

STATE OF NEVADA
BOARD OF DISPENSING OPTICIANS

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

Application for Contact Lens Dispensing License

Instructions

Nevada Opticians with Limited Licences (for dispensing spectacles only) who wish to obtain a license to dispense contact lenses must obtain the requisite contact lens education and training and pass all three certifying exams (**Standard, Advanced, and Practical**) of the **National Contact Lens Examiners**, as well as the current **Nevada Law and Ethics Exam***. You can register for the required exams by contacting the NCLE with your name and Nevada license number. Once your licensing requirements have been met, 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 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** Certificate of Completion for board-approved distance education program (contact lens portion only)
- Official transcript **mailed directly to the board office by your school** (if applicable)
- Copies of NCLE Standard, Advanced, and Practical Certifications (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 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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EMPLOYMENT INFORMATION

List all current optical employers. Attach additional pages as needed.

Employer Name _____ Primary Supervisor _____ Lic. # _____

Address _____ City _____ State _____ Zip _____

Telephone _____ Date employed: _____ Hours/week _____

Description of specific training and/or duties:

Employer Name _____ Primary Supervisor _____ Lic. # _____

Address _____ City _____ State _____ Zip _____

Telephone _____ Date employed _____ Hours/week _____

Description of specific training and/or duties:

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.*