

NEVADA STATE BOARD OF OPTOMETRY



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TWO-YEAR CE SUMMARY FOR LICENSE RENEWAL

This form may be submitted upon completion of the required CE hours. Early submission is encouraged and may assist in more timely renewal processing.

I, _____, O.D.,

Nevada License Number _____,

hereby submit copies of documents reflecting my attendance at or participation in sufficient courses to fulfill the continuing education requirements for license renewal pursuant to NRS 636.260 and [Board Policy Number 5](#). I completed the following courses between March 1st of the current license period and the date entered below:

I have general optometric continuing education credits, including not more than the maximum allowable hours of practice management coursework, totaling:

I hold a Nevada Optometric Pharmaceutical Agent certificate (OPAC) and have completed approved continuing education hours related to pharmaceuticals, totaling:

I hold a federal DEA number and a Nevada CS number, and have completed substance/opioid abuse related continuing education, totaling:

Total Hours

I have provided my OETracker report (or CE attendance certificates for any coursework not included in the OETracker report, or both) in support of my total CE above. I swear the foregoing information is true under the pains and penalties of perjury.

Dated: _____

Signature: _____

Email: _____