



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

Ophthalmic Dispenser License Renewal Application Instructions

Complete Renewal Application, Fee, and CECs Are Due by January 31, 2014

Please complete the application form online, then print, sign, and mail it with your renewal fee and continuing education credits (CECs), earned during 2013, to the board at the address on this 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.

Ophthalmic Dispenser License Renewal Requirements

- Completed application
- Fee: \$300
- 14 units of board-approved continuing education credits, including at least seven (7) contact lens and seven (7) in-class credits. The board office must receive both proof of attendance and completed CEC chart (see final pages of application).*
- Delinquency fee: \$300 (total fee for renewal of delinquent license: \$600)

Please note: It is against state law to practice ophthalmic dispensing without an active Nevada license.

*If you passed your optical exam or the exam to upgrade to an ophthalmic license in March or September of this year, you do not need to provide continuing education credits until next year's renewal.

Limited License Renewal Requirements

- Completed application
- Fee: \$200 (\$250 if you also hold an apprentice license in order to complete the contact lens requirements for license upgrade)
- 12 units of board-approved continuing education credits, including at least six (6) contact lens credits and six (6) in-class credits. The board office must receive both proof of attendance and completed CEC chart (see final pages of application).
- Delinquency fee: \$200 (total fee for renewal of delinquent license: \$400)

Please note: It is against state law to practice ophthalmic dispensing without an active Nevada license.

Change of Apprentices and Addresses

You are required by law to notify the board office any time you change supervision of apprentices and/or employers. You and your apprentice(s) 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) of any change of employer address or contact information, within 10 days, and of any change of home address or contact information, within 30 days.

Questions?

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

Nevada Board of Dispensing Opticians
nvbdo@govmail.state.nv.us (email) 775-688-3766 (telephone) 775-688-3767 (fax)

Licensed Ophthalmic Dispenser Renewal Application

Please complete this form online, then print, sign, and mail your complete application, renewal fee, and CECs no later than January 31, 2014. Make your check or money order payable to the 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 work per week _____ Ophthalmic manager name _____ Lic # _____

Names and license numbers of apprentices you supervise at this location and type of supervision (primary or substitute). **Please note:** You may be supervisor of record for no more than two apprentices, and substitute supervisor of record for no more than two apprentices (four apprentices total). You may not directly supervise more than two apprentices at any one time.

Apprentice Name _____ Lic # _____ Primary _____ Sub _____

Apprentice Name _____ Lic # _____ Primary _____ Sub _____

Apprentice Name _____ Lic # _____ Primary _____ Sub _____

Apprentice Name _____ Lic # _____ Primary _____ Sub _____

*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 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(es)

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 work per week ____ Ophthalmic manager name _____ Lic # _____

*Names and license numbers of apprentices you supervise at this location, include the type of supervision
(primary or substitute supervisor).

Apprentice Name _____ Lic # _____ Primary ____ Sub ____

Apprentice Name _____ Lic # _____ Primary ____ Sub ____

Apprentice Name _____ Lic # _____ Primary ____ Sub ____

Apprentice Name _____ Lic # _____ Primary ____ Sub ____

Business/Employer Name _____ Phone _____

Business address _____ City _____ State ____ Zip _____

Hours work per week ____ Ophthalmic manager name _____ Lic # _____

*Names and license numbers of apprentices you supervise at this location, include the type of supervision
(primary or substitute supervisor).

Apprentice Name _____ Lic # _____ Primary ____ Sub ____

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Apprentice Name _____ Lic # _____ Primary ____ Sub ____

Apprentice Name _____ Lic # _____ Primary ____ Sub ____

Business/Employer Name _____ Phone _____

Business address _____ City _____ State ____ Zip _____

Hours work per week ____ Ophthalmic manager name _____ Lic # _____

*Names and license numbers of apprentices you supervise at this location, include the type of supervision
(primary or substitute supervisor).

Apprentice Name _____ Lic # _____ Primary ____ Sub ____

Apprentice Name _____ Lic # _____ Primary ____ Sub ____

Apprentice Name _____ Lic # _____ Primary ____ Sub ____

Apprentice Name _____ Lic # _____ Primary ____ Sub ____

***Please note:** You may be supervisor of record for a total of no more than two apprentices, and substitute supervisor of record for a total of no more than two apprentices. You may not directly supervise more than two apprentices at any one time.

Name: _____ License # _____

Ophthalmic Dispenser License Renewal CEC Chart
(Must be completed and turned in with your renewal application)

***2013 Rollover Credits** (Please enter the number of CE credits you are rolling over from your 2013 renewal):

In-class contact lens _____, Online/magazine contact lens _____, In-class spectacle _____, Online/magazine spectacle _____

2014 Renewal Credits: Please list all the CE credits you wish to apply to your **2014 Renewal**. *Do not list credits you want to roll over for next year's renewal – list these on the next page.*

| Course Title | Date | School/Company | # of Credits | Contact Lens Credit | In-class Credit |
|--------------|-------|----------------|--------------|--------------------------|--------------------------|
| 1. _____ | _____ | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. _____ | _____ | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. _____ | _____ | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. _____ | _____ | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. _____ | _____ | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. _____ | _____ | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. _____ | _____ | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. _____ | _____ | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. _____ | _____ | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. _____ | _____ | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. _____ | _____ | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. _____ | _____ | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. _____ | _____ | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. _____ | _____ | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |

2014 Renewal CE Credits: ____/14 Total (____/7 Contact Lens ____/7 In-class)

*Please note the following:

- Of the 14 CECs required for renewal, 7 must be contact lens credits, and 7 must be in-class credits.
- A maximum of 7 credits for attending board meetings may be applied to your renewal (only 4 may be applied for contact lens credit).

For Board Office Use Only:

Date Received _____ Date Processed _____ Notes:

Name:_____ License #_____

2014 Rollover Credits (Maximum 7): Please list all the CE credits you wish to roll over **for your 2015 Renewal.**

| | Course Title | Date | School/Company | # of Credits | Contact Lens Credit | In-class Credit |
|----|--------------|-------|----------------|--------------|--------------------------|--------------------------|
| 1. | _____ | _____ | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | _____ | _____ | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | _____ | _____ | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. | _____ | _____ | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. | _____ | _____ | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. | _____ | _____ | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. | _____ | _____ | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |

2014 Rollover CE Credits (to be applied to 2015 renewal) _____**Total Credits**

(In-class contact lens_____, Online/magazine contact lens_____, In-class spectacle_____, Online/magazine spectacle_____)

For Board Office Use Only:

Date Received _____ Date Processed_____ Notes: