



STATE OF NEVADA

BOARD OF DISPENSING OPTICIANS

4790 Caughlin Pkwy. #241; Reno, NV 89519 • Telephone 775 / 689-0132 • Fax 775 / 680-0133
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2016 Apprentice License Renewal Instructions

Complete Renewal Application and Fee Is Due by January 31, 2016

Please complete this form online, then print, sign, and mail it with the \$50 renewal fee and proof of career progression to the board office. **If your application is not postmarked by January 31, 2016, your license will be delinquent and it is unlawful for you to dispense.** The renewal fee for a delinquent apprentice license is \$150. The Board will only renew delinquent apprentice licenses until March 1st (postmark date).

You Must Submit Proof of Career Progression with Your Renewal Application

To qualify for license renewal, you must submit proof that you have made progress towards completion of your apprenticeship in the past year. Please see the final page of the renewal application for information on acceptable proof of progress. Your primary supervisor must review your annual progress with you and sign the last page of your renewal application. Failure to submit proof of progress results in nonrenewal and possible disciplinary action against your license.

Apprentice Supervision Form

You are required by law to notify the board office any time you have a change supervisor and/or employer. You and your supervisor must complete and submit a *Change of Apprentice Supervisor Form* (available on the Board's website) within 10 days of the change. If you have not yet submitted an Apprentice Supervision Form to the board office, you must do so before your license will be renewed.

Your Renewal Application Must Be Complete

Incomplete applications are returned to the sender. This can greatly delay the processing of your application and result in delinquency fees. Please check for the following: 1) all spaces on the renewal form are filled, 2) all information is correct, 3) proof of progress is included *with your renewal application*, and 4) both the application and your check/money order are signed and dated, prior to mailing your application to the board office.

Please make your check or money order payable to:

Nevada Board of Dispensing Opticians

And mail your application to:

4790 Caughlin Pkwy. #241

Reno, NV 89519

Questions?

If you have any questions regarding the renewal process or your apprenticeship, please contact us by email at: [**info@nvopticians.org**](mailto:info@nvopticians.org)

Apprentice 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 # _____

Social Security # _____ Date of Birth _____

Home Address _____ * **

City _____ State _____ Zip Code _____

Home Phone _____ Mobile Phone _____

Email _____

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

**Check here _____ and initial here _____ if you would like your home address disclosed to outside organizations that provide educational opportunities, such as CE courses.

Screening Questions

These questions are required to fulfill the informational requests of multiple state agencies. None of the information you provide will 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

Please list any military occupational specialties:

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

Please list your dates of service:

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 # _____

Apprentice Dispenser License Renewal Application

Page 2 – Employer Information

Business/Employer Name _____ **Phone** _____

Business Address _____

City _____ **State** _____ **Zip** _____

Hours/week _____ **Ophthalmic Manager** _____ **License #** _____

Primary Supervisor _____ *** License #** _____

* You are required to provide the board with the name of one licensed optician, ophthalmologist, or optometrist who acts as your primary supervisor. This person takes primary responsibility for your training and must attest to your yearly progress by signing the final page of this renewal application. With the permission of your primary supervisor, you may dispense under the direction of a *temporary* supervisor when your primary supervisor is unavailable.

Business/Employer Name _____ **Phone** _____

Business Address _____

City _____ **State** _____ **Zip** _____

Hours/week _____ **Ophthalmic Manager** _____ **License #** _____

Business/Employer Name _____ **Phone** _____

Business Address _____

City _____ **State** _____ **Zip** _____

Hours/week _____ **Ophthalmic Manager** _____ **License #** _____

I affirm I have read this form and the statements made are true and correct.*

I agree to waive my right to legal notice should my application and accompanying materials require board review at a public meeting.**

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.

**Per Nevada Open Meeting Law provision NRS 241.033(l)(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. By signing and submitting this renewal application, you are agreeing to waive your right to such notice should your application require board review and decision at a public meeting.

Apprentice Dispenser License Renewal Application

Page 3 – Proof of Progression

Apprentices who have held their licenses **for at least six months** are required to furnish proof of having made career progress in the past year in order to renew their licenses. Please provide the following information, along with documentation, and have your primary supervisor review and sign this form.

Please note: if you were licensed prior to November 1, 2011 your license has already been renewed four times. Per NRS, 637.123(3), the board must determine good cause to renew your license a fifth time. You should not plan to dispense after January 31, 2016.

Please place check marks next to the proof of progress you are submitting for your 2016 renewal (you must check at least one and provide documentation, such as a copy of a certificate or a letter from your school):

For apprentices who have not yet completed a board-approved educational program:

I have completed at least one course as part of the CSN Associate of Applied Science in Ophthalmic Dispensing Degree Program.

I have completed at least one volume of the National Academy of Opticianry (NAO) home-study Career Progression Program.

I have earned the College of Southern Nevada (CSN) Ophthalmic Dispensing Certificate of Completion.

I have completed at least one volume of the Contact Lens Society of America (CLSA) home-study program.

I have earned the College of Southern Nevada (CSN) Contact Lens Technician Certificate of Completion.

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

I have completed at least 100 hours of training and experience in the fitting and filling of contact lens prescriptions under the direct supervision of a dual-licensed dispensing optician, or a licensed ophthalmologist or optometrist (must be documented on a contact lens training record).

I took the certification examination of the American Board of Opticianry (ABO).

I took the certification examination of the National Contact Lens Examiners (NCLE).

I took the board's licensing examination in 2016 **OR**, I have completed all the above requirements but do not yet have the required experience (hours) to qualify to take the state board exam. I have completed at least 14 hours of continuing education.

Affirmation by my Primary Supervisor:

I have reviewed my apprentice's career progression for his/her 2016 renewal. I understand my apprentice may not dispense prescription eyewear after January 31, 2016 if one of the above requirements has not been met in the past year.

Signature of Supervisor _____ **Date** _____