

**STATE OF NEVADA**  
**BOARD OF DISPENSING OPTICIANS**

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

**Application for Credit for Prior Experience and Training**

*An individual may apply for credit for previous experience and training when applying for an apprentice license, or at any time while licensed as an apprentice. The board may grant up to two years of credit for experience gained outside of a Nevada apprenticeship, and up to three years of credit for experience gained during a previous Nevada apprenticeship.*

**Complete this application in its entirety. Do not leave blank spaces; give explanations for any missing information. Requests for credit for previous experience and training are considered by the Board at regularly scheduled meetings and must be received at least 15 days in advance of the meeting at which they are to be reviewed.**

Name \_\_\_\_\_ License # \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

1. Were you previously licensed as a Nevada Apprentice Ophthalmic Dispenser?  Yes  No  
If so, provide your previous license #: \_\_\_\_\_ and dates you held the license: \_\_\_\_\_

2. How much credit (in months or years) are you requesting the board grant you towards your apprentice training requirements? \_\_\_\_\_

3. List all employers who provided you with dispensing experience and training *beginning with the most recent*, along with dates of employment and hours worked per week. Under each employer, specify the types of training and/or duties performed, and supply an approximate percentage of time devoted to each. Total of percentages for job duties at each place of employment should equal 100. Attach additional sheets as necessary.

**Employer 1:** \_\_\_\_\_ Dates: \_\_\_\_\_ Hours/Week: \_\_\_\_\_

Job duties: \_\_\_\_\_ % \_\_\_\_\_  
\_\_\_\_\_ % \_\_\_\_\_  
\_\_\_\_\_ % \_\_\_\_\_  
\_\_\_\_\_ % \_\_\_\_\_

Employer 2: \_\_\_\_\_ Dates: \_\_\_\_\_ Hours/Week: \_\_\_\_\_

Job duties: \_\_\_\_\_ % \_\_\_\_\_

\_\_\_\_\_ % \_\_\_\_\_

\_\_\_\_\_ % \_\_\_\_\_

\_\_\_\_\_ % \_\_\_\_\_

Employer 3: \_\_\_\_\_ Dates: \_\_\_\_\_ Hours/Week: \_\_\_\_\_

Job duties: \_\_\_\_\_ % \_\_\_\_\_

\_\_\_\_\_ % \_\_\_\_\_

\_\_\_\_\_ % \_\_\_\_\_

\_\_\_\_\_ % \_\_\_\_\_

4. Please tell the board why you believe you should be granted credit for your previous experience:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Have your (listed) employers send letters directly to the Board office which detail 1) the exact dates of your employment, 2) hours worked per week, 3) specific categories of training and/or duties, and 4) approximate amount of time, in percentages, spent performing each task. Exceptions to this documentation requirement will be considered on a case-by-case basis.

Letters should be mailed to: **Nevada State Board of Dispensing Opticians**  
**4790 Caughlin Pkwy, #241**  
**Reno, NV 89519-0907**

**By signing here you affirm that all representations made in this application are true and complete and authorize the Nevada Board of Dispensing Opticians to make any and all inquiries it deems necessary to verify the accuracy and completeness of all representations made as part of this application.\* \*\***

**Signature:** \_\_\_\_\_ **\* Date:** \_\_\_\_\_

*\*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.*