-79	Fiscal Year 1979-80	Fiscal Year 1980-81	Continuing
Salaries		78,954		
Range benefits at 15% level		11,843		
		6,500		
Equipment		3,526		
Supplies		4,200		
Contractual (consulting services)		52,800		
Travel		13,200		
Total		171,123	171,123**	

Explanation (Use Continuation Sheets If Required)

\*Please see attached budget breakdown, which was roughly based on 80% of the 1979 budget figures for the Arkansas Attorney General's Division of Energy Conservation and Rate Advocacy

\*\*The total funds required have been projected to fall within the amount that can be generated from a 1 mill levy on the intrastate operations of Nevada utilities for deposit in the PSC Regulatory Fund, which has been assumed to be the source of funds for the proposal in A.B. 364.

Local Government Impact YES  NO   
(Attach Explanation)

Signature *Kary O. Howe*  
Title Chief Deputy Attorney General

DEPARTMENT OF ADMINISTRATION COMMENTS

Date \_\_\_\_\_

Signature \_\_\_\_\_

Title \_\_\_\_\_

LOCAL GOVERNMENT FISCAL IMPACT  
(Legislative Counsel Bureau Use Only)

Date \_\_\_\_\_

Signature \_\_\_\_\_

Title \_\_\_\_\_

PROPOSED F.Y. 1979 BUDGET FOR DIVISION FOR PROTECTION OF UTILITY CUSTOMERS

Personnel

Director-Attorney	\$27,069	
Rate Specialist or Accountant	25,000	
Research Assistant	14,885	
Secretary (Legal Steno)	<u>12,000</u>	
Total		\$ 78,954
Fringe Benefits at 15%		11,843

Travel

Long-distance Trips (out of state)	\$ 5,000	
Instate travel	<u>1,500</u>	
Total		6,500

Equipment

3 stations in Attorney General's Office		3,626
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Supplies

Consumables	\$ 900	
Telephone	2,160	
Postage	<u>1,140</u>	
Total		4,200

Contractual consulting services of expert witnesses		\$2,300
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Other copying, research materials and publications, internship program and rent		<u>13,200</u>
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GRAND TOTAL		<u><u>\$171,123</u></u>
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Ed Schorr, Deputy Fiscal Analyst  
Legislative Counsel Bureau  
Fiscal Analysis Division

3/14/79

Attorney General's Office

Fiscal Note for EDR #12-1017; A.B. 364

Pursuant to your request of March 5, 1979, please find attached an estimated fiscal note for fiscal year 1979-80 and fiscal year 1980-81, concerning a proposed division for protection of utility customers in the Attorney General's Office. As I indicated to you on the telephone, the attached fiscal note has been based on an estimate of expenditures to operate the proposed division, based on the experience in the state of Arkansas, which has established a division of energy conservation and rate advocacy within the Attorney General's Office. The attached figures were calculated on the basis of the revised F.Y. 1979 budget for the aforementioned division in the state of Arkansas.

During testimony on A.B. 364 before the Assembly Judiciary Committee, Attorney General Bryan indicated that the source of funding for the proposed division should be the Public Service Commission Regulatory Fund established in accordance with Chapter 704 of the Nevada Revised Statutes. The attached budget was prepared with the view that the total amount would not exceed the revenues generated by 1 mill on each dollar of gross operating revenue derived from the intrastate operations of Nevada Utilities. Apparently, there is authority to levy 4 mills at the present time, though the Public Service Commission has levied less than this amount for the past few years.

In addition, there is the possibility that federal funds could be received by the State of Nevada to fund a consumer advocate position, which occurred in the state of Arkansas.

Please advise if you have any further questions.

Larry Struve  
Chief Deputy Attorney General

LS:jc

Attachment

cc: Howard Barrett