



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

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llr.sc.gov/opti

Optician Reinstatement Application

If you are renewing both an Optician and a Contact Lens License, separate applications are required for each license.

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
- *For Registered Apprentice Only:* Completed Annual Sponsor Evaluation Form
- If a license or apprenticeship has been lapsed more than two years, a board appearance is required.

Fees:

- Optician License Reinstatement: \$50.00 plus the renewal fee below that applies
 - In-state: \$200 for each odd year the license was lapsed
 - Out of state/inactive: \$120 for each odd year the license was lapsed
- Contact Lens License Reinstatement fee: \$50.00 plus renewal fee below that applies
 - In-state: \$100 for each odd year the license was lapsed
 - Out of state/inactive: \$60 for each odd year the license was lapsed
- Registered Apprentice Reinstatement fee: \$50.00 plus renewal fee below that applies
 - \$50 for each year the registration was lapsed

License/Registration Number: _____ Optician Contact Lens Apprentice

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: _____

Date of Birth: _____

Social Security 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) where the charges were made(i.e., SLED, etc.).

1. Since you last held an active license or apprenticeship registration, 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 optician license or apprenticeship registration, have you had a license denied, restricted or disciplined by any other licensing board or national certifying body? *If yes, a copy of the final order to be sent directly to the Board.* Yes No
3. Since you last held an active optician license or apprenticeship registration, 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

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.

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

1. Have you met the CE requirement for the time period the license has been lapsed? 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 registration 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.



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

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)