



## **MOBILE OPTOMETRY UNIT PERMIT REQUIREMENTS AND APPLICATION PROCESS OVERVIEW**

### **MOBILE UNIT REQUIREMENTS**

A mobile unit is permitted to operate in South Carolina if the following requirements are met:

1. A South Carolina licensed optometrist, in good standing, is listed as the responsible party.
2. Visitation and providing of services are limited to:
  - licensed health care facilities within SC; or
  - Title I public schools as part of a not-for-profit program.
3. Proof of mobile unit registration with the SC Department of Motor Vehicles.
4. Proof of:
  - registration with the Secretary of State authorizing the entity to do business in SC; or
  - not-for-profit status.
5. Passing of inspection by LLR assigned inspectors.

### **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, proof of ownership, license verifications, etc.

1. **Application** – In addition to a completed application, the following must also be submitted:
  - a. **Application Fee:** \$175 application fee must be submitted in order to process the application. (Fees are non-refundable and non-transferable) A returned check fee of up to \$30, or an amount specified by law, may be assessed on all returned funds.
  - b. **Identification:** Copy of the operator's valid Driver's License, State-Issued ID, or Passport
  - c. **Proof of Ownership:**
    - **Mobile Unit:** Proof of Registration with the SC Department of Motor Vehicles; and
    - **Business Registration:** Registration from the Secretary of State; or
    - **Not-for-Profit Status:** submit one of the following:
      - A copy of S.C. Registration as required by S.C. Code of Law Title 33, Chapter 56; or
      - Registration Exemption Letter issued from the Secretary of State's Office in accordance with S.C. Code of Law § 33-56-50(C).
  - d. **Proposed Location List:** A listing of proposed locations where the mobile unit is to be provided in accordance with S.C. Code of Law § 40-37-320(B).
  - e. **Licensee List:** The name and license number of all licensed personnel providing services in the mobile unit.
  - f. **Emergency Follow-Up Care:** A copy of the procedure for emergency or follow-up care for patients treated must be submitted. The plan is to be kept where services are being provided. See S.C. Code of Law §40-37-320(B)(5)(b).
  - g. **Consent Form and Patient Information Sheet:** A copy of the consent form utilized when services are rendered to minors and patient information sheet as outline in S.C. Code of Law §40-37-320(B)(5).

**2. Inspection:** All mobile units must pass inspection prior to permit issuance:

- a. Once a permit application is approved, inspectors will be notified and will be contact the listed operator to schedule an inspection. Failure to pass the initial inspection will result in a re-inspection within thirty (30) days. Applicants who fail to pass the second inspection for non-compliance or exceeding thirty (30) days, or require multiple rescheduling of an inspection greater than three (3) times will be charged at a rate of \$75 per hour (including travel time) for each subsequent inspection.
- b. All mobile units must meet the requirements as outlined in S.C. Code of Laws §40-37-320(B). Mobile units shall be re-inspected annually upon renewal of permit.

Mobile Units must:

- a. Comply with all applicable federal, state and local laws, regulation and ordinances dealing with flammability, construction, sanitation, zoning, infectious waste management, universal precautions, OSHA guidelines, access by persons with disabilities as required by state and federal law and the CDC. Included by not limited to:
  - Necessary equipment to provide services to disabled persons;
  - Properly functioning sterilization system;
  - Ready access to adequate supply of potable water, including hot water;
  - Ready access to toilet facilities; and
  - Carbon monoxide detection devices installed and in proper working order.
- c. Upon a passed inspection, the board office will mail a copy of the mobile unit permit and copies license for listed personnel. Per S.C. Code of Law §40-37-320(B)(8)(d) and S.C. Code of Law §40-38-350(A), each individual providing optometric or opticianry services in a mobile dental facility must display a copy of their license.



South Carolina Department of Labor, Licensing and Regulation  
**South Carolina Board of Examiners in Optometry**  
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## MOBILE OPTOMETRY PERMIT APPLICATION

### Include with your application:

- Check or money order (no cash) in the amount of \$175 made payable to LLR–SC Board of Examiners in Optometry. Application fee is non-refundable. A returned check fee of up to \$30, or an amount specified by law, may be assessed on all returned funds.
- Copy of your valid Driver’s License, State-Issued ID, or Passport
- Proof of registration with the SC Department of Motor Vehicles
- Proof of one of the following:
  - Registration from the Secretary of State;
  - Copy of S.C. Registration as required by S.C. Code of Law Title 33, Chapter 56;
  - Registration Exemption Letter issued from the Secretary of State’s Office in accordance with S.C. Code of Law § 33-56-50(C)
- Copy of procedures for Emergency and Follow-Up Care for patients
- Copy of Patient Information Sheet and Consent Form

### LICENSEE INFORMATION

Operator Name: \_\_\_\_\_

FEIN/EIN: \_\_\_\_\_ VIN No.: \_\_\_\_\_

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

\_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_  
(If different than above)

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

Contact Person Name: \_\_\_\_\_

### LICENSED PERSONNEL

A list of all SC licensed optometrists, opticians, or ophthalmologists must be provided. Board must be notified in writing thirty (30) days of any personnel changes. All licensees must display their authorization to practice. Attach an additional sheet, if necessary.

Licensee Name	License Type	License Number

**MOBILE LOCATION(S)**

Mobile units providing optometry services are limited to visiting and providing services to licensed health care facilities and Title I public schools within South Carolina. Attached additional sheets, if required.

Name of Location: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Proposed Days of the Week and Hours of Operation: \_\_\_\_\_

Name of Location: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Proposed Days of the Week and Hours of Operation: \_\_\_\_\_

Name of Location: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Proposed Days of the Week and Hours of Operation: \_\_\_\_\_

**OPERATIONS QUESTIONS**

- 1. Does the Operator ensure that written procedure for emergency or follow-up care for patients treated in the mobile optometry unit, and that such procedure includes prior arrangements for emergency or follow-up treatment in a medical or dental facility, as may be appropriate, that is located in the area where services are provided?  Yes  No
- 2. Are communication devices available to enable immediate contact with appropriate person in the event of a medical or dental emergency?  Yes  No
- 3. Are patient records maintained by the registrant in a secure manner?  Yes  No
- 4. Is the unit in compliance with all applicable federal, state, and local laws, regulations and ordinances dealing with radiographic equipment, flammability, construction, sanitation, zoning, infectious waste management, universal precautions, OSHA guidelines, access by person with disabilities and CDC Guidelines?  Yes  No
- 5. Does the unit possess all applicable county and city licenses or permits to operate?  Yes  No
- 6. Does the unit possess a properly functioning sterilization system?  Yes  No
- 7. Does the unit have access to adequate supply of potable water, including hot water?  Yes  No
- 8. Does the unit have access to toilet facilities?  Yes  No
- 9. Does the unit have working carbon monoxide detection device(s)?  Yes  No
- 10. Are there written procedures and necessary equipment to provide services to disabled persons?  Yes  No

**ATTESTATION**

I do solemnly swear or affirm, under the penalties of perjury, that I am the person authorized to sign this application for registration and that the statements made are true and correct.

Applicant Licensee’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Applicant: \_\_\_\_\_

**PRIVACY NOTICE**

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.