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/

# Opticianry Exam Application

For Office Use Only
Check No.:_____
Amount:_____

**Submit the following with your application to the above address:**

- Application Fee of $25 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 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
- Proof of passage of the American Board of Opticianry (ABO) Examination.

**Select below how you qualify to sit for the SC Opticianry Practical Examination:**

☐ Completed the SC Apprenticeship Program
(Submit proof of completion of the Career Progression Program or another approved formal education program.

☐ Hold a current optician's license in another state
(Have a license verification submitted from all state boards you have been licensed with.)

☐ Graduated from a two-year ophthalmic dispensing program (Include proof of graduation, transcript.)

☐ Employed as an optician for two years in a non-licensing state (Include proof of two years full-time employment.)

## Exam Information:

Applicants must pass the The American Board of Opticianry Hands on Practical Exam administered by the American Board of Opticianry

Examination dates: June 5, 2017 and December 5, 2017
Location: 110 Centerview Dr, Kingstree Building, Columbia, SC 29210

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

If yes, list names: _____

*District: _____
**Congressional District (SC Residents ONLY)**

## American Board of Opticianry (ABO) & National Contact Lens Examiners (NCLE) Exam Results

ABO (Required for Opticians License) Passed: ☐ Yes ☐ No Scheduled: _____
NCLE (Required for Contact Lens License) Passed: ☐ Yes ☐ No Scheduled: _____

## OPTICIANRY EMPLOYMENT (If applicable)

Company Name: _____ Type of Facility: _____

Supervisor: _____ Email: _____

Address: _____

Dates of Employment: _____ Telephone: _____

## EDUCATION

**College:**

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

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

**Other:**

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

Year Graduated: _____ Year Degree Awarded: _____

**High School:**

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

Year Graduated: _____ Year GED Received: _____

## PERSONAL HISTORY

1. Have you ever taken the S.C. Board of Examiners in Opticianry Practical Examination? ☐ Yes ☐ No
   a. If yes, list month(s) and year(s) taken: _____
   (After failing twice, an applicant must wait a year before retaking the practical examination.)
2. 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: _____
3. Has any licensing agency revoked, suspended, or restricted your license or disciplined you? ☐ Yes ☐ No
   a. If yes, attach a written explanation that includes cause, dates and disposition.
4. 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.
5. Do you have a mental or physical impairment or addiction that would prohibit you from safely practicing as an optician? ☐ Yes ☐ No

## 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.

## ATTESTATION

I, _____ (print name), am the person described and identified, of good moral character, and the person named in all documents presented in support of this application. I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare that all statements made by me herein are true and correct. Should I furnish any false or incomplete information in this application, I hereby agree that such act shall constitute the cause for denial or revocation of my license to practice Opticianry in South Carolina.

_____ _____

Applicant Signature Print Applicant Name

Sworn and Subscribed before me this _____ day of _____, 20_____

_____ _____

Notary Signature Print Notary Name

_____ _____

Notary Public For Commission Expiration Date

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**INFORMATION / REMINDERS**:

- All candidates for licensure must pass the The American Board of Opticianry Hands on Practical Exam administered by the American Board of Opticianry. The registration fee to take that examination is $295 and payable only by money order or certified check to the American Board of Opticianry. Personal checks will be returned.
- If applicable, American Board of Opticianry will provide candidates with information on how to submit a request for accommodations in compliance with the Americans with Disabilities Act.
- The South Carolina Opticianry Regulations state that after failing the practical examination twice, a candidate must wait a year before sitting for the practical examination.
- If you qualify to sit for the examination by having an optician's license in another state, that license must be current and in good standing. You must request a verification of that license be sent to the Board's office.

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: _____

Rev: 02-02-2015

## 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)