



**STATE OF NEVADA
BOARD OF DISPENSING OPTICIANS**

4790 Caughlin Pkwy, #241; Reno, NV 89519 • Telephone 775 / 433-1700 • Fax 775 / 433-1705
Email: info@nvopticians.org • Website: nvbdo.nv.gov

Application for Apprentice Ophthalmic Dispenser License

Instructions:

1. Read the application carefully and complete both pages. Do not leave blank spaces. Include explanations for any missing information.
2. Complete the Apprentice Supervision Form and have it signed by your supervisor.
3. Retain the Contact Lens Training Record for use during your apprenticeship.
4. If you would like to request credit for prior experience and training, follow the instructions on the board's website under the "Licensure and Exams" tab.
5. Submit your complete application, including proof of high school diploma or GED, Apprentice Supervision Form, and \$100 fee (check or money order only) to the board office.

IMPORTANT: It can take up to 30 days for the board to process your application; *applications cannot be expedited*. Due to the volume of applicants, the board cannot reply to individual requests for confirmation of receipt or status updates. To ensure the board receives your application, it is recommended you send it via certified mail.

PERSONAL INFORMATION

Full Name (first, m, last): _____ Social Security #: _____

Date of Birth: _____ Place of Birth: _____

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

*Home Phone: _____ Cell Phone: _____ Email: _____

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

You must include a copy of your high school diploma or GED certificate with this application.

EMPLOYMENT INFORMATION

Employer Name: _____ Ophthalmic Manager: _____ Lic # _____

Employer Address: _____ City _____ State _____ Zip Code _____

Phone: _____ Fax: _____

Date applicant employed/will be employed: _____ Hours working/will work per week: _____

Primary Supervisor _____ Lic # _____*

Per NRS 637.125(3), an apprentice may only dispense when a licensed supervisor is present. You must submit an Apprentice Supervision Form, signed by your primary supervisor, along with this application. If you change supervisors, you are responsible for submitting a new supervision form to the board office within ten (10) days of the change. If your supervisor holds a limited license (spectacle dispensing only), write "L" after his/her license number. A limited licensee MAY NOT supervise the dispensing of contact lenses.

SCREENING QUESTIONS

1. Yes No Have you previously held a Nevada Apprentice Ophthalmic Dispenser License?
If yes, please provide the dates of your apprenticeship: _____ and license number: _____
2. Yes No Are you a citizen of the United States?
If not, you must provide proof you are lawfully entitled to remain and work in the U.S.
3. Yes No Have you ever served in the United States military?
Branch(es) of service: _____ Dates of Service: _____
4. Yes No Are you subject to a court order that requires you to pay for the support of one or more children?
N/A Yes No Are you in compliance with that order? *If you answered "no" to the above question, mark N/A.*
5. Nevada Business License # (per NRS 353C, 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. Yes No 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?
7. Yes No 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?

AFFIRMATION

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

Applicant's 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: nvbdo.nv.gov).*

***Per Nevada Open Meeting Law provision: NRS 241.033(1)(a) and (b), if the board sees cause to review your application at a public meeting, you must receive notice of the time and place. The notice must be served to you in person at least five (5) working days prior to the meeting date, or via certified mail at least twenty-one (21) working days prior to the meeting date. By signing this application, you agree to waive your legal right to such notice, and allow the board to review any and all portions of this application at its next regularly scheduled board meeting.*

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Apprentice Supervision Form

Instructions:

- 1) Each apprentice must have a single supervisor of record on file with the board office. When there is a permanent change of the supervisor of record (defined as a change lasting 7 days or longer), the apprentice must submit a new Supervision Form within 10 business days of the change.
- 2) The supervisor of record must be a Nevada-licensed optician, ophthalmologist, or optometrist. The apprentice and supervisor must be employed by the same employer at the same work location *except*, the apprentice may be supervised by any Nevada-licensed person authorized to fit and fill prescriptions for contact lenses when completing the 100-hours contact lens training requirement.
- 3) The supervisor of record must: 1) directly supervise all work done by the apprentice dispensing optician, 2) be in attendance whenever the apprentice is engaged in ophthalmic dispensing, and 3) post the license of the apprentice in a conspicuous place where the apprentice works. "Directly supervise" means physically providing individual direction, control, inspection and evaluation of work based on the training, experience and education of the apprentice dispensing optician, and any other relevant factors. The Board may require the supervisor of record to conduct a periodic review of the apprentice.
- 4) In any instance when the supervisor of record is absent, a Nevada-licensed substitute supervisor must be obtained to directly supervise the apprentice.
- 5) A licensed dispensing optician may not supervise more than two apprentices at any one time.

Apprentice Affirmation

By signing this form, you agree abide by the instructions and training of your supervisor of record, and any licensed individual charged with temporary supervision of your ophthalmic dispensing duties, as far as said instructions adhere to the laws and regulations of Nevada Revised Statute and Nevada Administrative Code Chapters 637.

Apprentice Name: _____ **License #:** _____

Apprentice Signature: _____ **Date:** _____

Supervisor of Record Affirmation

By signing this form, you agree to take responsibility for training your apprentice in the practice of ophthalmic dispensing in a safe and accurate manner and according to all laws and regulations of Nevada Revised Statute and Nevada Administrative Code Chapters 637.

Supervisor Name: _____ **License #:** _____

Supervisor Signature: _____ **Date:** _____