

STATE OF NEVADA
BOARD OF DISPENSING OPTICIANS

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

FORM FOR ASSUMING MANAGEMENT OF AN OPTICAL ESTABLISHMENT

Pursuant to NRS 637.090, the manager of an optical establishment must hold an active license as a dispensing optician. To assume the role of manager at your optical establishment, you must submit this form to the Board. Please read the following carefully:

Roles and Responsibilities of a Manager:

- 1) You must, **within 10 days of becoming manager of the optical establishment**, notify the Board by submitting this completed form via email to info@nvopticians.org. A dispensing optician **may not manage more than one optical establishment**.
- 2) As manager, you are responsible for overseeing all aspects of ophthalmic dispensing at the establishment, including, without limitation:
 - Ensuring that all ophthalmic dispensing is performed by appropriately licensed employees and that the establishment and its employees adhere to the provisions of NRS and NAC Chapter 637;
 - Maintaining a current list of all licensees who are employed at the establishment;
 - Displaying the current license certificates of all licensed employees in a public and conspicuous area of the establishment; and
 - Ensuring a current copy of the Apprentice Supervision Form, which indicates the supervisor of record for each apprentice dispensing optician employed at the establishment, is on file at the establishment and with the Board.
- 3) You must be on duty during the hours the optical establishment is engaged in ophthalmic dispensing unless you assign another dispensing optician to act as the substitute manager of the establishment for the duration of your absence.
- 4) You must provide access to facilitate an inspection of the optical establishment by a Board inspector upon request. Failure of any licensee to cooperate with an inspection constitutes grounds for disciplinary action pursuant to NRS 637.150.

Please provide the following information:

Name of Manager: _____ License No. _____

Name of Optical Establishment: _____

Address of Establishment: _____

City: _____ State: _____ Zip: _____

Affirmation of Manager:

I understand the roles and responsibilities of a manager of an optical establishment as they are presented in NRS and NAC Chapter 637. I agree to assume responsibility for management of the above-named optical establishment and to adhere to all applicable laws and regulations.

Manager Signature: _____ **Date:** _____