

# NEVADA STATE BOARD OF OPTOMETRY



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## **APPLICATION FOR OPTOMETRY LICENSE RENEWAL**

Name: \_\_\_\_\_ License Number: \_\_\_\_\_

Preferred Board Communication Mailing Address: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Public Mailing Address: \_\_\_\_\_

*In support of this 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 that this application is complete, and my responses 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. If you answered Yes to Question #1, are you current in your obligations under any Court ordered child support?  Yes  No  N/A
3. During the current licensing period, has the DEA or the federal government disciplined you, taken any action on your prescribing privileges, or have you voluntarily surrendered your DEA number, allowed it to lapse, or had a limited certificate issued?  Yes  No  N/A
4. Has any licensing jurisdiction, DEA or a state drug enforcement authority ever imposed discipline on you or limited your ability to prescribe?  Yes  No  N/A  
If yes, when, and where? \_\_\_\_\_
5. **Prescribing:**
  - Do you hold a Nevada OPAC?  Yes  No
  - Have you registered for a Nevada PMP Account?  Yes  No  N/A
  - Do you confirm all PMP entries attributed to your prescriptions at least every six months?  Yes  No  N/A
  - My DEA# is: \_\_\_\_\_  N/A
  - My CS# is: \_\_\_\_\_  N/A

6. Have you been convicted of any drug or alcohol related offense within the current licensing period?

Yes  No

If yes, when, and where? \_\_\_\_\_

7. Has the State of Nevada, or any jurisdiction issued you a business license to offer optometric services?

Yes  No

If "Yes," My business license number is \_\_\_\_\_.

The license is held under what name(s)? \_\_\_\_\_

8. **Military Service:**

• Have you ever served in the Military?  Yes  No

• If "Yes," please provide 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
- Other \_\_\_\_\_

• Has your spouse ever served in the Military?  Yes  No

• If "Yes," please provide date(s) of service: From \_\_\_\_\_ To \_\_\_\_\_  
(DD-MM-YYYY) (DD-MM-YYYY)

• Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable?  Yes  No

• Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable?  Yes  No

• Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable?  Yes  No

I wish to **RENEW an ACTIVE LICENSE (for an INACTIVE LICENSE skip to page 4)**

\_\_\_\_\_ The enclosed payment represents the \$750.00 license renewal fee for the upcoming license period related to my primary practice location at:

Primary: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

If you practice in the State at more than one location, you must pay a renewal fee **for each location**. If you need to add or change a location, please submit the "Additional Practice Location Form" via the Board's website – DO NOT ADD OR CHANGE A LOCATION USING THIS RENEWAL FORM.

\_\_\_\_ I have included \$200.00 to renew each practice location listed below for the upcoming 2-year licensing period.

2. \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

3. \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

4. \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

5. \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

**6. ATTACH ADDITIONAL TYPED SHEETS IF NECESSARY**

**Enclosed is my payment in the total amount of \$\_\_\_\_\_.** (\$750 renewal plus additional locations at \$200 each, as applicable).

Are you renewing your status as a Substitute Optometrist?  Yes  No

\_\_\_\_ The enclosed payment represents the \$200.00 renewal fee for the upcoming license period related to my Substitute Optometrist Certificate. I recognize that I must report each practice location, and optometrist for whom I am substituting to the Board quarterly to maintain my standing as a Substitute Optometrist.

**My CE, as required by Board Policy #5, has already been submitted to the Board or is being submitted with this application.**

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
[Required]

**A signed complete application for renewal, proper fees, and evidence of required continuing education must be postmarked on or before the renewal deadline, addressed to the Board office, to avoid the assessment of a late fee.**

I wish to ***RENEW an INACTIVE LICENSE***

I am not currently practicing optometry in the State of Nevada.

If I wish to practice in Nevada at any time during the renewal period, I recognize that I must provide the Board prior written notice of the date and location I will be practicing and submit an additional \$250.00 to activate my license.

**Enclosed is my 2-year inactive renewal fee in the total amount of \$500.00.**

**My CE, as required by Board Policy #5, has already been submitted to the Board or is being submitted with this application.**

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
[Required]

**A signed complete application for renewal, proper fees, and evidence of required continuing education must be postmarked on or before the renewal deadline, addressed to the Board office, to avoid the assessment of a late fee.**