



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

www.llr.sc.gov/opti

2022-2023 OPTICIAN APPRENTICE RENEWAL APPLICATION

Renewal Instructions/Requirements:

- Renewal fee in the amount of \$50 in the form of check or money order only (no cash) made payable to SC Opticianry Board. (All 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.)

- **Renewal / Late Fees:**

Renewed/postmarked on or before 10/1/2022: Renewal Fee **\$50**

Renewed/postmarked on or after 10/2/2022: Late Fee \$25 + Renewal Fee \$50 = **\$75**

Licenses not renewed by October 31, 2022, will lapse and must be reinstated to activate.

- Your renewal form and other applicable documentation must be postmarked on or before October 1, 2022, to avoid late fees.
- Practicing with a lapsed registration is considered unlicensed practice and actionable by the Board.
- If you have had a legal name change since your last application, please attach the legal documentation with this renewal form (marriage certificate, divorce decree, court documentation, etc.).
- You are required by law to report any change of address, employment or name to the Board.

FOR BOARD USE ONLY	
Beginning Date	
Scheduled Completion Date	
Check No.	
Amount	

LICENSEE INFORMATION

Full Name: _____ Apprenticeship Registration No.: _____

Since you were licensed, have you legally changed your name? Yes No Prior Name: _____

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

Home Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____
 (If different than above)

Phone: _____ Email: _____
 (Required)

EMPLOYMENT INFORMATION

Company Name: _____ Type of Facility: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone No.: _____ Fax No.: _____

CONTINUING EDUCATION

All apprentices must obtain four (4) hours of continuing education between 10/02/2021 to 10/1/2022. 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.

- Have you met the CE requirement from October 2, 2021 through October 1, 2022? Yes No

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 an arrest or 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. Since your last application, have you been convicted, pled guilty, or pled nolo contendere (no contest) to a felony of any kind or to a crime involving drugs or moral turpitude? Yes No
2. Since your last 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. Do you currently have any mental, emotional, and/or physical condition, including alcohol or substance abuse or addiction that may presently interfere with your ability to competently and safely perform the essential functions involved in this profession? Yes No
4. Since your last application, has there been a change in the status of your lawful presence in the United States? (Ex: Naturalization; received a renewed permanent resident card.) Yes No

If Yes, attach an updated Verification of Lawful Presence form, found here:

https://llr.sc.gov/arch/PDF%20files/Verification_of_Lawful_Presence.pdf

ATTESTATION

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 registration 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.

Apprentice Signature: _____ Date: _____

SPONSOR VERIFICATION

Application will not be processed if the below section is left incomplete. A written statement or completed form must be included for any questions marked "Yes".

1. Apprentice program evaluation forms must be submitted beginning six (6) months after the commencement date and repeating every six (6) months until program completion. Have you failed to maintain compliance to the reporting requirement? Yes No
2. Has there be any interruption in the continuous employment of the apprentice? (Holidays and approved vacations need not be reported.) Yes No
3. Since last report to the Board, has there been a change in sponsor(s)? Yes No

If Yes, please complete the Change of Sponsor form and submit with renewal.

Sponsor Signature: _____ 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.