



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

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APPRENTICE SPONSORSHIP/PROGRAM CHANGE

Apprentice Name: _____ Registration Number: _____

Check beside the information needed to be updated:

SPONSOR INFORMATION

Apprenticeship may be conducted under direct supervision of one or more licensed optician, optometrist or ophthalmologist. Apprentice must maintain at least one licensed and approved sponsor on record at all times.

Former Primary Sponsor Name: _____ License Number: _____

Email: _____ Apprenticeship End Date: _____

New Primary Sponsor Name: _____ Company Name: _____

License Number: _____ License Type: Optician Optometrist Ophthalmologist

Phone: _____ Email: _____

Commencement of Apprenticeship Date: _____

New Secondary Sponsor Name: _____ Company Name: _____

License Number: _____ License Type: Optician Optometrist Ophthalmologist

Phone: _____ Email: _____

APPRENTICE EMPLOYMENT

Apprentices changing from full time employment to part time employment will have their apprenticeship program automatically extended to three years from the date of commencement. Apprenticeship program completion date will not change for apprentices transitioning from part time employment to full time employment.

Employment on file: Full time employment Part time employment

Employment to be changed to: Full time employment Part time employment

FORMAL EDUCATION

Completion of a formal optical education program is **REQUIRED**. Failure to provide evidence of enrollment in a Board approved formal education program in opticianry within six (6) months of commencement date, may result in the Board rescinding approval of the apprenticeship.

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(s), request the named applicant be registered under my supervision as a South Carolina Apprentice. Program training is to include specific skills such as:

- **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

I, the named sponsor(s) 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 (Primary)

Date

Signature of Sponsor (Secondary, *if applicable*)

Date