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.

Contact Lens Fitting (30 Hours Required)				Contact Lens Fitting Follow Up (20 Hours Required)		
Date	Hours	Supervisor Signature	Date	Hours	Supervisor Signature	
Ex: 9/21/2018	3	Supervisor Signature				
				-		
			Total Hours			
					1	
			Insertion and Removal (15 hours required)			
			Date		Supervisor Signature	
Total Hours		J				
-						
Filling Prescriptions (5 Hours Required)						
				 		
	ing Pres	scriptions (5 Hours Required)	Total Hours			

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Instrumentation (20 hours required)			Inspection (10 hours required)		
Date	Hours	Supervisor Signature	Date	Hours	Supervisor Signature
			Total Hours		
Total Hours					

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.