

## NEVADA BOARD OF DISPENSING OPTICIANS

# Spectacle Training Form for Optician Applicants: Trainer Instructions

### Neutralizing Prescription Lenses

1. Use a manual lensmeter only; *use of an auto-lensmeter is prohibited.*
2. Do not look at the prescription or work order until after you have neutralized the lenses.
3. Start by calibrating the manual lensmeter.
4. Place the right lens against the lens stop, centering it over the reticle target (optical center).
5. Measure and record:
  - Sphere
  - Cylinder
  - Axis
  - Add power (if applicable)
  - Pupillary Distance (PD) or Optical Center (OC)
6. Repeat for the left lens.
7. Record segment height (if applicable).
8. After recording all measurements, compare them to the work order to check for accuracy.

### Final Inspection of Prescription Lenses

1. Use a manual lensmeter only; *use of an auto-lensmeter is prohibited.*
2. Verify:
  - Prescription details
  - Lens material and any treatments
  - All measurements meet the order specifications
3. Fabricated eyewear must meet ANSI standards.

**Nevada Optician License Applicant: Spectacle Training Record - page 1**

**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. Record your training in unit increments (1 unit = 1 pair of spectacles), and have your trainer sign next to each individual date training takes place.

***Before submitting your form to the Board with your license application, please make sure:***

- 1) All of your units have been added up under "Total Units" at the bottom of each section. If you do not include total units for each section, your form will be returned to you.
- 2) You have completed a total of 100 units (50 neutralizations and 50 final inspections) and have not included more/less than the maximum/minimum number of pairs for each section.
- 3) You have included the required information for each of your trainers on page 3 of the form and your name and license number is at the top of each page.

## Lensmeter Training Part I: Neutralization (50 pairs required)

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

Neutralization: Single Vision (20 Pairs Required)					
Date	Units	Supervisor Signature	Date	Units	Supervisor Signature
Ex: 9/21/2024	3	<i>Signature</i>			
			<b>Total Units</b>		

Neutralization: Bifocal or Trifocal Segmented (10 Pairs Required)					
Date	Units	Supervisor Signature	Date	Units	Supervisor Signature
			<b>Total Units</b>		

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# Nevada Optician License Applicant: Spectacle Training Record - page 2

## Lensmeter Training Part II: Final Inspection (50 pairs required)

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

Final Inspection: Single Vision (10 Pairs Required/20 Pairs Max)					
Date	Units	Supervisor Signature	Date	Units	Supervisor Signature
Ex: 9/21/2024	3	Supervisor Signature			
			Total Units		

Final Inspection: Bifocal or Trifocal Segmented (5 Pairs Required)					
Date	Units	Supervisor Signature	Date	Units	Supervisor Signature
			Total Units		

Final Inspection: Progressive (10 Pairs Required/20 Pairs Max)					
Date	Units	Supervisor Signature	Date	Units	Supervisor Signature
			Total Units		

Final Inspection: Digitally Surfaced Single Vision or Progressive -Adjusted Lensmeter Rx (5 Pairs Required)					
Date	Units	Supervisor Signature	Date	Units	Supervisor Signature
			Total Units		

# Nevada Optician License Applicant: Spectacle Training Record - page 3

## Lensmeter Training Part II: Final Inspection (optional lens types)

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

Final Inspection: Slab Off (Optional)		
Date	Units	Supervisor Signature
<b>Total Units</b>		

Final Inspection: Myodisc (Optional)		
Date	Units	Supervisor Signature
<b>Total Units</b>		

Final Inspection: Bi-concave (Optional)		
Date	Units	Supervisor Signature
<b>Total Units</b>		

Final Inspection: Lenticular (Optional)		
Date	Units	Supervisor Signature
<b>Total Units</b>		

Final Inspection: With Prescribed Prism (Optional)		
Date	Units	Supervisor Signature
<b>Total Units</b>		

Final Inspection: Occupationals-Double Segs (Optional)		
Date	Units	Supervisor Signature
<b>Total Units</b>		

**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 all of the above information is true and correct, and I acknowledge I may be subject to disciplinary action by the Board, including possible revocation of my license, if any of the above information is determined to be false or fraudulent.

Printed Name	Signature	Date