



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

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[llr.sc.gov/opti](http://llr.sc.gov/opti)

## Optician Reactivation of Inactive License Application

Submit the following with your application to the address above:

- Check or money order only made payable to the SC Board of Opticianry. (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.
- Copy of your valid Driver's License, State Issued ID or Passport
- If you have changed your name, include a copy of legal documentation
- Continuing Education documentation

**Fees:**

- Optician License Reinstatement:
  - In-state: \$80
  - Out of State: \$0
- Out of state/inactive: Contact Lens License Reinstatement fee:
  - In-state: \$40
  - Out of State: \$0

License Number: \_\_\_\_\_

Optician     Contact Lens

### PERSONAL INFORMATION

Full Name: \_\_\_\_\_ Prior Last Name(s): \_\_\_\_\_

Home Address: \_\_\_\_\_  
(Street, City, State & Zip Code)

Mailing Address: \_\_\_\_\_  
(If different than above)

Business Address: \_\_\_\_\_

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

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

### CONTINUING EDUCATION

**Optician:** Documentation of four (4) hours of ABO approved continuing education for every year the license has been lapsed.

**Contact Lens Dispenser:** Documentation of one (1) hour of NCLE approved continuing education obtained for every year the license has been lapsed.

Have you met the CE requirement for the time period the license has been lapsed?     Yes     No

## DISCIPLINARY QUESTIONS

Answer all the questions below; you are required to include a detailed written statement of explanation with your application for any “Yes” answers. If you answer “Yes” to a conviction; you will also need to describe any pending charges in addition to the criminal background check from your state of residence and state(s) of licensure (i.e., SLED, etc.).

1. Since you last held an active license, have you 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 court convictions or expunged crimes.)?  Yes  No
2. Since you last held an active opticians license, have you had a license denied, restricted or disciplined by any other licensing board or national certifying body?  Yes  No  
*If yes, a copy of the final order to be sent directly to the Board.*
3. Since you last held an active opticians license, have you had any mental, emotional, and/or physical condition, including alcohol or other substance abuse that may presently interfere with your ability to competently and safely perform the essential functions involved in this profession?  Yes  No

## ATTESTATION

I HEREBY swear/affirm I have read all questions on this reinstatement application and have answered truthfully, accurately, and completely. I hereby acknowledge that failure to answer these questions truthfully, accurately and completely shall constitute cause for the initiation of disciplinary action against my South Carolina license.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
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.