



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

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www.llr.sc.gov/opti

2024 OPTICIAN APPRENTICE ANNUAL REGISTRATION APPLICATION

Instructions/Requirements:

- Submit this permit renewal directly to the Board by going to: https://eservice.llr.sc.gov/DocumentSubmission/. You will pay the renewal fee through this document submission process via debit/credit card or electronic check.

If mailing the paper application, submit the renewal fee in the form of a 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 Renewal/ Reinstatement Fees:

Applications postmarked on or before expiration: Renewal Fee \$50
Applications postmarked less than 30 days after expiration: Late Renewal Fee \$75
Applications postmarked more than 30 days after expiration: Reinstatement Fee \$100

Registrations not renewed within 30 days from expiration date are revoked and must be reinstated.

- Your application and other applicable documentation must be postmarked on or before the expiration of your registration to avoid late or reinstatement fees.
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.

Start Date of Program: \_\_\_\_\_ [ ] Full-Time [ ] Part-Time

APPRENTICE INFORMATION

Full Name: \_\_\_\_\_

Since you were registered, 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.: \_\_\_\_\_

CONTINUING EDUCATION

All apprentices must obtain four (4) hours of continuing education prior to the expiration of their registration. DO NOT submit CE documentation with this application. Registrants are required to submit their continuing education hours necessary for renewal to CE Broker. You may activate your free CE Broker account using the following link: www.cebroker.com/sc/account/basic. A random audit through CE Broker will be conducted requiring proof of CE's completed for the year.

- Have you met the CE requirement for the current year? [ ] 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, a crime involving drugs, or other crime?  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](https://llr.sc.gov/arch/PDF%20files/Verification_of_Lawful_Presence.pdf)
- 5. Since last reported 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.

**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 apprenticeship commencement date and subsequent forms submitted every six (6) months thereafter until program completion. Have any of the required evaluation forms for this apprentice **NOT** been timely submitted to the Board?  Yes  No
- 2. Has there been any interruption in the continuous employment of the apprentice? (Holidays and approved vacations need not be reported.)  Yes  No

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.