



STATE OF NEVADA

BOARD OF DISPENSING OPTICIANS

4790 Caughlin Pkwy. #241; Reno, NV 89519 • Telephone 775 / 689-0132 • Fax 775 / 689-0133
Email: info@nvopticians.org • Website: www.nvbdo.nv.gov

Ophthalmic Dispenser License Renewal Application
Complete Renewal Application, Fee, and CECs Are Due by January 31, 2016

Please complete this form online, then print, sign, and mail it with your renewal fee and continuing education credits (CECs) to the board office no later than January 31, 2016. **If your application is postmarked after January 31, 2016, 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. Completed application
2. Fee: \$300 (\$600 for applications postmarked after January 31, 2016)
3. Fourteen (14) units of board-approved continuing education credits; a maximum of seven credits for online courses, and seven credits for spectacle-only courses.* CEC slips must be included with your application!

*If you passed the state board exam in March or September of 2015 you are not required to submit proof of continuing education until next year's renewal.

Renewal Requirements for Limited Ophthalmic Dispensers

1. Completed application
2. Fee: \$200 (\$400 for applications postmarked after January 31, 2016)
3. Twelve (12) units of board-approved continuing education credits; a maximum of six (6) credits for online courses. CEC slips must be included with your application!

Questions?

If you have any questions regarding the renewal process or your licensure, please email us at:
info@nvopticians.org

IMPORTANT: Incomplete applications will be returned to the sender. This can greatly delay the processing of your renewal. Please check for the following before submitting your renewal materials to the board office: 1) your application is complete (no blank spaces), 2) your application is signed *and dated* by hand, 3) your check or money order is signed, and 4) you have included all CE slips for courses listed on your application. Thank you!

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 # _____

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. 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.

**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 # _____

Ophthalmic Dispenser License Renewal Application
Page 2 – Work Information

Business/Employer Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Ophthalmic Manager _____ License # _____

Business/Employer Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Ophthalmic Manager _____ License # _____

Business/Employer Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Ophthalmic Manager _____ License # _____

Name your apprentices of record below. You may be supervisor of record for a total of two apprentices at all locations. You may not directly supervise more than two apprentices at any one time.

Apprentice Name _____ License # _____

Apprentice Name _____ License # _____

**I affirm that I have read this form in its entirety 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 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), 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.

Name: _____ License # _____

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

Please list all the CE credits you wish to apply to your **2016 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 or send in excess CE credit slips – turn in only those slips you wish to apply to this year's renewal.*

	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 2016 Renewal CE Credits:				____/14	____/7	____/7