

## NEVADA STATE BOARD OF DISPENSING OPTICIANS

4790 Caughlin Parkway; PMB 241; Reno, NV 89519

Telephone (775) 433-1700 • FAX (775) 433-1705

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### Application to Transition to Dual Dispensing Optician License

#### Instructions:

If you are a Nevada Optician with a Limited License (for dispensing spectacles only) and want to obtain a dual license to dispense both spectacles and contact lenses, you must obtain the required **contact lens education and training** and pass the **NCLE Basic and Practical** certifying exams and a **Nevada Law and Ethics Exam**.

You may register for the certifying 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 required documentation listed below (please submit all documents together by mail or email). Once your application is complete, you will be issued the Nevada Law and Ethics Exam electronically by email.

#### Checklist:

- Complete application form (**an incomplete application will be returned to you**)
- Copy of one of the following forms of ID: Real ID card issued by a U.S. jurisdiction (with star icon at top right), U.S. birth certificate, U.S. passport, U.S. Social Security card, U.S. Worker's Visa, U.S. Permanent Resident Card, or U.S. Certificate of Naturalization. If you don't have one of these forms of ID, you must supply a federal taxpayer identification number issued by the IRS as proof of identification.
- Copy of high school diploma (or its foreign equivalent) 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 Basic and Practical Certifications (**must be current**)
- Contact Lens Training Record: 100 hours of documented contact lens training, including dates, times, and signatures of supervisor(s) and/or licensed individual(s) who provided your training (**must be on forms provided by the Board**)
- Three reference letters, at least one of which must be from a person who has worked in the optical field with you, **mailed or emailed directly to the board office by your references** (any emailed information should be included in the body of the email, rather than as an attachment)
- Check or money order for \$100 application fee (nonrefundable), payable to:  
Nevada Board of Dispensing Opticians

# Nevada Transition to Dual Dispensing Optician License Application – Page 1

## PERSONAL INFORMATION

Full Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_ DOB: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Address Line 2: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Personal Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## 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 veteran or service member?** For purposes of this application, a veteran is defined as a person meeting one or more of the following qualifications (this information is collected per NRS 417.0194):
  - (a) Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable?
  - (b) Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable?
  - (c) Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable?Yes  No
3. **Are you subject to a court order that requires you to pay for the support of one or more children?** (This information is collected per NRS 425.520)  
Yes  No   
If yes, are you in compliance with that order?  
N/A  Yes  No
4. **Do you have a Nevada business license?** (This question pertains to a license to own/operate a business, not to your occupational license to practice; this information is collected per NRS 353C.1965)  
Yes  No

### If you answer yes to either of the screening questions below, you must attach a written explanation:

5. 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
6. 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 \_\_\_\_\_

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

Telephone \_\_\_\_\_ Date employed: \_\_\_\_\_ Hours/week \_\_\_\_\_

Description of specific training and/or duties:

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Employer Name \_\_\_\_\_ Primary Supervisor \_\_\_\_\_

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

Telephone \_\_\_\_\_ Date employed \_\_\_\_\_ Hours/week \_\_\_\_\_

Description of specific training and/or duties:

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## 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 any and all inquiries 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](http://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.*