



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: 803-896-4719  
llr.sc.gov/opti

**APPLICATION FOR REGISTERED APPRENTICESHIP EXTENSION**

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

- Check or Money Order only, in the amount of \$50 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 assessed on all returned funds.  
NO CASH IS ACCEPTED.
- Copy of your valid Driver's License, State Issued ID or Passport
- Legal documentation of name change (marriage certificate, divorce decree, etc.), if applicable

Apprentice Name: \_\_\_\_\_ Apprentice Registration No.: \_\_\_\_\_

Program Type (select one):  Full time employed apprentice  Part time employed apprentice

**Contact Update:** *(if no change, please leave blank)*

Mailing Address: \_\_\_\_\_  
Street City State Zip Code

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Primary Sponsor Name: \_\_\_\_\_

License Number: \_\_\_\_\_ License Type:  Optician  Optometrist  Ophthalmologist

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Secondary Sponsor Name: \_\_\_\_\_

License Number: \_\_\_\_\_ License Type:  Optician  Optometrist  Ophthalmologist

Email: \_\_\_\_\_

**EXTENSION REQUEST JUSTIFICATION**

Please provide a statement showing good cause for the requested extension:

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Please provide the proposed curriculum for the extended apprenticeship period:

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**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 is**  **CURRENTLY ENROLLED** or  **COMPLETED: (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
- Optical Training Institute
- Another formal optical education program approved by the Board: \_\_\_\_\_

**ATTESTATION**

I, the named sponsor of the named applicant, affirm 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 curriculum listed above. I work at the same location as the apprentice and will be accessible to him/her.

\_\_\_\_\_  
Signature of Sponsor (Primary)

\_\_\_\_\_  
Date

I, the registered apprentice 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 that as an apprentice, I must be in full-time employment training in the practice of opticianry, must complete a formal optical education program from a Board approved provider, and must only perform those activities permissible for an opticianry training apprentice. 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 Apprentice: \_\_\_\_\_

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.