

NEVADA PHYSICAL THERAPY BOARD SMALL BUSINESS IMPACT QUESTIONNAIRE

The Nevada Physical Therapy Board is making a concerted effort to determine whether proposed changes to NAC 640 are likely to impose a direct and significant economic burden upon a small business or directly restrict the formation, operation, or expansion of a small business.

Please complete and return this **Small Business Impact Questionnaire** no later than November 8, 2021, to help us understand your position. *Note: A small business is defined in NRS 233B.0382 as a business conducted for profit that employs fewer than 150 full-time or part-time employees.*

The following questions pertain to how proposed changes to Nevada Administrative Code 640 presented in the enclosure may affect your business. If it is determined that the proposed regulation is likely to impose a direct and significant economic burden upon a small business; or directly restrict the formation, operation, or expansion of a small business; then the agency will take any or all of the following actions:

1. Insofar as practicable, consult with owners and officers of affected small businesses,
2. Consider methods to reduce the impact of the proposed regulation, and
3. Prepare a small business impact statement and make copies of the statement available to the public at the workshop conducted and the public hearing held pursuant to NRS 233B.061.

Please answer each of the questions that apply and add any qualifying remarks that may help us to understand your position. Attach additional pages if needed, and **Mail, fax or email your completed form no later than November 5, 2021**, to:

Nevada Physical Therapy Board
3291 N. Buffalo Drive, Suite 100
Las Vegas, NV 89129
Phone: (702) 876-5535, Fax: (775) 687-7552
Email: pted@govmail.state.nv.us

NAME:	
ORGANIZATION:	
DATE:	
EMAIL ADDRESS:	

1. How many employees are currently employed by your business? _____

If more than 150 employees, you will not need to answer the rest of the questions. Please submit your questionnaire to the above address. If less than 150, please continue with the remaining questions.

2. Will a specific regulation have an adverse economic effect upon your business? If so, please indicate the estimated dollar amount(s) you believe the adopted regulations will cost you over one calendar year with a brief explanation as to how the dollar amount was calculated.

Yes _____ No _____ Explain: Please list each regulation and explain the impact.

3. Will the regulation(s) have any beneficial effect upon your business? If so, please include any cost savings you believe the adopted regulations will save you over one calendar year with an estimated dollar amount if applicable.

Yes _____ No _____ Explain:

4. Do you anticipate any indirect adverse effects upon your business?

Yes _____ No _____ Explain:

5. Do you anticipate any indirect beneficial effects upon your business?

Yes _____ No _____ Explain: