

STATE OF NEVADA

**BOARD OF DISPENSING OPTICIANS**

4790 Caughlin Pkwy. #241; Reno, NV 89519 • Telephone 775 / 689-0132

Email: info@nvopticians.org • Website: www.nvbdo.nv.gov

**2017 Ophthalmic Dispenser License Renewal Application**

Complete this form online, then print, sign, and mail it with your renewal fee to the board office, postmarked no later than January 31, 2017. **If your application is postmarked after January 31, 2017, your license is delinquent and it is unlawful for you to dispense.**

Make your check or money order payable to:  
**Nevada Board of Dispensing Opticians**

Mail your application to:  
**4790 Caughlin Pkwy. #241  
Reno, NV 89519**

**Renewal Requirements for Ophthalmic Dispensers**

1. Complete application
2. Fee: \$300 (\$600 for applications postmarked after January 31, 2017)
3. Fourteen (14) units of board-approved continuing education credits: a minimum of 7 credits for in-class courses and 7 credits for contact lens courses.\* **Do not submit CE slips with your application** - you will be notified if you are chosen for a CE credit audit.

\*If you passed the state board exam in March or September of 2016 you are not required to submit proof of continuing education until next year's renewal.

**Renewal Requirements for *Limited* Ophthalmic Dispensers**

1. Complete application
2. Fee: \$200 (\$400 for applications postmarked after January 31, 2017)
3. Twelve (12) units of board-approved continuing education credits: a minimum of 6 credits for in-class courses. **Do not submit CE slips with your application** - you will be notified if you are chosen for a CE credit audit.

**IMPORTANT: An incomplete application will be returned to you. This can greatly delay the processing of your renewal and result in delinquency fees. Please check for the following before submitting your renewal application: 1) application is complete (no blank spaces), 2) application is signed *and dated* by hand, and 3) your check or money order is signed.**

**Thank you for renewing!**

# 2017 Ophthalmic Dispenser License Renewal Application

## Page 1 – Personal Information

Please fill out this form completely. Do not leave blank spaces. If you are omitting any information, use the space(s) to indicate the reason for the omission. Please star (\*) or highlight any information that has changed since your last renewal.

**Name** (as it appears on your license): \_\_\_\_\_ **License #** \_\_\_\_\_

**Residential (Mailing) Address\*** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Mobile Phone** \_\_\_\_\_

**Email:** \_\_\_\_\_

\*The board is required to keep a public address on file for each licensee. Your work address is used as your public address by default. If you do not provide the board with a work address, your home address will be used as your public address unless you provide written notice and an alternate address with this application.

### **Screening Questions**

*These questions are required to fulfill the informational requests of multiple state agencies. The answers you provide will not be made public by the board.*

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

Have you ever served in the military?

**Yes**    **No**

Dates of service:

\_\_\_\_\_

Branches of service (check all that apply):

Army/Army Reserve

Marine Corp/Marine Corp Reserve

Navy/Navy Reserve

Coast Guard/Coast Guard Reserve

National Guard

**If you answer "yes" to any of the following screening questions, you must attach a written explanation.**

Are you subject to a court order requiring you to pay support for one or more children?    **Yes**    **No**

If yes, are you in compliance with that court order?    **N/A**    **Yes**    **No**

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

Since your last renewal, have you had a criminal conviction, whether misdemeanor or felony, or a civil judgment rendered against you in any jurisdiction? *Does not include minor traffic violations.*    **Yes**    **No**

Name: \_\_\_\_\_ License # \_\_\_\_\_

**2017 Ophthalmic Dispenser License Renewal Application**  
**Page 2 – Work Information**

**Business/Employer Name** \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Business/Employer Name** \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Business/Employer Name** \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Acknowledgment and Declaration**

I \_\_\_\_\_ (print name), affirm to the Nevada State Board of Dispensing Opticians that I have read this form in its entirety and all information and statements supplied herein are true and correct. I further certify, under penalty of perjury, I have obtained the required continuing education, per NRS 637.121 or NRS 637.135, for the licensure period ending on January 31, 2017 and have not misrepresented or falsely stated any information pertaining to my training or experience.\* \*\*

**Your Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

\*The Board reserves the right to verify any and all information provided on this form as deemed 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.

\*\*Per Nevada Open Meeting Law provisions NRS 241.033(1)(a) and (b), if your renewal application requires review by the Board at a public meeting, you must receive notice of the time and place of the meeting. The notice must be served in person at least 5 working days, or by certified mail at least 21 working days, before the meeting date. By signing and submitting this renewal application, you are agreeing to waive your right to such notice. If you do not wish to waive this right you may include written notice with this application, however, if you do not waive your right to notice and your application requires review at a meeting, it will not be reviewed until the April meeting date and you will not be licensed to work until it is reviewed.

Name: \_\_\_\_\_ License # \_\_\_\_\_

**2017 Ophthalmic Dispenser License Renewal Application**  
**Page 3 – Proof of Continuing Education Credits**

Please list all the CE credits you wish to apply to your **2017 Renewal**. Dual-licensed opticians must submit a total of 14 credits; at least 7 credits must be contact-lens approved, and at least 7 must be for live "in-class" courses. Limited-licensed opticians must submit a total of 12 credits; at least 6 must be for live "in-class" courses. **Important:** *Do not list credits you want to roll over to next year's renewal; list only those credits you are applying to this year's renewal requirements.*

	Course Title	Date	School/Company	# of Credits	CL Credit	In-class Credit
1.	_____	_____	_____	_____		
2.	_____	_____	_____	_____		
3.	_____	_____	_____	_____		
4.	_____	_____	_____	_____		
5.	_____	_____	_____	_____		
6.	_____	_____	_____	_____		
7.	_____	_____	_____	_____		
8.	_____	_____	_____	_____		
9.	_____	_____	_____	_____		
10.	_____	_____	_____	_____		
11.	_____	_____	_____	_____		
12.	_____	_____	_____	_____		
13.	_____	_____	_____	_____		
14.	_____	_____	_____	_____		

**Total 2017 Renewal CE Credits:**    \_\_\_/14    \_\_\_/7    \_\_\_/7