Brian Sandoval, Governor

BUSINESS NAME:_

The State of Nevada Board of Oriental Medicine

1.

2.

3.



Maggie Tracey, O.M.D., *President*Abraham Jim Nagy, MD, *Vice President*Lisa Grant, O.M.D., *Secretary/Treasurer*Michael Ferris, Member
Chia Hua Linda Chow, Member
Michael Smith, Member
Merle Lok, Executive Director

STATE OF NEVADA BOARD OF ORIENTAL MEDICINE 3191 E. Warm Springs Rd. Las Vegas, NV 89120

Phone (702) 675-5326 Fax (702) 989-8584 Email: omboardexecutivedirector@gmail.com

SMALL BUSINESS IMPACT SURVEY

BUSINESS ADDRESS:				
CITY:	STATE:	ZIP CODE:_		
PHONE NUMBER:				
The question below pertains to how the proposed changes in the Nevada Administrative Code regarding the practice of Oriental Medicine will affect your business.				
To review the proposed regulations, please go the following website at: http://orientalmedicine.nv.gov/ or contact us by email, phone, or fax to request a copy at the above-stated contact information.				
Please answer the question below and add any qualifying remarks that may help us to understand your position. Email, mail, or fax your completed form on or prior to 3/30/18 to the above-stated contact information.				
Is there an adverse business or regulations? (Please circle on		on your busi YES	ness by these propose	ed
If yes, please state the regulation number(s) and describe your business impact below: (Please attach additional pages if necessary).				
Thank you				