

# NEVADA STATE BOARD OF OPTOMETRY



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## TWO-YEAR CE SUMMARY FOR LICENSE RENEWAL

**Stop! Do not submit this form unless you have completed ALL the required CE hours.**

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 1<sup>st</sup> of the current license period and the date entered below.

### 1. Optometric Pharmaceutical Agents Certificate (OPAC) formerly TPA (Therapeutic Pharmaceutical Agents)

**Yes, I hold an OPAC.** (The required number of hours is 50, not fewer than 30 must relate to the diagnosis or treatment of conditions of the eye or prescribing optometric pharmaceutical agents. Up to 10 hours may be related to optometric office administration or practice management.) I have completed the following number of hours related to the diagnosis or treatment of conditions of the eye or prescribing optometric pharmaceutical agents:

10 hours is the maximum allowed in the subject of practice management. I have completed the following amount of those hours:

**No, I do not hold an OPAC.** (The minimum required hours is 40, of which up to 5 hours may be related to optometric office administration or practice management).

5 hours is the maximum allowed in the subject of practice management. I have completed the following amount of those hours:

### 2. Drug Enforcement Administration (DEA) number and/or a Nevada Controlled Substances (CS) number

Yes, I hold a DEA number and/or Nevada CS number.

I affirm that I have completed at least 2 hours related to prescribing opioids, addiction, substance abuse and/or pain management. The course title(s) are:

No, I do not hold a federal DEA number and/or a Nevada CS number.

3.  I affirm that I did not complete more than 10 hours of continuing education within any 24-hour period.

4.  I affirm that each document is complete and correct and that all information contained in this submission is true under the pains and penalties of perjury and the requirements of NRS Chapter 636 and NAC Chapter 636 and Nevada law generally. I also acknowledge that if I have directed or authorized a person to complete or submit this information on my behalf, I, the optometrist licensed by the Nevada Board of Optometry, am fully responsible for the content of this submission.

Dated: \_\_\_\_\_

Signature: \_\_\_\_\_