



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: 803-896-4515

llr.sc.gov/opti

Opticianry Requirements for Licensure and Application Process

Opticianry Licensure

A person is qualified to receive a certificate of licensure if the following requirements are met:

- Submission of a completed application and payment of licensure fee(s).
- Graduate from an accredited high school or GED completion.
- Pass the American Board of Opticianry (ABO) National Opticianry Competency Examination.
- Pass the Practical Opticianry Examination.
- Completion of one (1) of the following:
 - Graduate from a two-year ophthalmic dispensing program accredited by the Commission on Opticianry Accreditation (COA).
 - Hold a current, in good standing, optician's license from another licensing state.
 - Have been employed at least two years as an optician in a state that does not license opticians; must document employment.
 - Complete a South Carolina Registered Apprenticeship Program under a S.C. state licensed optician, optometrist or ophthalmologist.

Application Process

Your application is good for one (1) year from the date of receipt. If all required information is not received within this one (1) year period; you must begin the application process from the beginning. This includes, but is not limited to, the application fee, transcripts, license verifications, etc.

1. Application – In addition to the a completed application, the following must also be sent:
 - a. Check or money order only, in the amount of \$100 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**
 - b. Copy of your valid Driver's License, State Issued ID, or Passport
 - c. Copy of your Social Security Card
 - d. Proof of high school graduation, GED Certification, or Official College transcript
 - e. Proof of two years full-time employment for those currently working in a non-licensing state, if applicable
 - f. Legal documentation for name change (marriage certificate, divorce decree, etc.)
 - g. Notarized Verification of Lawful Presence Affidavit of Eligibility
 - h. Notarized Employer Statement of Practice Affidavit (*Only for Applicants employed at least two years in a State that does not license Opticians)
2. Documents to be sent directly to the Board from issuing agency/institution
 - a. Education Verification: If you have graduated from a two-year COA accredited ophthalmic dispensing program, contact your college/university to request an official copy of your transcript be sent directly to the Board office. Transcripts may be accepted via email or mail. Unsealed transcripts submitted with applications will not be accepted.
 - b. License Verification: Contact the state board(s) where you are currently or have been previously licensed with and have the verification mailed directly to the Board office. We will accept a state board issued form.

- c. ABO Exam Scores: If you have passed the ABO national competency examination, you will need to contact ABO and request your scores be released to the Board.
3. Practical Exam: All applicants are required to pass the practical examination as designated by the Board. Once your application has been approved, you will be emailed instructions on how to register for the exam and where to find study material. The examination is administered by ABO-NCLE. Applicants who fail to pass the exam may apply to re-take the examination twice before restrictions are applied. Applicants will not be permitted to take the examination within a year following notice of the second or succeeding failures. An application for re-examination must be accompanied by a statement of additional training, work or study completed since the time of the most recent exam failure. The Board will be automatically notified of your scores and will send confirmation and further instructions.

You may check the current status of your application online by visiting the board's website at <https://www.llr.sc.gov/opti/>.



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Opticianry Licensure Application

Submit the following with your application to the above address:

- Check or Money Order only, in the amount of \$100 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 Driver’s License, State Issued ID or Passport.
- Copy of Social Security Card.
- Proof of high school graduation, GED Certification, or Official College transcript.
- Proof of passage of the American Board of Opticianry (ABO) Examination.
- Notarized Verification of Lawful Presence Affidavit of Eligibility
- Notarized Employer Statement of Practice Affidavit (*Only for Applicants employed at least two years in a State that does not license Opticians)
- Proof of completion of one (1) of the following:
 - Graduated from a two-year ophthalmic dispensing program. Copy of diploma or official transcripts required.
 - Hold a current, in good standing, Opticianry license in another state. License verification submitted from all state boards you hold license with.
 - Employment as an optician for two years in a non-licensing state. Notarized Employer Statement of Practice required.
 - Completion of the SC Apprenticeship Program.

<p>For Office Use Only</p> <p>Check No.: _____</p> <p>Amount: _____</p>

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.: _____

Gender: Female Male

Have you ever been known by any other surname? Yes No

If yes, list names: _____

EMPLOYMENT:

Company Name: _____ Type of Facility: _____

Supervisor: _____ Email: _____

Address: _____

Dates of Employment: _____ Telephone: _____

CERTIFICATION:

List all current, in good standing, Opticianry license you hold in another state. License verification must be submitted from all state boards you hold license with.

State: _____ License No: _____ Expiration: _____
State: _____ License No: _____ Expiration: _____
State: _____ License No: _____ Expiration: _____

EDUCATION

High School:

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

Opticianry School:

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

Other:

College/School: _____ Location (city/state or country): _____
Year Graduated: _____ Year Degree Awarded: _____

Apprenticeship (if applicable):

Apprenticeship Completion Date: _____
Sponsor Name: _____ Sponsor License #: _____

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 a conviction; you will need to attach a criminal background check from your state of residence (i.e., SLED, etc.) and from the state where the conviction occurred.

- 1. Have you ever held any type of professional or occupational license in any state? Yes No
- 1. Has any licensing agency revoked, suspended, or restricted your occupational or professional license or otherwise disciplined you? Yes No
- 2. 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
- 3. Do you have a mental or physical impairment or addiction that would prohibit you from safely practicing as an optician? Yes No

ATTESTATION:

I, _____ (print name), am the person described and identified, and the person named in all documents presented in support of this application. I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare that all statements made by me herein are true and correct. Should I furnish any false or incomplete information in this application, I hereby agree that such act shall constitute the cause for denial or revocation of my license to practice Opticianry in South Carolina.

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.



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EMPLOYER STATEMENT OF PRACTICE AFFIDAVIT

***For all applicants applying from non-licensing states, a complete Employer Statement of Practice Affidavit must be included with the application.**

Applicant Name: _____

Name of Employer: _____

Employer Address: _____

Phone: _____ Email: _____

Has the Applicant engaged in the practice of opticianry for no fewer than two (2) cumulative years within the past five (5) years? Yes No

Dates of Practice: _____

Briefly describe the opticianry activities in which the applicant was engaged: _____

ATTESTATION

I, the employer of the named applicant, affirm that to the best of my knowledge the statements above are true and correct.

Signature of Employer

Date

Sworn and subscribed before me this ____ day of _____, 20____ .

Notary Signature: _____

Print Notary Name: _____

(SEAL)

Notary Public for the State of: _____

Commission Expiration Date: _____



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

Print Name

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)