NEVADA STATE BOARD OF OPTOMETRY

Post Office Box 1824
Carson City, Nevada 89702
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Facsimile: (775) 305-0105
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Do not use this renewal application to change/add a practice location FOR ANY REASON. To change/add a location, submit the appropriate form under the For Optometrists tab on the website first, then complete the renewal application.

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 (Optometric Pharmaceutical Agents certificate) formerly known as TPA (Therapeutic Pharmaceutical Agents)? ☐ Yes ☐ No

(If Yes, 50 CE credit hours are required to renew your license, if No, 40 CE credit hours are required to renew your license). See Board Policy no. 5 for CE details https://nvoptometry.org/board/policies/

6. Have you registered for a Nevada PMP (Prescription Monitoring Program) Account with the Nevada State Board of Pharmacy? ☐ Yes ☐ No ☐ N/A
(If Yes, proceed to Question #7, if No, proceed to Question #8)

7. Pursuant to NRS 453.164(7), at lest once each six months do you confirm all PMP entries attributed to your name/license are correct and non-fraudulent? ☐ Yes ☐ No ☐ N/A

8. My DEA (Drug Enforcement Administration) number is: (if you do not have a DEA#, select N/A)

_____ ☐ N/A

9. My CS (Controlled Substance) number with the Nevada State Board of Pharmacy is: (if you do not have a CS# select N/A)

_____ ☐ N/A

10. Have you been convicted of any drug or alcohol related offense within the current licensing period? ☐ Yes ☐ No

If yes, when, where and case number? _____

11. 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 the following registered legal name(s)? _____

The assumed or fictitious name of this business is_____

My percentage of ownership in this business is_____

If the above listed ownership percentage is anything less than 100%, the following is a list of the name and address of each person holding any ownership interest, and percentage of the optometry practice that he or she owns regardless of size, in the business operating under the assumed or fictitious name at this location. If any owners of the business at this location are entities (such as corporations, companies, partnerships or trusts), I have provided a list of each of those entities' owners in the "Comments" section of this application.

☐ Additional owners(s): If this business operating under the assumed or fictitious name at this location has additional owners, add of them below:

_____ percentage of ownership_____

_____ percentage of ownership_____

_____ percentage of ownership_____

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? (if you were honorably discharged answer Yes)
  ☐ 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? (if you were honorably discharged answer Yes) ☐ 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? (if you were honorably discharged answer Yes) ☐ Yes ☐ No

The Board is required to ask the below four questions pursuant to codified law in May 2024.

12. Pursuant to NRS 232.0081(1), do you consider yourself a person of "limited English proficiency"? (NRS 232.0082(5)(c) defines "limited English proficiency" as "a person who reads, writes or speaks a language other than English and who cannot readily understand or communicate in the English language in written or spoken form, as applicable, based on the manner in which information is being communication.") ☐ Yes ☐ No

13. Pursuant to NRS 232.0081(1)(b)(2), what is your preferred language? _____

14. Pursuant to NRS 232.0081(1)(b)(4), do you consider yourself and indigenous person? ☐ Yes ☐ No

15. Pursuant to NRS 232.0081(1)(b)(5), do you consider yourself a refugee? ☐ Yes ☐ No

____ I wish to **RENEW an ACTIVE LICENSE (for an INACTIVE LICENSE skip to page 5)**

The enclosed payment represents the $900.00 license renewal fee for the upcoming license period related to **my primary practice location at***:

_____

_____ Phone:_____

**Enter your home address if you do not practice in Nevada but wish to have an active license*

**Enter your home address if you have no primary practice location at this time, and instead will be performing fill-in or substitute work*

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:_____

3. _____

_____ Phone:_____

ATTACH ADDITIONAL TYPED SHEETS IF NECESSARY

Enclosed is my payment in the total amount of $_____. ($900 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.** (this option is for "fill-in" or "floating" optometrists and requires that you submit a quarterly log of your substitute optometrist locations to admin@nvoptometry.org. If you plan on practicing at a single location for more than 28 days per biennial renewal cycle, do not choose this option. Alternatively, you may choose to use your home address in lieu of a primary practice location and use your 28 fill-in days before you are required to submit a Request for Additional Practice Location)

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

If you previously submitted CE's to NSBO and received a CE Acceptance Code, please provide code or enter N/A _____

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 <u>INACTIVE</u> 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 $350.00 to activate my license.

Enclosed is my 2-year inactive renewal fee in the <u>total amount</u> of $550.00.

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

If you previously submitted CE's to NSBO and received a CE Acceptance Code, please provide code or enter N/A _____

Date: _____ Signature: _____
[Required]

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