



STATE OF NEVADA

BOARD OF DISPENSING OPTICIANS

4790 Caughlin Pkwy #241, Reno, NV 89519 • Telephone 775 / 689-0132 • Fax 775 / 689-0133

Email: nvbdo@govmail.state.nv.us • Website: www.nvbdo.nv.us

Special Ophthalmic Dispenser License Application

For an individual who holds an equivalent license in another U.S. state, territory, or the District of Columbia to qualify for the Nevada State Ophthalmic Dispenser License Examination

Instructions

1. Read the application carefully and follow all instructions completely.
2. Submit your complete, notarized application, all required documents, and fee, postmarked no later than 60 days before the date of the optical examination, to the address on this application.
3. Ensure your references submit their letters and your college(s) mails an official transcript to the board office, postmarked no later than 60 days before the date of the optical examination, to the address on this application.
4. Contact the board office if you have any questions or concerns.

Checklist

- ☐ Check or money order for \$350 application fee (nonrefundable), payable to: Nevada Board of Dispensing Opticians
- ☐ Both pages of application complete
- ☐ Page 3 signed by applicant and notarized
- ☐ Proof of completion of these educational requirements:
 - ☐ ABO (current)
 - ☐ NCLE (current)
 - ☐ Contact lens training: 100 hours of instruction documented on attached contact lens training record (or by letter(s) from those who provided your training)
- ☐ Proof of current equivalent ophthalmic dispensing license (copies of license and certificate provided by licensing body), OR proof of five or more years of experience as an optician equivalent to Nevada ophthalmic dispenser experience
- ☐ Three letters of reference, one of which must be from a dispensing optician or a person who has worked in the optical industry with you, mailed directly to the board office by the references
- ☐ Copy of your high school diploma or GED certificate
- ☐ Copy of your birth certificate OR other documented proof you are a U.S. citizen or lawfully entitled to remain and work in the U.S.

Mail your \$350 fee, complete application, and all required documents, postmarked no later than 60 days before exam date, to:

Nevada Board of Dispensing Opticians
4790 Caughlin Pkwy. #241
Reno, NV 89519

Important Note: Your application will not be considered if it is not complete.

Nevada Special Ophthalmic Dispenser License Application

Full Name _____ Date of Birth _____ Birthplace _____

Home address _____ City _____ State ____ Zip Code _____

Home phone # _____ Mobile phone# _____ Email _____

High School _____ Date graduated _____ or GED Date _____

Date passed: ABO National Opticianry Competency Exam_____, NCLE Contact Lens Registry Exam_____

☐ I have active license issued by a U.S. state, territory, or the District of Columbia equivalent to a Nevada Ophthalmic Dispenser License

OR

☐ I have five or more years of experience as an optician equivalent to Nevada ophthalmic dispenser experience

Ophthalmic Dispensing Training and Experience

List all optical employers, beginning with the most recent. Attach additional pages, if needed.

Employer Name _____ License Number _____

Address_____

City_____ State_____ Zip Code_____ Telephone #_____

Dates of employment: (from) _____ (to) _____; Hours worked per week _____

[illegible]

Employer Name _____ License Number _____

Address _____

City _____ State _____ Zip Code _____ Telephone # _____

Dates of employment: (from) _____ (to) _____; Hours worked per week _____

[illegible]

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Employer Name _____ License Number _____

Address _____

City _____ State _____ Zip Code _____ Telephone # _____

Dates of employment: (from) _____ (to) _____; Hours worked per week _____

Description of specific training and/or duties, giving approximate amount of time in percentages devoted to each

_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %

Application Screening Questions

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

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

Yes ☐ No ☐ Are you subject to a court order that requires you to pay for the support of one or more children?

Yes ☐ No ☐ N/A ☐ Are you 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.**

Per Nevada Open Meeting Law provision NRS 241.033(1)(a) and (b), you must receive notice of the time and place of the meeting during which the Board will consider your application. The notice must be served personally to you at least 5 working days, or via certified mail at least 21 working days, before the meeting date. To expedite the Board's consideration of your application, you may waive your legal right to such notice.

Yes ☐ No ☐ I hereby waive my legal right to receive notice within the time frames set forth in NRS 241.033 so that the Board may consider my application at its next regularly scheduled meeting.

Your signature below affirms you have reviewed, understand, and will fully comply with the provisions of Chapter 637 of the Nevada Revised Statutes (NRS) and Nevada Administrative Code (NAC) that govern the practice of an optician (see Laws and Regulations tab on the Board's website www.opticalboard.state.nv.us).

AFFIDAVIT BY APPLICANT

State of Nevada, County of _____. Under penalty of perjury, I the undersigned, vouch for the truth and accuracy of all statements and answers made above.

Applicant Signature Date

Signed and affirmed before me on _____,
by _____.

Notarial Officer Signature

Contact Lens Training Record

Name _____

Retain for use during apprenticeship. Must be completed to qualify for Nevada state optical examination.
Please note: Record time in one-hour increments, even if several hours of training took place on one date.

Contact Lens Fitting (30 hours required)

Hrs	Date	From	To	Supv. Signature
1				
2				
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4				
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28				
29				
30				

Filling Prescriptions (5 hours required)

Hrs	Date	From	To	Supv. Signature
1				
2				
3				
4				
5				

Contact Lens Fitting Follow Up (20 hours required)

Hrs	Date	From	To	Supv. Signature
1				
2				
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Instrumentation (20 hours required)

Hrs	Date	From	To	Supv. Signature
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19				
20				

Contact Lens Training Record (continued)

Name_____

Insertion and Removal (15 hours required)

Hrs	Date	From	To	Supv. Signature
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2				
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15				

Inspection (10 hours required)

Hrs	Date	From	To	Supv. Signature
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12				
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14				
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Comments and/or Recommendations: