



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

P.O. Box 11329 • Columbia, SC 29211
Phone: 803-896-4681 Fax: 803-896-4719
www.llr.state.sc.us/POL/Opticians/

For Office Use Only
Check No. _____
Amount: _____

Reinstatement Application
PLEASE READ THE INSTRUCTIONS VERY CAREFULLY

Name: _____ Registration #: _____

Reinstatement Instructions

This form may be used if your South Carolina Apprentice Registration lapsed October 1, 2016.

Submit the following with your application to the above address:

- Complete all questions on this reinstatement application. A name change requires a copy of legal documentations.
- Copy of your Driver's license, passport, or State issued ID
- Return this entire completed reinstatement form to:
SC Board of Opticians, PO Box 11329, Columbia, SC 29211-1326

Fee Schedule:

Apprentice \$50.00

Reinstatement Fee: \$50.00 if postmarked after 10/31/2016. **Please make check or money order payable to SC Board of Opticians. Our office does not accept cash.**

Continuing Education Required: Apprentice: 4 hours of ABO approved CE obtained since 10/01/2015.

Home Address	Work Place Name and Address	Mailing Address
_____	_____	_____
_____	_____	_____
_____	_____	_____

Telephone:	Telephone:	Telephone:
_____	_____	_____

Email: _____

Congressional District 1 2 3 4 5 6 _____

CONTINUING EDUCATION

Do you have documentation of your ABO approved Continuing Education? Yes No

If yes, please provide how many hours. _____ Hours

ANNUAL SPONSOR EVALUATION
TO BE COMPLETED BY SPONSOR AND SIGNED BY BOTH SPONSOR AND APPRENTICE

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 signature: _____

Apprentice signature: _____

IF YOU ANSWER “YES” TO A QUESTION BELOW, A DETAILED LETTER OF EXPLANATION ALONG WITH THE DOCUMENTATION INDICATED AFTER EACH QUESTION MUST BE SUBMITTED.

1. Since you last renewed your registration, have you been convicted or pleaded nolo contendere to any crime? If you do not have documentation, request a criminal records check be sent by the appropriate entity directly to the Board. Yes No
2. Since you last renewed your registration, have you had a registration denied, restricted or disciplined by any other licensing board or national certifying body? **Send a request to the board/body where your disciplinary action occurred for a final order to be sent directly to the Panel.** Yes No
3. Since you last renewed your registration, have you had any mental, emotional, and/or physical 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 your registration, 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? (e.g. naturalization; received a renewed permanent resident card) Yes No
6. Since you last renewed your registration, have you been continuously employed as an apprentice? Yes No

I HEREBY swear/affirm I have read all questions on this renewal application and have answered truthfully, accurately, and completely. I hereby acknowledge that failure to answer these questions truthfully, accurately and completely shall constitute cause for the initiation of disciplinary action against my South Carolina registration.

Signature

Date

PRIVACY DISCLOSURE:

South Carolina Law requires that every individual who applies for an occupational or professional registration 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.

A copy of the Practice Act and Regulations governing the practice of Opticianry in South Carolina can be obtained from the website at www.llr.state.sc.us/POL/Opticians/ under Laws / Policies.



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)