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 REINSTATEMENT FORM

Submit the following with your completed and signed application to the above address:

- Check or money order in the amount of $330 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.
- Proof of Continuing Education requirement of forty (40) hours. Sixteen (16) of the forty (40) must be pharmacology or pathology related.
- Legal documentation for name change (marriage cert, divorce decree, etc.), if applicable

NOTE:

- This application applies to Optometry licensees that lapsed within the last two years. If your license has been lapsed for more than two years, reapplication is required.
- Application includes one branch office location. If you practice at multiple SC locations, please complete a Branch office Registration form per location.

For Office Use Only
Check No.:_____
Amount:_____

APPLICANT INFORMATION

Full Name: _____ Maiden Name:_____

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

Mailing Address: _____

Phone: _____   Email Address: _____

BRANCH OFFICE INFORMATION

Practice/Business Name: _____

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

Mailing Address (if different from above): _____

_____

Office Phone: _____   Office Fax No: _____

CONTINUING EDUCATION

1. Have you completed the required number of CE hours for this license reinstatement?   ☐ YES ☐ NO

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.).

1. Since your initial application or since your last renewal of your license with the Board, have you been involved in any pre-trial intervention program, been convicted, pled guilty, or pled nolo contendere (no contest) for the violation of any federal, state or local law or do you have charges pending (other than a minor traffic violation)?   ☐ YES ☐ NO

2. Since your initial application or since your last renewal of your license with the Board, have you had an application for a professional license, examination, certification or registration denied or refused by any licensing board or other entity or have you ever surrendered a professional license?   ☐ YES ☐ NO

3. Since your initial application or since your last renewal of your license with the Board, have you developed or been treated for any disease or condition, physical, mental, or emotional (including alcohol or other substance abuse) that may render further practice dangerous to the public?   ☐ YES ☐ NO

4. Since your initial application or since your last renewal of your license with the Board, have you had any investigation, formal complaint, disciplinary action or consent order filed against you by any person, employer, or licensing board in any jurisdiction?   ☐ YES ☐ NO

5. Since your initial application or since your last renewal of your license with the Board, has your ability to prescribe controlled substances ever been surrendered, revoked, suspended, limited or restricted?   ☐ YES ☐ NO

6. Since your initial application or since your last renewal of your license with the Board, has there been any change in the status of your lawful presence in the United States?   ☐ 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.

STATE OF SOUTH CAROLINA
DEPARTMENT OF LABOR, LICENSING AND REGULATION
VERIFICATION OF LAWFUL PRESENCE IN THE UNITED STATES
AFFIDAVIT OF ELIGIBILITY

_____
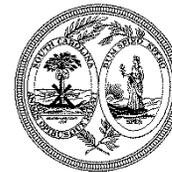
Pursuant to Section 8-29-10, *et seq.* of the South Carolina Code of Laws (1976, as amended), the Department of Labor, Licensing and Regulation must verify that any person who applies for a South Carolina license is lawfully present in the United States. Complete and sign this affidavit of eligibility. 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: _____

Rev: 05-12-14

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)