

Steve Sisolak, Governor



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**STATE OF NEVADA
BOARD OF ORIENTAL MEDICINE
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SMALL BUSINESS IMPACT SURVEY

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE NUMBER: _____

1. The question below pertains to how the proposed changes in the Nevada Administrative Code regarding the practice of Oriental Medicine will affect your business.
2. 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.
3. 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 **1/6/2020** to the above-stated contact information.

Is there an adverse business or economic impact on your business by these proposed regulations? (Please circle one) YES NO

**If yes, please state the regulation number(s) and describe your business impact below:
(Please attach additional pages if necessary)**

Thank you.
The State of Nevada Board of Oriental Medicine