South Carolina Department of Labor, Licensing and Regulation
South Carolina Board of Examiners in Optometry
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2020-2022 APPLICATION FOR OPTOMETRY LICENSE RENEWAL

Renewal Instructions/Requirements:

- Check or money order only in the amount of the biennial renewal fee made payable to LLR–Board of Optometry. (All 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.)
- **Biennial Renewal / Late Fees:**
  Postmarked 12/31/20 or before: **$230** (includes one branch office registration)
  Postmarked 1/1/21 - 2/1/21: Late Fee $50 + Renewal Fee $230 = **$280**
  Branch Office Registration(s): $25.00 per SC practice location
  After February 1st your license is lapsed and must be reinstated.
- **No renewals will be accepted after February 1, 2021**.
- If you have had a legal name change since your initial licensure or since your last renewal, please attach the legal documentation with this renewal form (Marriage Certificate, divorce decree, court documentation).

LICENSEE INFORMATION

Name: _____ License No.: _____

Since you were licensed, have you legally changed your name? ☐ Yes ☐ No Prior Name: _____
If yes, please submit legal documentation supporting the change. (Marriage certificate, divorce degree, etc.)

Home Address: _____ City: _____ State: ____ Zip: _____

Mailing Address: _____ City: _____ State: ____ Zip: _____
(If different than above)

Home Phone: _____ Cell Phone: _____

Email: _____

PRACTICE INFORMATION

Current Activity Status (check one only):

☐ Active Practice, in SC
☐ Active Practice, Volunteer Work Only
☐ Not Currently Practicing, Seeking Licensed Practice
☐ Not Currently Practicing, Not Seeking Licensed Practice
☐ Active Practice, Out-of-State
☐ Not Currently Practicing, Disabled
☐ Retired
☐ Other: _____

Total Number of Employers: _____ Total Number of Branch Locations: _____

Total Estimated Number of Hours Worked per Week (all locations): _____

Current Primary Form of Practice (check one only):

☐ Self Employed, Solo
☐ Employed, Indiv. Practitioner
☐ Non-Profit Health Agency
☐ Other: _____
☐ Self Employed, Group Practice
☐ Employed, Practice Group
☐ Federal Government
☐ Partnership Practice
☐ Employed, Corporate Entity
☐ State Government

Primary Practice Location

Name of Practice: _____

Mailing Address: _____ City: _____ State: ____ Zip: _____

Physical Location: County: _____ Zip Code (if different): _____

Phone: _____ Estimated Hrs. Per Week: _____

Practice Setting (check one only):

☐ Academic Setting ☐ Federal Clinic (FOHC, VA, MIL, NIH, IHS) ☐ Hospital
☐ Nursing Home/Other Inst. ☐ Private Office ☐ Retail Optometric Center/Clinic
☐ Rural Health Center ☐ Other: _____

Second Practice Location

Name of Practice: _____

Mailing Address: _____ City: _____ State: ____ Zip: _____

Physical Location: County: _____ Zip Code (if different): _____

Phone: _____ Estimated Hrs. Per Week: _____

Practice Setting (check one only):

☐ Academic Setting ☐ Federal Clinic (FOHC, VA, MIL, NIH, IHS) ☐ Hospital
☐ Nursing Home/Other Inst. ☐ Private Office ☐ Retail Optometric Center/Clinic
☐ Rural Health Center ☐ Other: _____

Third Practice Location

Name of Practice: _____

Mailing Address: _____ City: _____ State: ____ Zip: _____

Physical Location: County: _____ Zip Code (if different): _____

Phone: _____ Estimated Hrs. Per Week: _____

Practice Setting (check one only):

☐ Academic Setting ☐ Federal Clinic (FOHC, VA, MIL, NIH, IHS) ☐ Hospital
☐ Nursing Home/Other Inst. ☐ Private Office ☐ Retail Optometric Center/Clinic
☐ Rural Health Center ☐ Other: _____

Fourth Practice Location

Name of Practice: _____

Mailing Address: _____ City: _____ State: ____ Zip: _____

Physical Location: County: _____ Zip Code (if different): _____

Phone: _____ Estimated Hrs. Per Week: _____

Practice Setting (check one only):

☐ Academic Setting ☐ Federal Clinic (FOHC, VA, MIL, NIH, IHS) ☐ Hospital
☐ Nursing Home/Other Inst. ☐ Private Office ☐ Retail Optometric Center/Clinic
☐ Rural Health Center ☐ Other: _____

CONTINUING EDUCATION (CE)

The licensee must complete a minimum of forty (40) hours of approved optometry continuing education. Do not submit any CE documentation to the Board's office. The Board will conduct a random audit after the close of the renewal period. Instruction on document submission will be sent if you are selected in the audit.

Have you completed the 40 continuing education hours for the current CE cycle, Jan. 1, 2019 to Dec. 31, 2020? ☐ Yes ☐ No

PERSONAL HISTORY QUESTIONS

Answer the following questions. A detailed letter of explanation or updated documentation is required for "Yes" answers.

1. Since your initial application or since your last renewal of your license with the Board, have you 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 any formal complaint, disciplinary action or consent order filed against you by any person, employer, or licensing board in any jurisdiction? ☐ 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 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 received disciplinary action by any employer for your job performance involving patient care or safety? ☐ 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, have you been addicted to or used in excess any drug or chemical substance, including alcohol, or been treated for a drug or alcohol addiction or participated in a rehabilitation program? ☐ Yes ☐ No
7. 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 since your initial licensure? ☐ Yes ☐ No

ATTESTATION

I HEREBY swear/affirm I have read all questions on this renewal 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 licensure.

Signature: _____ Date: _____

PRIVACY NOTICE

South Carolina law requires the agency to collect personal information which is only disseminated as required by law. 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 your renewal application and other documents on file 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 purposes.