



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

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APPRENTICESHIP EVALUATION

Date of Report: _____

Apprentice Name: _____ Apprentice Registration No.: _____

Primary Sponsor Name: _____ License Number: _____

Sponsor Email: _____

APPRENTICE PROGRAM EVALUATION

The apprenticeship program for the above listed apprentice has covered the following during this reporting period:

- Lab Training:** lensometry; lens types/materials/coatings; first and final inspections; finishing layout calculations; progressive identification; lens neutralization and verification; identification of lens materials, manufacturer and index of refraction; compensations or effective power for changes in lens vertex distance
- Frame Board Management:** importance of frame displays; inventory control; frame accountability; stocking of frame boards.
- Frame Selection:** patient wishes for size, shape versus prescription needs; recommending styles to customers; understanding customers intended use of glasses.
- Processing Orders:** lens options; material options; add-ons; interpreting prescriptions;
- Measurements and Repairs:** fitting/adjusting frames; frame repairs to include nose pads, scree replacement, groove string repair, and rimless replacement; making optical calculations; calculating effective power of a designated meridian of a compound lens;
- Dispensing Procedures:** adjustments; checking for reading ability; ADA accommodations
- Customer Care:** professionalism with all customers, explaining of frame and lens care, filing of insurance

ATTESTATION

I, the primary sponsor of the named applicant, affirm that to the best of my knowledge the statements made in this report 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 Primary Sponsor

Date