



South Carolina Department of Labor, Licensing and Regulation
South Carolina Board 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/



REGISTERED APPRENTICESHIP TRAINING IN OPHTHALMIC DISPENSING
INSTRUCTIONS AND GUIDELINES

PROGRAM REQUIREMENTS:

- An applicant for the apprenticeship program must register by application with the S.C. Board of Examiners in Opticianry. Applicant must be registered and approved in writing before the apprenticeship commences.
- Submit application fee of **\$20.00** by check or money order.
- Submit copy of driver's license.
- Submit copy of Social Security card.
- Complete the Affidavit of Eligibility and have notarized. If applicable, submit a copy of immigration documents. List of accepted immigration documents can be found on the instruction sheet for completing Affidavit of Eligibility.
- Submit proof of high school graduation or GED Certificate.
- Enclose any required explanatory documents if applicable.
- Have sponsor complete sponsor related section of the application. Applicant must work at least 32 hours per week for two years under the supervision of a state-licensed sponsor that is an optician, optometrist, or ophthalmologist. The sponsor cannot train more than two registered apprentices at a time.
- The apprenticeship training program must be for a period of two (2) continuous years under the direct supervision of your sponsor who is a 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 sponsor providing the proposed curriculum for the extended apprenticeship period, to be approved by the Board. A written evaluation signed by the apprentice and the sponsor shall be submitted at the conclusion of the extended period.
- If the apprentice does not take the South Carolina Practical examination within five (5) years from the commencement of the apprenticeship, the apprentice must begin training over, but must wait for one year from the conclusion of the apprenticeship before recommencing the training period.
- **Complete a pre-approved formal optical education program;** see below for additional information.
- Renew registration annually by October 1; the renewal fee is \$50.00. Proof of attendance at four hours of Board approved continuing education (CE) is required. The S.C. Association of Opticians and other providers offer CE.

The apprenticeship training program requires formal optical education as well as employment. All requirements of the program must be completed to qualify to sit for the South Carolina Practical Examination in Opticianry.

The following are required before a South Carolina optician's license can be issued:

- Passage of the American Board of Opticianry Examination (ABO) / 703-719-5800 or www.abo.org
- Successful completion of the S.C. Registered Apprenticeship Program
- Passage of the South Carolina Practical Examination in Opticianry

PRE-APPROVED OPTICAL EDUCATION PROGRAMS:

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 sbonner@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.



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Application for Registration for Apprenticeship Training in Ophthalmic Dispensing

Submit the following with your application to the above address:

- Check or Money Order for the application fee of \$20 payable to LLR - SC Opticianry Board (This is a non-refundable fee)
A returned check fee of up to \$30, or an amount specified by law, may be accessed on all returned funds.
- Copy of drivers license, state issued ID or passport
- Copy of social security card
- Proof of high school graduation, college transcript or GED Certification
- Have sponsor complete Request to Sponsor Apprentice form

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|----------------------------------|--|
| <u>Board Office Use</u> | |
| Beginning Date: _____ | |
| Scheduled Completion Date: _____ | |
| Education Program: _____ | |
| Check No.: _____ | |
| Amount: _____ | |

***Note for SC Residents: To find your Congressional District you may go to: <http://www.scstatehouse.gov/legislatorssearch.php>**

APPLICANT INFORMATION:

Full Name: _____ Maiden Name: _____

Home Address: _____
(Street) (City) (State) (Zip Code)

Mailing Address: _____
(If different than above)

Phone: _____ Email Address: _____

Date of Birth: _____ Social Security No.: _____

Place of Birth: _____ Race: (for statistical purposes only) _____

Gender: Female Male *District: _____
(Congressional District (SC Residents ONLY))

Have you ever been known by any other surname? Yes No

If yes, list names: _____

EDUCATION:

College:

School: _____ Location (city/state or country): _____

Degree: _____ Date of Attendance/ Date Degree Awarded: _____

High School:

School: _____ Location (city/state or country): _____

Year Graduated: _____ Year GED Received: _____

EMPLOYMENT:

Company Name: _____ Type of Facility: _____

Telephone: _____ Fax: _____

Address: _____

PERSONAL HISTORY:

- 1. Have you ever held any type of professional or occupational license in any state? Yes No
a. If yes, list the states and types of licenses: _____
- 2. Has any licensing agency revoked, suspended, or restricted your license or disciplined you? Yes No
If yes, give cause, dates and disposition in your written explanation.
- 3. Have you ever been convicted of or 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
a. If yes, attach a written explanation that includes cause, dates and disposition.
- 4. Do you have a mental or physical impairment or addiction that would prohibit you from safely practicing as an apprentice? Yes No

FORMAL EDUCATION: 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.

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.

Certification:

I, the named applicant, certify 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: _____



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REQUEST TO SPONSOR APPRENTICE

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:

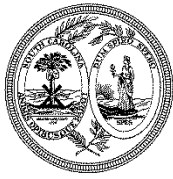
I, the named sponsor of the named applicant, certify that to the best of my knowledge the statements made in this application are true and correct, and it is my intention to provide to the applicant optical dispensing training that includes, but is not limited to, the skills listed above. I work at the 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



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)