



STATE OF NEVADA
BOARD OF DISPENSING OPTICIANS

4790 Caughlin Pkwy. #241; Reno, NV 89519 • 775 / 433-1700
Info@nvopticians.org • NVBDO.nv.gov

Applicant Credential Verification Form

Instructions: Complete the top section of the form and send it to the state or territory where you are currently licensed, certified, or registered to dispense prescription eyewear. A separate form must be sent to each jurisdiction where you are/have been certified. The credentialing agency may charge a fee for this service.

This section to be completed by the applicant:

Applicant Information		
First Name	Middle	Last Name
Date of Birth:	Title and No. of License/Registration	
I hereby authorize the release of the information below to the Nevada Board of Dispensing Opticians.		
Signature: _____ Date: _____		

This section to be completed by the credentialing agency:

Verification of Credential			
Name of License/Registration Holder		Issuing State/Territory and Name of Agency:	
License/Registration No.	Issue Date	Expiration Date	Status of License/Registration
Rights/responsibilities granted under license/registration:			
Has your agency ever taken disciplinary action against this individual's license/certification? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please attach an explanation and provide a copy of the final order or other documentation of the action.			

Signature of Agency Representative:

Title:

Date:

