

NEVADA PHYSICAL THERAPY BOARD
SMALL BUSINESS IMPACT QUESTIONNAIRE:
Proposed Changes to Nevada Administrative Code 640

The Nevada Physical Therapy Board is making a concerted effort to determine whether proposed regulations 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.

If you have a small business that may be impacted by proposed changes to Nevada Administrative Code Chapter 640, please review, complete and return the attached **Small Business Impact Questionnaire**. [NRS 233B.0382 “Small Business defined.”](#) “Small business” means a business conducted for profit, which employs fewer than 150 full-time or part-time employees.

The following questions pertain to how the changes in the Nevada Administrative Code presented in the proposed changes will 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.

To review the proposed regulations please go to the following website:
[https://ptboard.nv.gov/uploadedFiles/ptboardnvgov/content/Home/V3/November%2012%202021%20-%20NAC%20640%20PROPOSED%20CHANGES\(1\).pdf](https://ptboard.nv.gov/uploadedFiles/ptboardnvgov/content/Home/V3/November%2012%202021%20-%20NAC%20640%20PROPOSED%20CHANGES(1).pdf).

Please answer each of the questions that apply and add any qualifying remarks that may help us to understand your position. ***Mail, fax, or email your completed form on or prior to August 15, 2022, to:***

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Fax: 702-876-2097
Email: pted@govmail.state.nv.us

Question 1. Please provide the following information:

NAME:			
ORGANIZATION:		DATE:	
CONTACT INFO:			

Question 2. How many employees are currently employed by your business?

- 1 - 150
- 151 or more

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

Question 3: 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: _____

Question 4: 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: _____

Question 5: *Do you anticipate any indirect adverse effects upon your business?*

- Yes
- No

Explain: _____

Question 6: *Do you anticipate any indirect beneficial effects upon your business?*

- Yes
- No

Explain: _____

Other Comments:

Signature