



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 for Applicant: Please 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.

Instructions for Credentialing Agency: Please supply the information on this form and enclose a copy of the requirements for licensing/certification in your jurisdiction.

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. | | | |

Name/Signature of Agency Representative:

Title:

Date:

