



**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: nvbdo.nv.gov

Application for Apprentice Ophthalmic Dispenser License

Instructions:

1. Read the application carefully and complete both pages. Do not leave blank spaces. Include explanations for any missing information.
2. Complete the Apprentice Supervision Form and have it signed by your supervisor.
3. Retain the Contact Lens Training Record for use during your apprenticeship.
4. If you would like to request credit for prior experience and training, follow the instructions on the board's website under the "Licensure and Exams" tab.
5. Submit your complete application, including proof of high school diploma or GED, Apprentice Supervision Form, and \$100 fee (check or money order only) to the board office.

PERSONAL INFORMATION

Full Name (first, m, last): _____ Social Security #: _____

Date of Birth: _____ Place of Birth: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Email: _____

High School: _____ Location: _____ Grad/GED Date: _____ *

****You must include a copy of your high school diploma or GED certificate with this application.***

EMPLOYMENT INFORMATION

Employer Name: _____ Ophthalmic Manager: _____ Lic # _____

Employer Address: _____ City _____ State _____ Zip Code _____

Phone: _____ Fax: _____

Date applicant employed/will be employed: _____ Hours working/will work per week: _____

Primary Supervisor _____ Lic # _____ *

**If supervisor holds a limited license (spectacle dispensing only), write "L" after license number. A limited licensee MAY NOT supervise the dispensing of contact lenses.*

IMPORTANT: Per NRS 637.125(3), an apprentice may only dispense when a licensed supervisor is present. You must submit an Apprentice Supervision Form, signed by your primary supervisor, along with this application. If there is a change of supervision, both you and your primary supervisor are responsible for submitting a new supervision form to the board office within ten (10) days of the change.

SCREENING QUESTIONS

1. Yes No Have you previously held a Nevada Apprentice Ophthalmic Dispenser License?
If yes, please provide the dates of your apprenticeship: _____ and license number: _____
2. Yes No Are you a citizen of the United States?
If not, you must provide proof you are lawfully entitled to remain and work in the U.S.
3. Yes No Have you ever served in the United States military?
Branch(es) of service: _____ Dates of Service: _____
4. Yes No Are you subject to a court order that requires you to pay for the support of one or more children?
N/A Yes No Are you in compliance with that order? *If you answered "no" to the above question, mark N/A.*
5. Nevada Business License # (per NRS 353C, must be provided if you own an optical business): _____

If you answer yes to either of the screening questions below, you must attach a written explanation:

6. Yes No Have you ever had disciplinary action taken against your occupational or professional license or privilege to practice, or certification/registration of any kind (*other than your driver's license or vehicle registration*) or surrendered a professional license in any jurisdiction?
7. Yes No Have you ever had a criminal conviction (*other than a minor traffic violation*), whether misdemeanor or felony, or a civil judgment rendered against you in any jurisdiction?

AFFIRMATION

I, _____ (applicant), do affirm that all representations made in this application are true and complete. I hereby authorize the State of Nevada Board of Dispensing Opticians to make any inquiries it deems necessary to verify the accuracy and completeness of all representations made as part of my application.

Applicant's Signature _____ * ** Date _____

**Your signature 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 apprentice optician (these laws and regulations are available on the Board's website: nvbdo.nv.gov).*

***Per Nevada Open Meeting Law provision: NRS 241.033(1)(a) and (b), if the board sees cause to review your application at a public meeting, you must receive notice of the time and place. The notice must be served to you in person at least five (5) working days prior to the meeting date, or via certified mail at least twenty-one (21) working days prior to the meeting date. By signing this application, you agree to waive your legal right to such notice, and allow the board to review any and all portions of this application at its next regularly scheduled board meeting.*



STATE OF NEVADA

BOARD OF DISPENSING OPTICIANS

4790 Caughlin Pkwy #241; Reno, NV 89519-0907 • Telephone 775 / 689-0132 • Fax 775 / 689-0133
Email: nvbdo@govmail.state.nv.us • Website: nvbdo.nv.gov

Apprentice Supervision Form

Each apprentice must have this form on file with the board office. The form must be signed by both the apprentice AND primary supervisor. When there is a change of primary supervisor, the board must receive a new form within ten (10) days. *Incomplete forms will be returned to sender.

Date _____

Apprentice Name _____ License # _____

Supervisor Information

Apprentices may only dispense when a licensed supervisor is present. If a supervisor holds a limited license, write "L" after his/her license number. A limited licensee MAY NOT supervise the dispensing of contact lenses. The primary supervisor determines whether the apprentice may work with a temporary supervisor when the primary supervisor is unavailable. Temporary supervisors are not supervisors of record. You retain responsibility for your apprentice, even when the apprentice is directed by a temporary supervisor.

Name of Primary Supervisor _____ License # _____

Employer/Business Name _____

Employer/Business Address _____

Check here if you will allow your apprentice to work under the supervision of any Nevada licensed ophthalmic dispenser when you are unavailable to supervise.

OR

Check here if you want to maintain a roster of temporary supervisors, and supply the following information. You must name every temporary supervisor (up to five) you want on your roster. Your previous roster will be removed from your file:

1) Name _____ License # _____

2) Name _____ License # _____

3) Name _____ License # _____

4) Name _____ License # _____

5) Name _____ License # _____

OR

Check here if your apprentice will only be allowed to dispense under your own direct supervision.

Primary supervisor signature _____ **Date** _____ **

Apprentice signature _____ **Date** _____ **

Contact Lens Training Record

Name _____

Retain for use during your 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
Ex:	1/2/2012	8am	9am	<i>Supervisor Signature</i>
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				

Contact Lens Fitting Follow Up (20 hours required)

Hrs	Date	From	To	Supv. Signature
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

Instrumentation (20 hours required)

Hrs	Date	From	To	Supv. Signature
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

Filling Prescriptions (5 hours required)

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

Contact Lens Training Record (continued)

Name _____

Insertion and Removal (15 hours required)

Hrs	Date	From	To	Supv. Signature
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

Inspection (10 hours required)

Hrs	Date	From	To	Supv. Signature
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Rev. 3-2-12

Comments and/or Recommendations: