



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

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APPRENTICESHIP COMPLETION FORM

Apprentice Name: _____ Apprentice Registration No.: _____

Primary Sponsor Name: _____ License No.: _____

Sponsor Email: _____ Completion Date: _____

APPRENTICE EMPLOYMENT

For the duration of the program, apprentice has maintained continuous full-time employment or part-time employment.

FORMAL EDUCATION

Completion of a formal optical education program is **REQUIRED**. Failure to complete a Board approved education program will result in an incomplete apprenticeship program.

Apprentice has completed: (select one)

- National Academy of Opticianry Career Progression Program
- Durham Technical College Optical Apprentice Certificate Program
- Penn Foster Career School
- Northern Alberta Institute of Technology Optical Sciences Eyeglasses Program
- Optical Training Institute
- Another formal optical education program approved by the Board:

TRAINING

I certify, the above-named apprentice has completed training in the following listed skills:

- **Lab Training:** lensometry; lens types/materials/coatings; first and final inspections; finishing layout calculations; progressive identification; lens neutralization and verification; identification of lens materials, manufacturer and index of refraction; compensations or effective power for changes in lens vertex distance
- **Frame Board Management:** importance of frame displays; inventory control; frame accountability; stocking of frame boards.
- **Frame Selection:** patient wishes for size, shape versus prescription needs; recommending styles to customers; understanding customers intended use of glasses.
- **Processing Orders:** lens options; material options; add-ons; interpreting prescriptions;
- **Measurements and Repairs:** fitting/adjusting frames; frame repairs to include nose pads, scree replacement, groove string repair, and rimless replacement; making optical calculations; calculating effective power of a designated meridian of a compound lens;
- **Dispensing Procedures:** adjustments; checking for reading ability; ADA accommodations
- **Customer Care:** professionalism with all customers, explaining of frame and lens care, filing of insurance

I, the primary sponsor of the named applicant, affirm 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 Primary Sponsor

Date

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