

**SOUTH CAROLINA DEPARTMENT OF LABOR, LICENSING, AND REGULATION  
BOARD OF EXAMINERS IN OPTICIANRY  
2012 -2013 RENEWAL NOTICE FOR APPRENTICES**

Name: \_\_\_\_\_ License #: \_\_\_\_\_

**Opticians and Contact Lens Dispensers renew every 2 years. Apprentices renew annually.**

**Renewal Instructions**

1. If you are an Apprentice or Sponsor of an Apprentice, verify names and answer questions for Sponsors and Apprentices. Answer all the questions on renewal form. Sign the form. **Incomplete forms will be returned.**
2. Mail completed renewal application to the **SC LLR Board of Examiners in OPTICIANRY, PO Box 11329, Columbia, SC 29211-1329** along with correct fee payable to **LLR-SC Board of Examiners in Opticianry**. Applications must be postmarked by the Post Office on or before October 1, 2012 to avoid late fees. **License will lapse if not renewed by November 1, 2012.**
3. After October 31, 2012 the license is lapsed and must be reinstated.
4. If you have had a legal name change, please submit a copy of the legal document(s) (i.e., copy of marriage certificate, divorce decree, court order) to the Board for us to update your file.

Home Address

Work Place and Address

Mailing Address


Phone: _____	Phone: _____	
Fax: _____	Fax: _____	
E-mail: _____	E-mail: _____	
Congressional District: _____	Congressional District: _____	

Fee Schedule:

Apprentice \$50.00

**Late Fee:** \$25.00 if postmarked 10/02/2012 – 10/31/2012

**Reinstatement Fee:** \$50.00 if postmarked after 10/31/2012

**Continuing Education Required:** Apprentice - 4 hours obtained since 10/1/11. The Board will conduct a random CE audit after 11/01/12. If you are audited, you will be required to submit proof of CE at that time. **DO NOT** send CE to the Board office unless instructed to do so.

1. Have you completed the required number of CE hours for this license for the renewal period?  Yes  No

**Apprentice or Sponsor:**

1. Is training done in RX interpretation; optical calculations & finish layout calculations; lens neutralization & verification; fitting measurements; selection of frames & lenses; frame fitting/adjustment/repairing; ID of lens materials & index of refraction; measurement of lens surface power; effective power of designated meridian of compound lens; and compensations or effective power for changes in lens vertex distance?  Yes  No
2. Is the apprentice work week at least the minimum of 32 hours?  Yes  No

**Sponsor:** \_\_\_\_\_

**Answer "Yes" or "No" to each of the following questions. If you answer is "yes" to questions 1-3 below, you must attach a full written explanation.**

1. Since you last renewed, have you been convicted or pled nolo contendere to any crime?  Yes  No
2. Since you last renewed, have you had a license denied, restricted or disciplined by any other licensing board or national certifying body?  Yes  No
3. Since you last renewed, have you had any mental, emotional, and/or physical disease or condition, including alcohol or other substance abuse that may presently interfere with your ability to competently and safely perform the essential functions involved in this profession?  Yes  No
4. Since you last renewed, have you been addicted to or used in excess any drug or chemical substance including alcohol, or been treated for a drug or alcohol addiction or participated in a rehabilitation program?  Yes  No
5. Has there been any change in the status of your lawful presence in the United States since initial licensure?  Yes  No

All statements and information contained herein are true and correct to the best of my knowledge. I further understand that false or incorrect information may result in the denial of my license issued pursuant to this application and may be subject to civil and criminal proceedings. I agree all information in this application can be verified and investigated. I have read and am familiar with the SC Code of Laws regulating Opticianry and abide by such laws.

Signature \_\_\_\_\_

Date \_\_\_\_\_