South Carolina Department of Labor, Licensing and Regulation
South Carolina Board of Examiners in Opticianry
803-896-4681 FAX: 803-896-4719 Website: www.llronline.com Email: combsa@llr.sc.gov

REGISTERED APPRENTICESHIP TRAINING IN OPHTHALMIC DISPENSING

PROGRAM REQUIREMENTS:

- An applicant for the apprenticeship program must register by application with the S.C. Board of Examiners in Opticianry. Applicant must be registered and approved in writing before the apprenticeship commences.
- Submit application fee of **$20.00**.
- Be a graduate of an accredited high school or have a GED Certificate.
- Work at least 32 hours per week for two years under the supervision of a state-licensed sponsor that is an optician, optometrist, or ophthalmologist. The sponsor cannot train more than two registered apprentices at a time.
- **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.

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.org
- Successful completion of the S.C. Registered Apprenticeship Program
- Passage of the South Carolina Practical Examination in Opticianry

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, or email 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.

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.

Northern Alberta Institute of Technology Optical Sciences Eyeglasses Diploma: For information visit their website at www.NAIT.ca.

APPLICANT:

- Complete the Registration for Apprenticeship Training in Ophthalmic Dispensing application.
- Complete the Affidavit of Eligibility.
- Indicate on application the formal optical education program selected.
- Attach a 2"x2" head and shoulders photograph taken in the last six months.
- Submit proof of high school graduation, or college transcript, or GED certificate.
- Enclose any required explanatory documents.
- Have sponsor complete sponsor related section on page 3 of the application.
- Sign affidavit on page 3 of the application; have application notarized.
- Include the $20.00 application fee. Make check or money order payable to SC Opticianry Board. Checks returned for insufficient funds will incur a $30.00 fee.
- Send the completed application with all required documentation, photograph, and fee to the Board office address listed on the application.

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

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

APPLICATION
Registration for Apprenticeship Training in Ophthalmic Dispensing

Attach a head and shoulders photograph of applicant taken in the last six months

SUBMIT ALL INFORMATION TO:
S.C. Board of Examiners in Opticianry
Post Office Box 11329
Columbia, South Carolina 29211-1329

Telephone: 803-896-4681
Fax: 803-896-4719
www.llronline.com
combsa@llr.sc.gov

Board Office Use
Beginning Date:_____

Scheduled Completion Date:_____

Education Program:

A completed licensure application is obtainable by the public under the Freedom of Information Act; the Social Security number and designated home telephone number will not be released to the public.

TYPE OR PRINT

DATE: _____

NAME:_____
First Middle Last Maiden if applicable

SEX: _____ RACE – for statistics only: _____ EMAIL: _____

MAILING ADDRESS: _____

_____

HOME ADDRESS IF DIFFERENT FROM MAILING: _____

TELEPHONE NUMBERS: Home (_____)_____ Work (_____) _____

DATE OF BIRTH:_____ PLACE OF BIRTH:_____

Have you ever been known by any other name or surname? Yes___ No ____ If yes, please give pertinent facts.

_____

1. Is there any reason you would not be legally eligible for employment in the United States?
   Yes _____ No _____

2. Have you ever been examined by any state's professional or occupational licensing boards?
   Yes _____ No _____

3. Have you ever held any type of professional or occupational license in any state?
   Yes ____ No _____
   If yes, list all states and types of licenses. _____

4. Has any state licensing agency revoked, suspended or otherwise restricted your license or disciplined you? Yes_____ No_____
   If yes, include cause, dates and disposition.
   _____

5. Have you ever been arrested for anything other than a minor traffic offense? Yes ___ No___
   If yes, give offense, dates and disposition.
   _____

6. Is there any pending litigation or past litigation concerning you? Yes _____ No _____
   If yes, give cause, dates and disposition.
   _____

7. Do you have a mental or physical impairment or addiction that would prohibit you from safely practicing as an apprentice?
   Yes _____ No _____

EDUCATION

High School Name and Location: _____
Year Graduated: _____ or Year GED Received: _____
College Name and Location: _____Dates Attended: _____
Degree(s) Earned:_____

Include proof of high school graduation, GED, or college attendance with application.

EMPLOYMENT INFORMATION

Current Employer or Workplace: _____
Type of Business or Facility: _____
Address: _____
Telephone: (_____) _____ Fax: (_____)_____

Licensed Sponsor: _____ License Number: _____
_____Optician _____ Optometrist _____ Ophthalmologist
Address of sponsor if different from the work place address: _____
_____ _____
Telephone: (_____) _____ Fax: (_____)_____

Passed American Board of Opticianry Examination (ABO): Yes _____ No _____

Passage of the ABO is required before a South Carolina optician's license is issued.

THIS SECTION TO BE COMPLETED BY SPONSOR AND APPLICANT

I, the named sponsor, request the named applicant be registered under my supervision as a South Carolina Apprentice. Apprentice training to include specific skills such as:

- Assisting in selection of frames and lens options
- Fitting/adjusting frames and making frame repairs
- Interpreting prescriptions
- Making optical calculations and finishing layout calculations
- Lens neutralization and verification
- Identification of lens materials, manufacturer, and index of refraction
- Using Geneva Lens Measure, measure lens surface power
- Fitting measurements such as P.D., segment height, etc.
- Calculating effective power of a designated meridian of a compound lens
- Compensations or effective power for changes in lens vertex distance

Average number of hours to be worked per week (32 hours minimum): _____

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.

AFFIDAVIT

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: _____

I, the named sponsor of the named applicant, certify that to the best of my knowledge the statements made in this application are true and correct, and it is my intention to provide to the applicant optical dispensing training that includes, but is not limited to, the skills listed above. I work at the same location as the apprentice and will be accessible to him/her.

Signature of Sponsor: _____ Date: _____

Subscribed and sworn to before me this _____ day of _____, _____

Notary Public:_____

My Commission Expires:_____

AFFIDAVIT OF ELIGIBILITY

Pursuant to section 8-29-10 of the South Carolina Code of Laws (1976 as amended), the Department of Labor, Licensing and Regulation must verify the lawful U.S. presence of any person who applies for a South Carolina license. Please complete and sign this affidavit of eligibility. The information provided is subject to verification.

Section A: LAWFUL PRESENCE in the United States.

I, (please print your full name) _____, swear or affirm under penalty of perjury under the laws of the State of South Carolina that (check 1, 2 or 3 below):

1. ___ I am a United States citizen or legal permanent resident eighteen years of age or older; or

2. ___ I am not a US citizen but am lawfully present in the US as evidenced by one of the following
   a. ___ I am a qualified alien as defined in 8 U.S.C. sec 1641, eighteen years of age or older.
   b. ___ I am a nonimmigrant under the "Immigration and Nationality Act," Federal Public Law 82-414 as amended, eighteen years of age or older.

3. ___ I am not physically present in the US under 8 U.S.C. sec 1621 (c) (2) (c) or employed in the US pursuant to 8 U.S.C. 1621 (c) (2) (a) (check either a or b below):
   a. ___ I am a US citizen, not physically present or employed in the United States.
   b. ___ I am a Foreign National, not physically present or employed in the United States.

If you selected either 3.a. or 3.b., you do not need to complete Section B. Skip to Section C.

Section B: Secure and Verifiable Document. This section must be completed if you checked number 1 or 2 in Section A.

1. Please check one of the following acceptable secure and verifiable documents. Complete documentation must be provided.

☐ Any valid South Carolina Driver's License, South Carolina Driver's Permit or South Carolina Identification Card? Number _____; Date of Expiration: _____

☐ Any valid out-of-state issued photo Driver's License or photo identification card, photo driver's permit? State: _____; Number_____; Date of Expiration: _____.

☐ Permanent Resident Card; Alien Number _____; Card Number _____; Date of Expiration: _____.

☐ Employment Authorization Card; Alien Number _____; Card Number _____; Date of Expiration: _____

☐ Certificate of Naturalization with intact photo.

☐ Certificate of (US) Citizenship with intact photo.

☐ Other: (Name of verifiable document) _____

2. Enter the state or the federal agency name where this secure and verifiable document was issued.

_____

(If issued by a state agency, include both the state and agency name.)

3. Please provide your social security number: _____/_____/_____

Section C: Attestation.

- I understand that this sworn statement is required by law because I have applied for or seek reinstatement of a professional or commercial license as provided for in 8 U.S.C. §1621. I understand that state law requires me to provide proof that I am lawfully present in the United States.
- I understand that in accordance with section 8-29-10 of the South Code, a person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a felony.
- I am the person identified above, and 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 Date

_____

Please print your name as shown on your secure and verifiable document.

Professional License Type: _____

License Number (if already licensed): _____

The 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.