

STATE OF NEVADA
BOARD OF DISPENSING OPTICIANS

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Continuing Education Community Service Form

Instructions: You may apply up to 4 continuing education credits to your renewal each year for *ophthalmic dispensing* community service. Complete this form and have it verified by the person managing the community service project. Attach any documentation (brochures, flyers, registration materials, etc.) for the program. If you are chosen for a CE credit audit, you must submit this form to the Board along with your CE credit slips.

Full Name: _____ **License #** _____

Sponsoring Organization

Name of Organization: _____

Address of Organization: _____

Name of Project (if applicable): _____

Project Manager: _____ Contact: _____

Services Performed

Location/Address Where Services Performed:

Date(s)/time(s): _____ Total hours: _____

Please describe all the services you performed for this organization on the dates listed on this form. In order to qualify for CE credit, your community service must pertain to ophthalmic dispensing services.

Licensee Signature*

Date

Project Manager Signature*

Date

*By signing this document you affirm, under penalty of perjury, that all representations made herein are true and correct in every respect. You authorize the Nevada Board of Dispensing Opticians to make inquiries as it deems fit to verify the accuracy and completeness of all representations made in this document.