



REQUEST TO SPONSOR APPRENTICE
To be completed by Apprentice and Sponsor

Apprentice Name: _____

Sponsor Name: _____ Telephone: _____

Email: _____

License Type: Optician Optometrist Ophthalmologist License #: _____

Sponsor's Address: _____

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.

Certification:

I, the named apprentice, certify that to the best of my knowledge the statements made in this application are true and correct, and I understand my responsibilities of work, obtaining formal education, and study. I understand the limitations of being registered as a South Carolina Apprentice.

 Signature of Apprentice

 Date

 Print Name of Apprentice

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

 Print Name of Sponsor

 SC License Type and Number