



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

110 Centerview Dr. • Columbia • SC • 29210

P.O. Box 11329 • Columbia • SC • 29211-1329

Phone: 803-896-4681 • Contact.Opticianry@llr.sc.gov • Fax: 803-896-4719

llr.sc.gov/opti

REGISTERED APPRENTICESHIP INSTRUCTIONS AND GUIDELINES

PROGRAM REQUIREMENTS

The registered apprenticeship program is complete when all of the following requirements have been met:

- Submission of a completed application and payment of registration fee(s).
- Graduate from an accredited high school or GED completion.
- Submission of the required Apprentice Sponsor Agreement. Sponsors cannot train more than two (2) registered apprentices at a time.
- The apprenticeship training program must be continuous and under the direct supervision of at least one (1) South Carolina licensed optician, optometrist, or ophthalmologist. The Board may extend the apprenticeship for an additional year upon request of the apprentice for good cause shown, and payment of a fee as specified by the Board. The request must be accompanied by a statement signed by the apprentice's primary sponsor providing the proposed curriculum for the extended apprenticeship period, to be approved by the Board.
 - Continuous practice based upon employment:
 - Full time employment (minimum of thirty-two (32) hours per week) – two (2) continuous years of direct supervision.
 - Part time employment (minimum of twenty-one (21) hours per week) – three (3) continuous years of direct supervision.

Apprenticeship programs may change during the course of apprenticeship from two years to three years due to change in employment. Apprentices who begin the program as part-time employed apprentices, cannot change from three years to two years if full time employment is later acquired.

- Maintain active registration through annual renewal by October 1st. Failure to do so will require apprentices to submit a Reinstatement Application, proof of continuing education and payment of a \$50 reinstatement fee plus the renewal fee.
- Completion of a pre-approved formal optical education program. Apprentices are required to submit, within six (6) months after the date of the commencement of the apprenticeship, evidence of enrollment in a Board approved formal education program in opticianry.

Below is a current listing of pre-approved programs. Information must be submitted to the Board for pre-approval if the applicant seeks to enroll in a formal optical education program other than those listed below.

- **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 ocpp@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.

- **Optician Development Program (ODP)** – Offered by Optical Training Institute, the ODP is a part-time, self-study course delivered through an online platform. For information, please visit [optical](#).
- Submission of evaluations beginning six (6) months after the commencement date and repeating every six (6) months until program completion. Approved apprenticeship program training is to include specific skills such as:
 - **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

PROGRAM COMPLETION

At the end of the two (2) or three (3) year program timeframe, apprentices will be notified of the upcoming program completion date. For full time employed apprentices, a maximum of three (3) years is allowed for program completion. For part time employed apprentices a maximum of four (4) years is allowed for the program completion. The Apprentice Completion Form and formal optical education official transcripts or diploma is due to the Board within sixty (60) days following the program completion date (SC Regulation 96-106(A)(3) and 96-106(A)(5)).

Registered apprentices will be eligible to apply for a South Carolina Optician's License upon completion of the Registered Apprenticeship Program and passage of the American Board of Opticianry (ABO) National Competency Examination. Passage of the ABO National Competency exam is not a requirement of the apprenticeship program.

Per Board regulations 96-106(F), apprentices who fail to submit a completed application for licensure in opticianry within three (3) years of the apprenticeship completion date may be required to recommence the apprenticeship program and meet all requirements as stated in 96-106(B).



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APPLICATION FOR REGISTERED APPRENTICESHIP

Submit the following with your application to the above address:

- Check or Money Order only, in the amount of \$20 payable to SC Opticianry Board. (Fees are non-refundable) A returned check fee of up to \$30, or an amount specified by law, **may** be assessed on all returned funds.

NO CASH IS ACCEPTED.

- Copy of Driver’s License, State Issued ID or Passport
- Copy of Social Security card
- Proof of high school graduation, GED Certification, or college transcript
- A completed Apprentice Sponsorship Agreement form
- Legal documentation of name change (marriage certificate, divorce decree, etc.), if applicable

APPLICANT INFORMATION

Full Name: _____

Have you ever legally changed your name? Yes No Former Name: _____

If yes, please submit legal documentation supporting the change. (Marriage certificate, divorce decree, etc.)

Home Address: _____

(Street)

(City)

(State)

(Zip Code)

Mailing Address: _____

(If different than above)

Phone: _____

Email Address: _____

Date of Birth: _____

Social Security No.: _____

Gender: Female Male

EDUCATION

High School or Equivalency:

School: _____

Location (city/state or country): _____

Year Graduated: _____

Year GED Received: _____

College:

School: _____

Location (city/state or country): _____

Degree: _____

Date of Attendance/ Date Degree Awarded: _____

EMPLOYMENT

Company Name: _____

Type of Facility: _____

Telephone: _____

Fax: _____

Address: _____

PERSONAL HISTORY

Answer all the questions below; you are required to include a written statement with your application for any questions marked “Yes”. If you answer “Yes” to a conviction; you will need to attach a criminal background check from your state of residence, or if different, the state where the crime was prosecuted

1. Have you ever held any type of professional or occupational license in any state? Yes No
2. Has any licensing agency revoked, suspended, or restricted your license or a professional or occupational license issued to you or otherwise disciplined you? Yes No
3. Have you ever been convicted of, pled guilty or nolo contendere to a felony of any kind or to a non-felony crime involving drugs or moral turpitude? (You may exclude juvenile or expunged crimes.) Yes No
4. Do you currently have a mental or physical impairment or addiction that would prohibit you from safely practicing as an apprentice? Yes No

FORMAL EDUCATION

Completion of a formal optical education program is **REQUIRED** and evidence of enrollment must be submitted to the Board within six (6) months after the date of the commencement of the apprenticeship. Failure to timely enroll and submit evidence to the Board as required may result in the Board rescinding approval of the apprenticeship.

Applicant will enroll in: (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 subject to approval by the Board: _____

ATTESTATION

I, the named applicant, affirm 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: _____

PRIVACY DISCLOSURE

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.

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.



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)



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APPRENTICE SPONSORSHIP AGREEMENT

Apprentice Name: _____

SPONSOR INFORMATION

Apprenticeship may be conducted under direct supervision of one or more licensed optician, optometrist or ophthalmologist. Apprentice must maintain at least one licensed and approved sponsor on record at all times.

Primary Sponsor Name: _____ Company Name: _____

License No.: _____ License Type: Optician Optometrist Ophthalmologist

Phone: _____ Email: _____

Secondary Sponsor Name: _____ Company Name: _____

License No.: _____ License Type: Optician Optometrist Ophthalmologist

Phone: _____ Email: _____

APPRENTICE EMPLOYMENT (select one)

Program length is dependent upon employment status (SC Regulations 96-106(A)(2))

- Full time employment (minimum of thirty-two (32) hours per week)
- Part time employment (minimum of twenty-one (21) hours per week)

FORMAL EDUCATION

Completion of a formal optical education program is **REQUIRED**. Failure to provide evidence of enrollment in a Board approved formal education program in opticianry within six (6) months of commencement date, may result in the Board rescinding approval of the apprenticeship.

Apprentice will enroll in: (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 subject to approval by the Board: _____

ATTESTATION

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

- **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 named sponsor(s) 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 (Primary)

Date

Signature of Sponsor (Secondary, if applicable)

Date