



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

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www.llr.sc.gov/POL/Opticians/



2019-2021 Optician & Contact Lens Dispensers Renewal Application

RENEWAL INSTRUCTIONS:

- You must return this original form with all the questions answered and a signature affixed. Your renewal will be returned to you should it not be completed correctly.
- Submit a check or money order in the amount of the renewal fee made payable to **SC Board of Examiners in Opticianry**. Fee is non-refundable. **NO CASH IS ACCEPTED.** A returned check fee of up to \$30, or an amount specified by law, may be assessed on all returned funds.

PLEASE NOTE:

- Your certification expires on **October 1, 2019**. Renewal application and fee must be postmarked by **October 1, 2019**. Applications postmarked after **October 1, 2019** will incur a \$25 penalty in addition to the renewal fee.
- **If license has not been renewed by October 31, 2019, the license will lapse and must be reinstated to activate.**
- Practicing with a lapsed license is considered unlicensed practice and actionable by the Board.
- You are required by law to report any change of address, employment or name to the Board.

Name: _____

Since you were licensed, have you legally changed your name? Yes No Maiden Name: _____
If yes, please submit legal documentation supporting the change. (Marriage certificate, divorce decree, etc.)

Renewal Fees		License Number
Optician – <i>Practicing In-State</i>	\$200	
Optician – <i>Select Inactive Status/In-State Residence</i>	\$120	
Optician – <i>Practicing Out-of-State</i>	\$120	
Optician – <i>Select Inactive Status/Out-of-State Residence</i>	\$120	
Contact Lens Dispenser - <i>Practicing In-State</i>	\$100	
Contact Lens Dispenser – <i>Select Inactive Status/In-State Residence</i>	\$60	
Contact Lens Dispenser - <i>Practicing Out-of-State</i>	\$60	
Contact Lens Dispenser – <i>Select Inactive Status/Out-of-State Residence</i>	\$60	
TOTAL		

Personal Information

Contact Update (if no change, please leave blank)

Home Address: _____
Street City State Zip Code

Mailing Address: _____
Street City State Zip Code

Business Address: _____
Street City State Zip Code

Home Phone: _____ Cell Phone: _____

Email Address: _____

Answer "Yes" or "No" to each of the following questions; if you answer "yes" to any questions below, you must attach a full written explanation.

1. Since your initial licensure or since your last renewal, have you 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
2. Since your last renewal, or if this is your first renewal, since your initial application, has a professional or occupational registration or license issued to you by a governmental licensing body in any other jurisdiction been refused renewal, revoked, suspended, restricted, placed on probation or has such a licensing body otherwise disciplined you? Yes No
3. Since your initial licensure or since your last renewal, do you have a mental or physical impairment or addiction that would prohibit you from safely practicing? Yes No
4. Since your initial licensure or since your last renewal, has there been any change in the status of your lawful presence in the United States? (Ex: Naturalization; received a renewed permanent resident card.) *If yes, attach an updated Verification of Lawful Presence found on the website listed above.* Yes No

Continuing Education

All optician must obtain eight (8) hours of continuing education between 10/01/2017 to 09/30/2019. Contact Lens Dispenser must obtain an additional two (2) hours in contact lens work. DO NOT submit CE documentation with the renewal. The Board will conduct a random CE audit after renewals close. If you are audited, you will be instructed to submit proof of CE at that time.

1. Have you met the CE requirement from October 1, 2017 through September 30, 2019? Yes No

All statements and information contained herein are true and correct to the best of my knowledge. I further understand that false or incorrect information may result in the denial of my license issued pursuant to this application and may be subject to civil and criminal proceedings. I agree all information in this application can be verified and investigated. I have read and am familiar with the SC Code of Laws regulating Opticianry and abide by such laws.

Signature: _____ Date: _____

Disclaimer:

South Carolina law requires the agency to collect personal information which is only disseminated as required by law. 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 your renewal application and other documents on file 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 purposes