



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

110 Centerview Dr. • Columbia • SC • 29210

P.O. Box 11329 • Columbia • SC 29211-1329

Phone: 803-896-4679 • Contact.Optometry@llr.sc.gov • Fax: 803-896-4719

llr.sc.gov/opto

Optometry License by Endorsement Application

Submit the following with your application to the above address:

- Check or money order in the amount of \$525 payable to LLR- SC Board of Examiners in Optometry. *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 ACCEPTED.*
- Copy of Driver's License, State Issued ID or Passport.
- Copy of Social Security Card.
- Legal documentation for name change (marriage cert, divorce decree, etc.), if applicable

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

Must be submitted directly to the Board:

- Official Optometry school transcript.
- License verification from all states in which an optometry license is/was held.
- National Board of Examiners in Optometry (NBEO) examination scores report.

APPLICANT INFORMATION

Full Name: _____ Maiden Name: _____

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

Mailing Address: _____

Phone: _____ Email Address: _____

Date of Birth: _____ Social Security No.: _____

Place of Birth (Country): _____ Gender: Female Male

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

If yes, list names: _____

EDUCATION

List colleges and optometry school you attended; provide dates of attendance and degree(s) received.

Institution	Dates of Attendance	Degree

OPTOMETRIC EXAMINATION INFORMATION

1. Have you taken and passed Part I, Part II, Part III, and TMOD of the NBEO? YES NO

If “No”, please list which Parts have been passed: _____

CERTIFICATION OF PRACTICE

License verifications from the states must be sent directly to the Board office.

Certifying State	License Number	Date of Initial Licensure	Is the license current?	Therapeutic level, authorized to treat glaucoma?
			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

OPTOMETRIC PRACTICE HISTORY

List employment dates, practice names with location, and number of hours worked per week. Explain any break in practice that exceeds thirty continuous days.

FROM Month/Year	TO Month/Year	PRACTICE NAME	LOCATION	HOURS PER WEEK

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 an arrest or conviction; you will need to attach a criminal background check from your state of residence (i.e., SLED, etc.).

- Have you ever taken the S.C. Optometric Jurisprudence Examination? YES NO
- Have you been denied a license to practice optometry or any other occupation or profession in this state or any other state? YES NO
- Is any complaint pending, under investigation, or has any action been taken against your license in any jurisdiction? YES NO

4. Currently or within the last five years, have any judgments, liens or claims been filed against you or any businesses in which you were either an executive officer or more than a 10% owner? YES NO
5. 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
6. Do you currently have any physical, mental or emotional condition that might interfere with your ability to competently and safely perform the essential functions of practice as an optometrist? YES NO

AFFIDAVIT

I, the undersigned, am the person described and identified, of good moral character, and the person named in all documents presented in support of this application for a license to practice optometry in South Carolina. I certify that all information contained in this application is truthful, complete, and accurate. I agree that all such information provided is subject to verification by the Board. 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 in South Carolina. I hereby authorize the South Carolina Board of Examiners in Optometry or any authorized representative of them to make a complete investigation of my character and fitness to practice optometry in South Carolina and of the completeness and truthfulness of application information.

Applicant’s Signature: _____ Date: _____

Printed Name of Applicant: _____

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.



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)