



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

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APPRENTICE SPONSOR CHANGE APPLICATION

Apprentice Name: _____ Apprentice Registration #: _____

Sponsor Name: _____ Company Name: _____

License Number: _____ License Type: ☐ Optician ☐ Optometrist ☐ Ophthalmologist

Phone: _____ Email: _____

Sponsor's Address: _____

APPRENTICE EMPLOYMENT

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

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 ☐ will enroll in ☐ is enrolled ☐ has completed:
(select one of the following)

- ☐ 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.
- ☐ Another formal optical education program for pre-approval by the Board.

ATTESTATION

I, the named sponsor, request the named applicant be registered under my supervision as a South Carolina Apprentice. Program training is 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

I, the named 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 Sponsor

Date