



South Carolina Department of Labor, Licensing and Regulation
South Carolina Board of Examiners in 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: 803-896-4715

llr.sc.gov/opti

REGISTERED APPRENTICESHIP INSTRUCTIONS AND GUIDELINES

PROGRAM REQUIREMENTS

The registered apprenticeship program is complete when all of the following requirements have been met:

- Submission of a completed application and payment of registration fee(s).
- Graduate from an accredited high school or GED completion.
- Submission of the required Apprentice Sponsor Agreement. Sponsors cannot train more than two (2) registered apprentices at a time.
- The apprenticeship training program must be for a period of two (2) continuous years under the direct supervision of 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.
- Maintain active registration through annual renewal by October 1st. Failure to do so will require apprentices to submit a Reinstatement Application, proof of continuing education and payment of a \$50 reinstatement fee plus the renewal fee.
- Completion of a pre-approved formal optical education program. Below is a current listing of pre-approved programs. Information must be submitted to the Board for pre-approval if the applicant seeks to enroll in a formal optical education program other than those listed below.
 - **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.

PROGRAM COMPLETION

At the end of the two (2) year program timeframe, apprentices will be notified of the upcoming program completion date. A maximum of three (3) years is allowed for program completion. The Apprentice Completion Form and formal optical education official transcripts or diploma is due to the Board within sixty (60) days following the program completion date.

Registered apprentices will be eligible to apply for a South Carolina Optician's License upon completion of the Registered Apprenticeship Program and passage of the American Board of Opticianry Examination (ABO).

Per Board regulations 96-106(F), registered apprentices must take the opticianry examination within five (5) years from the commencement of the apprenticeship. Failure to do so means the apprentice may not take the examination until the apprenticeship has been started over from the beginning and the apprentice has waited a year after completion of the prior apprenticeship before recommencing the apprenticeship.



South Carolina Department of Labor, Licensing and Regulation
South Carolina Board of Examiners in 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: 803-896-4715
llr.sc.gov/opti

Application for Registered Apprenticeship

Submit the following with your application to the above address:

- Check or Money Order only, in the amount of \$20 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. NO CASH IS ACCEPTED.
Copy of Driver's License, State Issued ID or Passport.
Copy of Social Security Card.
Proof of high school graduation, GED Certification, or college transcript.
A completed Apprentice Sponsorship Agreement form

Board Office Use
Beginning Date:
Scheduled Completion Date:
Check No.:
Amount:

APPLICANT INFORMATION:

Full 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: Gender: [] Female [] Male
Have you ever been known by any other surname? [] Yes [] No
If yes, list names:

EDUCATION:

High School or Equivalency:

School: Location (city/state or country):
Year Graduated: Year GED Received:

College:

School: Location (city/state or country):
Degree: Date of Attendance/ Date Degree Awarded:

EMPLOYMENT:

Company Name: Type of Facility:
Telephone: Fax:
Address:

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. Have you ever held any type of professional or occupational license in any state? Yes No
- 2. Has any licensing agency revoked, suspended, or restricted your license or a professional or occupational license issued to you or otherwise disciplined you? Yes No
- 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
- 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:

Completion of a formal optical education program is **REQUIRED**. Failure to complete a Board approved education program will result in an incomplete apprenticeship program.

Applicant will enroll in: (select one)

- National Academy of Opticianry Career Progression Program.
 - Durham Technical College Optical Apprentice Certificate Program.
 - Penn Foster Career School.
 - Northern Alberta Institute of Technology Optical Sciences Eyeglasses Program.
 - Another formal optical education program subject to approval by the Board: _____
-

ATTESTATION:

I, the named applicant, affirm 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: _____

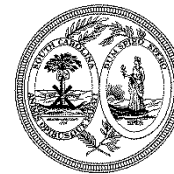
PRIVACY DISCLOSURE:

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.



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

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)



South Carolina Department of Labor, Licensing and Regulation
South Carolina Board of Examiners in 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: 803-896-4715
llr.sc.gov/opti

APPRENTICE SPONSORSHIP AGREEMENT

Apprentice Name: _____

Sponsor Name: _____ Company Name: _____

License Number: _____ License Type: Optician Optometrist Ophthalmologist

Phone: _____ Email: _____

Sponsor's Address: _____

APPRENTICE EMPLOYMENT

Average number of hours to be worked per week (32 hours minimum): _____

FORMAL EDUCATION

Completion of a formal optical education program is **REQUIRED**. Failure to complete a Board approved education program will result in an incomplete apprenticeship program.

Apprentice will enroll in: (select one)

- National Academy of Opticianry Career Progression Program.
- Durham Technical College Optical Apprentice Certificate Program.
- Penn Foster Career School.
- Northern Alberta Institute of Technology Optical Sciences Eyeglasses Program.
- Another formal optical education program subject to approval by the Board: _____

ATTESTATION

I, the named sponsor, request the named applicant be registered under my supervision as a South Carolina Apprentice. Program training is 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

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