

STATE OF NEVADA
BOARD OF DISPENSING OPTICIANS

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

Nevada Ophthalmic Dispenser License Application

Instructions

Nevada Apprentices must pass all certifying exams (**Basic, Advanced, and Practical**) of the **American Board of Opticianry** and **National Contact Lens Examiners** and the **Nevada Law and Ethics Exam** in order to obtain their Ophthalmic Dispenser Licenses. The ABO exams may be taken at any time during your apprenticeship. To register, contact the ABO and provide your name and license number. Once your apprenticeship requirements are complete, complete this form and submit it to the Board office along with all requisite materials listed below (mail only; please do not fax or email documents to the Board).

Once you have passed your ABO/NCLE qualifying exams, you will be issued the (open-book) Nevada Law and Ethics Exam by mail. Complete the exam and certification page and return it to the board office to complete your licensing requirements.

Checklist

- ☐ Complete application form: **An incomplete application will be returned to you.**
- ☐ Copy of birth certificate or other proof you are a U.S. citizen or lawfully entitled to work in the U.S.
- ☐ Copy of high school diploma or GED certificate
- ☐ Copy of degree certificate for AAS in Ophthalmic Dispensing **or** Certificates of Completion for board-approved distance education programs (ophthalmic and contact lens)
- ☐ Official transcript **mailed directly to the board office by your school** (if applicable)
- ☐ Copies of ABO Basic, Advanced, and Practical Certifications (current)
- ☐ Copies of NCLE Basic, Advanced, and Practical Certification (current)
- ☐ Contact Lens Training Record: 100 hours documented contact lens training, including dates, times, and signatures of supervisor(s) and/or licensed individual(s) who provided training
- ☐ Three letters of reference (at least one from a person who has worked in the optical field with you) **mailed directly to the board office by your references**
- ☐ Check or money order for \$100 application fee (nonrefundable), payable to: Nevada Board of Dispensing Opticians

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PERSONAL INFORMATION

Full Name (first, m, last): _____

Social Security #: _____ Birthdate: _____ Birthplace: _____

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

Cell Phone: _____ Home Phone: _____ Email: _____

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

SCREENING QUESTIONS

1. **Do you currently or have you previously held a Nevada Apprentice Dispenser License or Nevada Ophthalmic Dispenser License?**

Yes ☐ No ☐

If yes, please provide the license number(s): _____ and dates held: _____

2. **Are you a citizen of the United States?**

Yes ☐ No ☐ *If not, you must provide proof (such as a copy of a current Worker Visa) that you are lawfully entitled to remain and work in the U.S.*

3. **Have you ever served in the United States military?**

Yes ☐ No ☐

Branch(es) of service: _____ Dates of Service: _____

4. **Are you subject to a court order that requires you to pay for the support of one or more children?**

Yes ☐ No ☐

Are you in compliance with that order? *If you answered "no" to the above question, mark N/A.*

N/A ☐ Yes ☐ No ☐

5. **Nevada Business License #** (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. 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?

Yes ☐ No ☐

7. 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?

Yes ☐ No ☐

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EDUCATION AND TRAINING REQUIREMENTS

- ☐ I have an AAS Degree in Ophthalmic Dispensing and at least **one year** of dispensing experience (including at least **1,000 hours** of work at the fitting table and in the laboratory) under the supervision of a licensed optician, optometrist, or ophthalmologist.

OR

- ☐ I have completed Board-approved ophthalmic and contact lens theory distance/home-study programs and have at least **three years** of dispensing experience (including at least **2,000 hours** of work at the fitting table and in the laboratory) under the supervision of a licensed optician, optometrist, or ophthalmologist.

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

Employer Name _____ **Primary Supervisor** _____ **Lic. #** _____

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

Telephone _____ **Dates of employment: (from)** _____ **(to)** _____ **Hours/week** _____

Description of specific training and/or duties:

Employer Name _____ **Primary Supervisor** _____ **Lic. #** _____

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

Telephone _____ **Dates of employment: (from)** _____ **(to)** _____ **Hours/week** _____

Description of specific training and/or duties:

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Employer Name _____ Primary Supervisor _____ Lic. # _____

Address _____ City _____ State _____ Zip _____

Telephone _____ Dates of employment: (from) _____ (to) _____ Hours/week _____

Description of specific training and/or duties:

If you have not obtained the requisite years/hours of training during your current apprenticeship, you may apply for prior experience credit with the Board. The Board will grant up to three years of credit for experience gained during a previous Nevada apprenticeship and up to two years of credit for experience gained outside of a Nevada apprenticeship (e.g. while working under a doctor's license or working in another state). To obtain credit, you must complete the **Prior Experience Credit Application** (available on the Board's website). Your application will reviewed by the Board at a public meeting.

Are you submitting an application for prior experience credit along with this application?

Yes ☐ No ☐

AFFIRMATION

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

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: www.nvbdo.nv.us).*

***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. By signing this application, you agree to waive your legal right to such notice, and to allow the board to review any and all portions of this application at its next regularly scheduled board meeting.*