

## Nevada Optician Applicants: Contact Lens Training Record

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

**Instructions for Applicants:** Use this form to demonstrate completion of requirements under NRS 637.100 and corresponding regulations. The form must be completed in its entirety to qualify for licensing as a dispensing optician. Have your trainer(s) sign on each individual date training takes place and include information on each of your trainers at the bottom of the form.

[illegible]

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[illegible]

**Trainer Information:** This section is to be completed by the applicant. Include information for each person who signs off on your training hours.

**Trainer Name:**

**License #**

**Contact: Phone or Email**


**DECLARATION OF APPLICANT:** By signing this form, I certify that all of the above information is true and correct, and I acknowledge that I may be subject to disciplinary action by the Board, up to and including revocation of my license, if any of the above information is determined to be false or fraudulent.

Printed Name

**Signature**

Date \_\_\_\_\_