

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

**Special Application for Nevada Ophthalmic Dispenser License
(For out-of-state applicants)**

Instructions

Applicants who hold a license equivalent to a Nevada Dispenser's License or have worked as a dispenser for five or more years in an unlicensed state must pass the **Basic, Advanced, and Practical Exams of the ABO and NCLE** and a **Nevada Law and Ethics Exam** in order to obtain a license in Nevada. 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).

If you have not yet taken the Advanced or Practical Exams of the ABO/NCLE, you may need special approval to do so. Once your application is otherwise complete, the Board will notify the American Board of Opticianry of your qualification to take the ABO/NCLE Advanced and Practical exams. You must submit this application and all required materials at least 30 days prior to the date you plan to register to take your ABO/NCLE exams. You will be issued the Nevada Law and Ethics exam by mail. The exam, which is open-book, must be completed and submitted to the Board before you will be issued a license.

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/transcript or GED certificate
- Copies of degree certificates/transcripts for any ophthalmic education programs completed
- Copy of current dispensing license from other state(s)/jurisdiction(s)
- Copies of ABO **Basic, Advanced, and Practical** Certifications (current)
- Copies of NCLE **Basic, Advanced, and Practical** Certifications (current)
- Contact lens training verification: 100 hours of contact lens training verified by signed letters from the persons who provided the training; the letter(s) should including dates of training and specific topics covered
- 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 #: _____
Date of Birth: _____ Place of Birth: _____
Home Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____ Email: _____
High School: _____ Location: _____ Grad/GED Date: _____*

SCREENING QUESTIONS

1. **Do you currently or have you previously held a Nevada Apprentice Dispenser License or 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 #** (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. 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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EDUCATION AND TRAINING REQUIREMENTS

- I hold an active license issued by a U.S. state, territory, or the District of Columbia equivalent to a Nevada Ophthalmic Dispenser License.

OR

- I have five or more years of experience as an optician obtained in a U.S. state or territory that does not require licensure.

List all optical employers, beginning with the most recent. Attach additional pages as needed.

Employer Name _____ Supervisor Name _____

Address _____

City _____ State _____ Zip Code _____ Telephone _____

Dates of employment: (from) _____ (to) _____; Hours/week _____

Description of specific training and/or duties:

Employer Name _____ Supervisor Name _____

Address _____

City _____ State _____ Zip Code _____ Telephone _____

Dates of employment: (from) _____ (to) _____; Hours/week _____

Description of specific training and/or duties:

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Employer Name _____ Supervisor Name _____

Address _____

City _____ State _____ Zip Code _____ Telephone _____

Dates of employment: (from) _____ (to) _____; 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 authorize the State of 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.*