



STATE OF NEVADA

BOARD OF DISPENSING OPTICIANS

4600 Kietzke Lane, B-116, Reno, NV 89502-5036 • Telephone 775 / 688-3766 • Fax 775 / 688-3767
Email: nvbdo@govmail.state.nv.us • Website: www.nvbdo.nv.us

Apprentice Ophthalmic Dispenser License Renewal Instructions

Complete Renewal Application and Fee Is Due by January 31, 2014

Please complete this form online, then print, sign, and mail it with the \$50 renewal fee and proof of career progression to the board at the address on the application. **If your application is postmarked after January 31, 2014, your license becomes delinquent, and it is illegal for you to engage in ophthalmic dispensing.** The renewal fee for a delinquent apprentice license is \$150.

Please note: The Board will not renew the delinquent license of an apprentice optician who does not apply for renewal and submit fees before March 1, 2014.

You Must Submit Proof of Career Progression with Your Renewal Application

To qualify for license renewal, you must include with your renewal application proof that you have completed one or more of these requirements during the previous year:

For apprentices who have been licensed at least six months and have not yet completed an educational program on ophthalmic dispensing:

- Progress in a board-approved optical theory course (completion of at least one college course, or one volume of a home study program).
- Successful completion of a contact lens theory course in one of these two board-approved programs: College of Southern Nevada (CSN) certificate program, or Contact Lens Society of America (CLSA) home-study program (vols. 1 and II with credits).

For apprentices who have been licensed at least six months and have completed an educational program on ophthalmic dispensing:

- Successful completion of at least 100 hours of training and experience in the fitting and filling of prescriptions for contact lenses under the direct supervision of a dual-licensed dispensing optician, or a licensed ophthalmologist or optometrist. Training must be documented on a contact lens training record.
- Taking and/or passing the examination of the American Board of Opticianry (ABO).
- Taking and/or passing the Contact Lens Registry Examination of the National Contact Lens Examiners (NCLE).
- Taking and/or passing the board's examination for a license as a dispensing optician OR, in the case of apprentices who have completed all the above requirements but do not yet have the experience required to qualify for the board's examination, successful completion of at least 14 hours of continuing education (see NAC 637.295).

Failure to Show Progression Results in Non-Renewal and Possible Disciplinary Action

If you fail to provide proof of continuing progress toward meeting these requirements (career progression), the board will not renew your license, and will forward a complaint to the Nevada Attorney General's Office for further action.

Change of Supervisors and Addresses

You are required by law to notify the board office any time you change supervisors and/or employers. You and your supervisor must complete and submit to the Board a *Change of Apprentice Supervisor Form* or *Chart of Apprentice Supervision* (available on the Board's website) within 10 days of the change. You must also notify the Board in writing (email, letter, or fax) within 10 days of any change of business address or contact information, and within 30 days of any change of home address or contact information.

Questions?

If you have any questions regarding the renewal process or your apprenticeship, please contact:

Nevada Board of Dispensing Opticians

nvbdo@govmail.state.nv.us (email) 775-688-3766 (telephone) 775-688-3767 (fax)

Apprentice Ophthalmic Dispenser License Renewal Application

Please complete this form online, then print, sign, and mail your complete application, proof of career progression, and renewal fee of \$50 no later than January 31, 2014. Make your check or money order payable to: Nevada Board of Dispensing Opticians, and mail it to: 4600 Kietzke Lane, B-116; Reno, NV 89502-5036.

To qualify for license renewal, you must fill out this form completely. Do not leave blank spaces. If you are omitting any information, use the space(s) to indicate a reason for the omission. Please star (*) any information that has changed since your previous renewal.

Name (as it appears on your license) _____ Lic. # _____

Home address _____ City _____ State _____ Zip _____

Home phone # _____ Mobile phone # _____ Email _____

*Business/Employer Name _____ Phone _____

Business address _____ City _____ State _____ Zip _____

Hours worked per week _____ Ophthalmic manager name _____ Lic.# _____

Primary supv 1 _____ Lic.# _____ Primary supv 2 _____ Lic.# _____

Sub supv 1 _____ Lic.# _____ Sub supv 2 _____ Lic.# _____

*If you have more than one location/employer, please complete and submit the second page of this application.

Application Screening Questions

Social Security # (must be provided per NRS 637.113): _____

Nevada Business License # (must provide only if you own an optical business): _____

Yes ☐ No ☐ I am subject to a court order that requires me to pay for the support of one or more children.

Yes ☐ No ☐ N/A ☐ I am in compliance with that court order. *If you answered "no" to the above question, mark N/A.*

Yes ☐ No ☐ Has your occupational or professional license or privilege to practice, or certification/registration of any kind ever had any disciplinary action taken or initiated against it in any jurisdiction? *Does not include driver's license or car registration.*

Yes ☐ No ☐ Have you ever had a criminal conviction, whether misdemeanor or felony, or a civil judgment rendered against you? *Does not include minor traffic violations.*

***If you answered yes to any of the above screening questions, please attach a written explanation.**

I have enclosed proof I completed the following career progression requirement(s) in 2013:

I affirm (swear) that I have read this form and the statements made are true and correct:*

Your signature _____ Date _____

*The Board reserves the right to verify any and all information provided on this form as it deems necessary. Providing false or misleading information to the Board may be grounds for disciplinary action pursuant to NRS Chapter 637 and/or NAC Chapter 637.

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Additional Employer(s) or Business(s)

If you work at more than one location, or have more than one employer, please complete the information on this page and attach it to your renewal application.

Business/Employer Name _____ Phone: _____

Business address: _____ City _____ State ____ Zip _____

Hours worked per week: _____ Ophthalmic manager _____ Lic. # _____

Primary supv. _____ Lic. # ____ Opt.sub.supv. _____ Lic. # _____

Contact Lens supv. _____ Lic. # ____ CL sub. supv. _____ Lic. # ____

Business/Employer Name _____ Phone: _____

Business address: _____ City _____ State ____ Zip _____

Hours worked per week: _____ Ophthalmic manager _____ Lic. # _____

Optical supv. _____ Lic. # ____ Opt.sub.supv. _____ Lic. # _____

Contact Lens supv. _____ Lic. # ____ CL sub. supv. _____ Lic. # ____

Business/Employer Name _____ Phone: _____

Business address: _____ City _____ State ____ Zip _____

Hours worked per week: _____ Ophthalmic manager _____ Lic. # _____

Optical supv. _____ Lic. # ____ Opt.sub.supv. _____ Lic. # _____

Contact Lens supv. _____ Lic. # ____ CL sub. supv. _____ Lic. # ____