



South Carolina Department of Labor, Licensing and Regulation  
**South Carolina Board of Examiners in Opticianry**

P.O. Box 11329 • Columbia • SC • 29211  
Phone: 803-896-4681 • [Contact.Opticianry@llr.sc.gov](mailto:Contact.Opticianry@llr.sc.gov) • Fax: 803-896-4719  
[www.llronline.com/POL/Opticians/](http://www.llronline.com/POL/Opticians/)



## **Registered Apprenticeship Training in Ophthalmic Dispensing**

**The apprenticeship training program requires formal optical education as well as employment. All requirements of the program must be completed to qualify to sit for the South Carolina Practical Examination in Opticianry.**

The following are required before a South Carolina optician's license can be issued:

- Passage of the American Board of Opticianry Examination (ABO) / 703-719-5800 or [www.abo-ncle.org](http://www.abo-ncle.org)
- Successful completion of the S.C. Registered Apprenticeship Program
- Passage of the South Carolina Practical Examination in Opticianry

### **Program Requirements:**

- An applicant for the apprenticeship must be registered and approved in writing before the apprenticeship commences.
- Applicant must be a graduate of an accredited high school or have a GED Certificate.
- Applicant will need a sponsor that is a state licensed Optician, Optometrist or Ophthalmologist. Sponsor cannot train more than two (2) registered apprentices at a time.
- Applicant will need to work a minimum of 32 hours per week for **two years** under the supervision of their sponsor.
- Complete a pre-approved formal optical education program; see below for additional information.
- Renew registration annually by October 1; the renewal fee is \$50.00. Proof of attendance at four hours of Board approved continuing education (CE) is required. The S.C. Association of Opticians and other providers offer CE.

### **PRE-APPROVED OPTICAL EDUCATION PROGRAMS:**

**Career Progression Program:** A home study education program for opticians offered through the National Academy of Opticianry (NAO). For information concerning this program contact the NAO at 800-229-4828, or [www.nao.org](http://www.nao.org), or email [sbonner@nao.org](mailto:sbonner@nao.org). Other educational materials may also be purchased through the NAO.

**Penn Foster Career School:** This is an accredited school of independent study that offers a training program for opticians. For information contact an enrollment advisor at 800-272-4410 or visit their website at [www.pennfoster.edu](http://www.pennfoster.edu).

**Durham Technical College Optical Apprentice Certificate:** An internet/classroom-based program offered through Durham Technical College located in Durham, North Carolina. For information concerning this program contact the school at 919-686-3333 or on-line at [www.durhamtech.edu](http://www.durhamtech.edu).

**Northern Alberta Institute of Technology Optical Sciences Eyeglasses Diploma:** For information visit their website at [www.NAIT.ca](http://www.NAIT.ca).

The applicant and sponsor will receive confirmation of registration in writing.



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**Application for Registration for Apprenticeship Training in Ophthalmic Dispensing**

**Submit the following with your application to the above address:**

- Check or Money Order for the application fee of \$20 payable to LLR - SC Opticianry Board (This is a non-refundable fee)  
A returned check fee of up to \$30, or an amount specified by law, may be assessed on all returned funds.
- Copy of drivers license, state issued ID or passport
- Copy of social security card
- Proof of high school graduation, college transcript or GED Certification
- Have sponsor complete the Request to Sponsor Apprentice Form – Once completed you may submit with your application.

Board Use Only	
Beg Date:	
Sch. Comp Date:	
Ed Program	
Check No.	
Amount	

Note for SC Residents: To find your Congressional District you may go to: <http://www.scstatehouse.gov/legislatorssearch.php>

**APPLICANT INFORMATION:**

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_ Suffix: \_\_\_\_\_

Have you ever legally changed your name?  Yes  No Maiden Name: \_\_\_\_\_

If yes, please submit legal documentation supporting the change. (Marriage certificate, divorce decree, etc.)

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ District: \_\_\_\_\_  
Congressional District (SC Residents Only)

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
(If different than above)

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Place of Birth (Country): \_\_\_\_\_ Race: (for statistical purposes only) \_\_\_\_\_

Gender:      Female      Male

**EDUCATION:**

**College:**

School: \_\_\_\_\_ Location (city/state or country): \_\_\_\_\_

Degree: \_\_\_\_\_ Date of Attendance/ Date Degree Awarded: \_\_\_\_\_

**High School:**

School: \_\_\_\_\_ Location (city/state or country): \_\_\_\_\_

Year Graduated: \_\_\_\_\_ Year GED Received: \_\_\_\_\_

**EMPLOYMENT:**

Company Name: \_\_\_\_\_ Type of Facility: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_

Sponsor information will be filled out on the Request to Sponsor Apprentice form.

**PERSONAL HISTORY:**

- 1. Have you ever held any type of professional or occupational license in any state? Yes No
  - a. If yes, list the states and types of licenses: \_\_\_\_\_
- 2. Has any licensing agency revoked, suspended, or restricted your license or disciplined you? Yes No
 

If yes, give cause, dates and disposition in your written explanation.
- 3. Have you ever been convicted of or pled guilty or nolo contendere to a felony of any kind or to a non-felony crime involving drugs or moral turpitude (You may exclude juvenile or expunged crimes.)? Yes No
  - a. If yes, attach a written explanation that includes cause, dates and disposition.
- 4. Do you have a mental or physical impairment or addiction that would prohibit you from safely practicing as an apprentice? Yes No

**FORMAL EDUCATION: CHECK STATEMENT THAT APPLIES – ONE MUST BE CHECKED:**

- Applicant will enroll in the National Academy of Opticianry Career Progression Program.
- Applicant will enroll in the Durham Technical College Optical Apprentice Certificate Program.
- Applicant will enroll in the Penn Foster Career School.
- Applicant will enroll in the Northern Alberta Institute of Technology Optical Sciences Eyeglasses Program.
- Applicant will submit another formal optical education program for pre-approval by the Board.

**IMPORTANT:** A formal optical education program *pre-approved* by the Board is **REQUIRED** to be successfully completed before an apprentice can qualify to sit for the South Carolina Practical Examination in Opticianry.

**PRIVACY DISCLOSURE:**

*South Carolina Law requires that every individual who applies for an occupational or professional license provide a social security number for use in the establishment, enforcement and collection of child support obligations and for reporting to certain databanks established by law. Failure to provide your social security number for these mandatory purposes will result in the denial of your licensure application. Social security numbers may also be disclosed to other governmental regulatory agencies and for identification purposes to testing providers and organizations involved in professional regulation. Your social security number will not be released for any other purpose not provided for by law.*

Other personal information collected by the Department for the licensing boards it administers is limited to such personal information as is necessary to fulfill a legitimate public purpose. The South Carolina Freedom of Information Act ensures that the public has a right to access appropriate records and information possessed by a government agency. Therefore, some personal information on the application may be subject to public scrutiny or release. The Department collects and disseminates personal information in compliance with The South Carolina Freedom of Information Act, the South Carolina Family Privacy Protection Act, and other applicable privacy laws and regulations. Additionally, the Department shares certain information on the application with other governmental agencies for various governmental purposes, including research and statistical services.

**Certification:**

I, the named applicant, certify that all information contained in this application is truthful, complete, correct, accurate, and agree that such information is subject to verification by the Board. I understand the requirement of employment, along with **COMPLETING A FORMAL OPTICAL EDUCATION** program from a Board approved provider, and the limitations of being a South Carolina Apprentice in Ophthalmic Dispensing. I am aware that if an investigation should discover inaccurate or misleading information, my application will be rejected, my apprenticeship terminated, and all fees forfeited.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_



STATE OF SOUTH CAROLINA  
DEPARTMENT OF LABOR, LICENSING AND REGULATION  
**VERIFICATION OF LAWFUL PRESENCE IN THE UNITED STATES**  
**AFFIDAVIT OF ELIGIBILITY**



Pursuant to Section 8-29-10, *et seq.* of the South Carolina Code of Laws (1976, as amended), the Department of Labor, Licensing and Regulation must verify that any person who applies for a South Carolina license is lawfully present in the United States. Complete and sign this affidavit of eligibility. The information provided is subject to verification.

**Section A: LAWFUL PRESENCE in the United States.**

The undersigned \_\_\_\_\_, of \_\_\_\_\_  
(Print clearly First, Middle, and Last name) (Home Address, City, State, and Zip Code)  
 being first duly sworn deposes and states as follows:

**Check only one box:**

1.  I am a United States citizen; or

2.  I am a Legal Permanent Resident of the United States eighteen years of age or older; or

3.  I am a Qualified Alien or non-immigrant under the Federal Immigration and Nationality Act, Public Law 82-414, eighteen years of age or older, and lawfully present in the United States.

4.  Other: \_\_\_\_\_ Please submit any documentation that supports this status.

Date of Birth: \_\_\_\_\_

Alien Number: \_\_\_\_\_ I-94 Number: \_\_\_\_\_

**(If you checked number 2, 3, or 4 you must attach a copy of your immigration documents. See instruction sheet for a list of accepted immigration documents.)**

**Section B: ATTESTATION.**

**I understand** that in accordance with section 8-29-10 of the South Carolina Code of Laws, a person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall, in addition to other sanctions imposed by this State or the United States, be guilty of a felony, and upon conviction must be fined and/or imprisoned for not more than 5 years (or both).

**I understand** that the representations made in this Affidavit shall apply through any license(s) or renewals issued, and that I shall have an affirmative duty to immediately advise the Department of Labor, Licensing and Regulation of any change of my immigration or citizenship status.

**I swear and attest the information contained herein is true and correct to the best of my knowledge. I understand that under South Carolina law, providing false information is grounds for denial, suspension, or revocation of a license, certificate, registration or permit.**

\_\_\_\_\_  
Signature of Affiant

SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Print Name

Notary Public for \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

## INSTRUCTION SHEET FOR COMPLETING AFFIDAVIT OF ELIGIBILITY

### **CHECK box 1:**

If you are a United States Citizen by birth or naturalization

### **CHECK box 2:**

If you are a Legal Permanent Resident and you are not a U.S. Citizen, but are residing in the U.S. under legally recognized and lawfully recorded permanent residence as an immigrant.

**PROVIDE A COPY OF ALL IMMIGRATION DOCUMENTS.**

### **CHECK box 3:**

If you are a Qualified Alien. You are a Qualified Alien if you are:

An alien who is lawfully admitted for residence under the INA.

An alien who is granted asylum under Section 208 of the INA.

A refugee who is admitted to the United States under Section 207 of the INA.

An alien who is paroled into the United States under Section 212(d)(5) of the INA for a period of at least 1 year.

An alien whose deportation is being withheld under Section 243(h) of the INA (as in effect prior to April 1, 1997) or whose removal has been withheld under Section 241(b)(3).

An alien who is granted conditional entry pursuant to Section 203(a)(7) of the INA as in effect prior to April 1, 1980.

An alien who is a Cuban/Haitian Entrant as defined by Section 501(e) of the Refugee Education Assistance Act of 1980.

An alien who has been battered or subjected to extreme cruelty, or whose child or parent has been battered or subject to extreme cruelty.

**PROVIDE A COPY OF ALL IMMIGRATION DOCUMENTS.**

### **ACCEPTED IMMIGRATION DOCUMENTS:**

Unexpired Reentry Permit (I-327)

Permanent Resident Card or Alien Registration Receipt Card With Photograph (I-551)

Unexpired Refugee Travel Document (I-571)

Unexpired Employment Authorization Card Which Contains a Photograph (I-766)

Machine Readable Immigrant Visa (with Temporary I-551 Language)

Temporary I-551 Stamp (on passport or I-94)

I-94 (Arrival/Departure Record) in Unexpired Foreign Passport

I-20 (Certificate of Eligibility for Nonimmigrant, F-1, Student Status)

DS2019 (Certificate of Eligibility for Exchange Visitor, J-1, Status)