

NEVADA STATE BOARD OF OPTOMETRY



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APPLICATION FOR OPTOMETRY LICENSE RENEWAL

THE FOLLOWING QUESTIONS MUST BE COMPLETED AND THE APPLICATION MUST BE SIGNED. FAILURE TO ANSWER THE QUESTIONS AND/OR SIGN THE FORM WILL RESULT IN THE DENIAL OF YOUR APPLICATION, AND THE RETURN OF YOUR RENEWAL DOCUMENTS.

In support of my application for renewal of my license to practice optometry in the State of Nevada, by my signature at the conclusion of this application I, _____, License Number _____, state my responses herein are true to the best of my knowledge and ability:

1. Are you currently obligated by Court Order for the payment of child support? Yes No
2. Are you current in your obligations under any Court ordered child support?
3. Yes No Not Applicable
4. Between March 1st, 2016 and the date of this application, has the DEA disciplined your certification, or have you ever voluntarily surrendered it, allowed it to lapse, or had a limited certificate issued? Yes No
4. Do you have or have you ever had any licensing jurisdiction, DEA or a state drug enforcement authority take disciplinary action against you? Yes No
If yes, when and where? _____
5. Have you been convicted of any drug or alcohol related offense between March 1st, 2017, and the date of this application? Yes No
If yes, when and where? _____

6. Do you have a Nevada business license in compliance with the provisions of NRS Chapter 76? Yes No

If "Yes," provide your State of Nevada business license number: _____.

Under what name is your business license held?

8. Have you ever served in the Military? Yes No

If "Yes," please provide your date(s) of service: From _____ To _____
(DD-MM-YYYY) (DD-MM-YYYY)

Branches of Service (Check all that apply)

- Army/Army Reserve
- Marine Corps/Marine Corps Reserve
- Navy/Navy Reserve
- Air Force/Air Force Reserve
- Coast Guard/Coast Guard Reserve
- National Guard

RENEW an ACTIVE LICENSE

Name: _____ License Number: _____

Mailing Address: _____

E-Mail: _____ Phone: _____

Enclosed is my payment in the total amount of \$_____.

_____ The enclosed payment represents the \$375.00 license renewal fee for the 2018-2019 license year for my primary practice location at:

Phone: _____ FAX: _____

_____ If you are practicing in the State, and have more than one location, the renewal fee is assessed **per location**. **Please** include an additional \$175.00 to renew each of your additional practice locations for the 2018-2019 license year, and list them below.

1. _____

Phone: _____ FAX: _____

2. _____

Phone: _____ FAX: _____

3. _____

Phone: _____ FAX: _____

ATTACH ADDITIONAL SHEETS IF NECESSARY (Please do not submit handwritten notes)

Signature: _____

[Required]

Date: _____

The application for renewal, all fees, and all continuing education information must be submitted online or postmarked before midnight, February 29th, 2018 to avoid the assessment of late fee.

If all of the questions on Page 1 are not completed, or you fail to sign the application, your application will not be processed.

RENEW an INACTIVE LICENSE

Name: _____ License Number: _____

Mailing Address: _____

E-Mail: _____ Phone: _____

I am not currently practicing optometry in Nevada. The enclosed payment represents my \$250.00 inactive license renewal fee for 2018-2019. If I wish to practice in Nevada at any time during the 2018-2019 license year, I must provide the Board prior written notice of the date and place of my intended practice and pay \$150.00 to activate my license.

I also recognize that I must comply with all CE requirements to maintain an inactive license. My CE form is enclosed with this application.

Signature: _____

[Required]

Date: _____

This application for renewal, all fees, and all continuing education information must be postmarked on or before February 29th, 2018 to avoid a late fee. ***If you do not respond to the questions on Page 1, or you fail to sign the application, your renewal will not be processed.***