



State of Nevada

Physical Therapy Board

3291 N. Buffalo Dr., Suite 100, Las Vegas, NV 89129, (702) 876-5535, Website: www.ptboard.nv.gov

DRY NEEDLING STANDARDS OF EDUCATION AND TRAINING VERIFICATION FORM

Name: _____ License No. _____

Mailing Address: _____

City _____ State _____ Zip _____

Telephone Number _____ E-mail Address _____

This verification form is provided for the purpose of submitting documentation that meets the Dry Needling requirements as set forth in Chapter 640 of Nevada Administrative Code.

The documentation you provide must demonstrate completion of a total of 150 hours of didactic education and training, which may include the following (please check all boxes that apply):

The course content shall be approved by one or more of the following entities:

- Commission on Accreditation In Physical Therapy Education (this includes graduate coursework while in a physical therapy graduate program),
- American Physical Therapy Association,
- The Advisory Committee on Continuing Competency (ACCC) of the Nevada Physical Therapy Board.

A minimum of 25 hours must be in a post graduate Dry Needling course approved by one of the above entities that includes information as outlined in regulation (see NAC 640). The course shall include, but not be limited to, passing of both a written and practical examination before completion of the course content. Practice application course content and examinations shall be done in person.

Course title: _____ # of hours _____

Course title: _____ # of hours _____

Course certificate for the above course(s) should be attached to this form.

Up to 125 hours may be in graduate level courses from a physical therapy program accredited by CAPTE and may include (include a copy of your transcript and/or name of university and courses that covered the below in a graduate physical therapy program):

• Anatomical review: course title: _____ # of hours _____

• Human cadaver dissection: course title: _____ # of hours _____

• Sterile needle procedures: course title: _____ # of hours _____

• Blood borne pathogens: course title: _____ # of hours _____

If your training occurred prior to 06/05/2016 and you do not have a copy of your continuing education certificate, please fill out a Dry Needling Attestation Form. Provide this form along with a copy of your graduate transcript to the Board.

I do hereby swear and affirm that the foregoing statements contained in this registration are true and correct.

Signature: _____ Date: _____