



CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
BOARD OF EXAMINERS IN OPTOMETRY

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: DPR.DELAWARE.GOV
EMAIL: customerservice.dpr@state.de.us

APPLICATION FOR LICENSURE AS A THERAPEUTIC OPTOMETRIST INSTRUCTION SHEET

Deciding When an Internship is Required

Whether you are required to complete a six-month internship before you can be licensed as a Therapeutic Optometrist in Delaware depends on whether you hold a *current* optometry license in another jurisdiction, how long you have practiced in that jurisdiction and whether that jurisdiction has licensure standards that are at least equal to Delaware's standards.

IF you...	AND IF you have...	THEN you...
do not hold a <i>current</i> license in another jurisdiction	--	must serve an internship.
hold a <i>current</i> license in another jurisdiction	not practiced at least five years in any single jurisdiction where you hold a current license	must serve an internship.
	practiced at least five years in any single jurisdiction where you hold a current license	may apply by reciprocity.

Information about Internship

When you must serve an internship according to the table above, the internship period starts the day **after** the Board approves it. The period must consist of at least 35 hours per week for at least six months. You must be supervised throughout the period by one or more doctors *approved by the Board*.

It is your responsibility to select a doctor to supervise you during the internship. In making your selection, note the following:

- If the supervisor is neither an ophthalmologist nor therapeutically-certified optometrist, you must complete 100 additional hours of clinical internship with a therapeutically-certified optometrist, medical doctor or osteopathic physician.
- If you select a therapeutically-certified optometrist not licensed in Delaware, he or she must be licensed in a jurisdiction where the standards of therapeutic practice are comparable to those in Delaware.

If more than one doctor will be supervising you, the Board must approve all of them. A supervising doctor:

- must supervise you "one-on-one"
- is permitted to supervise only one intern at a time
- must be on the same premises and immediately available for supervision at all times
- must review the patient evaluations before the patient leaves the office.

These are examples of situations that are **not** acceptable direct supervision:

- The supervising doctor has two offices. He/she works in office 1, and the intern works in office 2.
- Three doctors work in the supervising doctor's office. The intern's Board-approved supervisor leaves and assigns a doctor whom the Board has *not* approved to supervise the intern.

Information about Reciprocity

To be licensed by reciprocity, you must

- hold a *current* optometry license in another jurisdiction (state, U.S. territory or District of Columbia), **and**
- have practiced at least five years in any single jurisdiction where you hold a current license.

If you do not meet **both** of the criteria above, you must complete a six-month internship before you can be licensed as a Therapeutic Optometrist.

When you apply by reciprocity, the Board will determine whether any jurisdiction where you hold a current license **and** where you have practiced at least five years has licensure standards that are at least equal to Delaware's standards. Since Delaware issues only Therapeutic Optometrist licenses, the Board will evaluate both the *basic licensure standards and standards of therapeutic practice* of each jurisdiction. It is possible that the basic licensure standards are equivalent to those of Delaware, but the standards of therapeutic practice are not. If the Board determines that **none** of the jurisdictions has equivalent basic and therapeutic standards, you must re-apply by internship because you cannot be licensed by reciprocity.

Requirements for All Applicants

You must meet the following requirements regardless of whether you must serve an internship or are filing by reciprocity.

- Submit completed, signed and notarized [Application for Licensure as a Therapeutic Optometrist](#) to the Board office.
- Enclose the non-refundable [processing fee](#) by check or money order made payable to "State of Delaware."
- Arrange for the Board office to receive an official transcript from the college(s) of optometry where you received a degree, sent *directly* from the college to the Board office.
 - The transcript must show that you have received a degree of "Doctor of Optometry" from a legally incorporated and accredited optometric college or school accredited by the American Optometric Association.
- Complete the *Criminal History Record Check Authorization* form to request State of Delaware and Federal Bureau of Investigation criminal background checks. Follow the instructions on the authorization form to arrange to be fingerprinted.
- Submit a copy of the front and back of your current cardio-pulmonary resuscitation (CPR) certification for adults and children.
- If you have ever held a license in another jurisdiction (state, U.S. territory or District of Columbia), arrange for the Board office to receive verification of licensure from each jurisdiction where you have ever held a license, sent *directly* from the jurisdiction to the Board office.
 - A *Verification of Optometry License* form is included with this application.
- Request a self-query from the National Practitioner Data Banks (NPDB) website at www.npdb.hrsa.gov. The self-query report will be mailed to your address. When you receive the report, mail (do not fax) the **original report** to the Board office.
- If you have never been issued a U.S. Social Security Number (SSN), submit a [Request for Exemption from Social Security Number Requirement](#).

The Privacy Act of 1974, Section 7, requires the following information to be given to all applicants: Applicants for any Delaware professional or occupational license, permit, registration or certificate (other than Gaming permits) are required to provide a U.S. SSN (29 Del. C. §8735(m)). The Division of Professional Regulation uses the SSN primarily to verify identity and safeguard personal information. It may also be used to enforce child support obligation (13 Del. C. §2216) and for other lawful purposes.

Additional Requirements for Pre-Approval of Internship

When you must serve an internship, the following is required for pre-approval of the internship *in addition to* the items in the **Requirements for All Applicants** section.

- Arrange for the Board office to receive a notarized *Statement of Supervising Doctor* form completed and signed by *each* doctor who will supervise you during your internship, sent directly from the supervising doctor to the Board office.
 - If more than one doctor will supervise you, each must submit a separate statement.

The Board office must also receive an official report of your passing scores on the National Board of Examiners in Optometry (NBEO) examination Parts I - III and TMOD. Since NBEO sends each candidate's score report to all jurisdictions, the Board office will generally have received your score reports before you file your application. For information about the exam, see the NBEO website at www.optometry.org.

Requirement for Approval of License *Following* Internship

When your internship period is complete, **each** supervising doctor must verify that you successfully completed your internship. Generally, the Board will review these verifications at the scheduled Board meetings **closest** to the end of your internship. This is to ensure that you receive your permanent license as soon as possible after your internship ends. For the schedule of Board meetings, see [Public Meeting Calendar](#).

- Arrange for the Board office to receive verification that you have successfully completed your internship, preferably on the *Verification of Completion of Internship* form included with this application, from **each** supervising doctor.
 - If the internship end date falls **after** the closest Board meeting, the supervising doctor(s) should submit a preliminary *Verification of Completion of Internship* form for the Board's review at its meeting and a second, final *Verification of Completion of Internship* form on or after the internship end date.
 - If the internship end date falls **before** the closest Board meeting, the supervising doctor(s) should submit the final *Verification of Completion of Internship* form before the meeting. In this situation, the Board office may extend the internship period to cover the days leading up to the meeting.

The Board will review the verifications at its meeting and, if you have successfully completed the internship and met all requirements, the Board will approve your Therapeutic Optometrist licensure. The Board office will then issue your Therapeutic Optometrist license.

Additional Requirements for Reciprocity Applicants

When you are applying for licensure by reciprocity, as explained in the **Information about Reciprocity** section above, the following are required in addition to the items in the **Requirements for All Applicants** section.

- If you passed the NBEO examination *before 2007*, arrange for the Board office to receive an official report of your passing scores on Parts I - III and TMOD, sent *directly* from NBEO to the Board office.
- Submit copies of the current optometry license law and rules and regulations from **each** jurisdiction where you hold a *current* license **and** where you have practiced at least five years.
 - The Board will compare Delaware's basic licensure standards and standards of therapeutic practice to those of each jurisdiction.
- Arrange for the Board office to receive verification of your practice in any jurisdiction where you hold a *current* license **and** you have practiced at least five years.
 - The verification letters must come from persons in a position to know your practice history, such as employer, colleague or accountant. They must be sent *directly* from the person to the Board office.
 - Since you will not know at the time you file this application which jurisdictions where you hold a current license, if any, have licensure standards equivalent to those of Delaware, it is preferable to obtain this documentation of your practice in *each* jurisdiction where you hold a current license and you have practiced five years.

Prescriptive Authority and Controlled Substance Registration

Your licensure as a Therapeutic Optometrist authorizes you to use and prescribe specific pharmaceutical agents to diagnose and treat diseases, disorders, and conditions of the eye and adnexa. See [24 Del. C. §2101 \(3\)](#) for the list of medications you are—and are **not**—authorized to prescribe/use.

To prescribe controlled substances, you must hold a controlled substance registration (CSR) in addition to your Therapeutic Optometrist license.

- You may apply concurrently for your Therapeutic Optometrist license and CSR, or you may apply for the CSR later. If you apply for your Therapeutic Optometrist license and CSR at the same time, the CSR application will be processed *after* your Optometrist license is approved. For the CSR application and instructions, see [Application for Controlled Substances Registration – Optometrists](#).
- When your Delaware CSR is approved, you must then file for a [federal DEA registration](#) for Delaware. **You must have both a Delaware CSR and DEA registration for Delaware before you prescribe controlled substances in Delaware.**
- You are required to register for the [Delaware Prescription Monitoring Program](#) (PMP).

- Your prescriptive authority for controlled substances is limited to:
 - Schedule II controlled substances containing hydrocodone, *up to a maximum 72-hour supply*
 - Schedules III, IV, and V controlled substances *up to a maximum 72-hour supply*.
- You are not permitted to store or dispense controlled substances.

10. Do you hold current certification to perform CPR on adults and children? Yes No

Submit a copy of front and back of your current CPR certification for adults and children.

LICENSURE HISTORY– All applicants complete this section

11. Have you ever held a license to practice optometry in another jurisdiction (state, U.S. territory or District of Columbia)? Yes No **If yes, list *each* jurisdiction where you have ever held, a license. If you need more room, enclose a separate sheet.**

JURISDICTION	LICENSE NUMBER	ISSUE DATE	EXPIRATION DATE

Arrange for a verification of licensure to be sent *directly* to the Board office from *each* jurisdiction listed.

PRACTICE HISTORY – Only applicants by reciprocity complete this section

12. Enter the following information about your practice in each jurisdiction where you hold a *current* optometry license.

EMPLOYER/PRACTICE NAME	ADDRESS	TYPE OF PRACTICE (e.g., Therapeutic Optometrist)	EMPLOYMENT DATES	
			From	To

- **Arrange for the Board office to receive verification of your practice in any jurisdiction where you hold a *current* license and you have practiced at least five years. The verification must come from persons in a position to know your practice history and must be sent *directly* from the person to the Board office.**
- **Submit copies of the current optometry license law and rules and regulations from *each* jurisdiction where you hold a *current* license and where you have practiced at least five years.**

INTERNSHIP INFORMATION – Only applicants for internship complete this section

13. When do you plan to begin practicing in Delaware? _____

Note: Do not begin practicing in Delaware before the start date of the Board-approved internship.

14. Enter this information about the practice where you plan to serve your internship.

Practice Name: _____

Location Address: _____

_____ City _____ State _____ Zip

15. Enter the following information about **each** doctor who will supervise your internship:

NAME	TYPE OF DOCTOR	DELAWARE LICENSED?
	<input type="checkbox"/> Ophthalmologist <input type="checkbox"/> Therapeutic Optometrist <input type="checkbox"/> Other	Yes <input type="checkbox"/> No <input type="checkbox"/>
	<input type="checkbox"/> Ophthalmologist <input type="checkbox"/> Therapeutic Optometrist <input type="checkbox"/> Other	Yes <input type="checkbox"/> No <input type="checkbox"/>
	<input type="checkbox"/> Ophthalmologist <input type="checkbox"/> Therapeutic Optometrist <input type="checkbox"/> Other	Yes <input type="checkbox"/> No <input type="checkbox"/>
	<input type="checkbox"/> Ophthalmologist <input type="checkbox"/> Therapeutic Optometrist <input type="checkbox"/> Other	Yes <input type="checkbox"/> No <input type="checkbox"/>
	<input type="checkbox"/> Ophthalmologist <input type="checkbox"/> Therapeutic Optometrist <input type="checkbox"/> Other	Yes <input type="checkbox"/> No <input type="checkbox"/>

Arrange for the Board office to receive a notarized *Statement of Supervising Doctor* form completed and signed by each doctor who will supervise you during your internship, sent directly from the supervising doctor to the Board office.

DISCLOSURES – All applicants complete this section

16. Have you ever been convicted of or entered a plea of guilty or *nolo contendere* (no contest) to any felony, misdemeanor or other criminal offense in any jurisdiction, including any offense for which you have received a pardon? Yes No **If yes, submit a signed statement explaining fully.**

Arrange for the Board office to receive State of Delaware and Federal Bureau of Investigation criminal background checks. The State Bureau of Identification will send the reports directly to the Board office. This requirement applies even if you answered “No” to this question.

17. Are criminal charges pending against you in any jurisdiction? Yes No **If yes, submit a letter explaining fully. Include copies of all appropriate records.**

18. Have you ever had your professional license or certificate subject to disciplinary action (including, but not limited to, consent agreements, fines, probation, suspension or revocation) in any jurisdiction? Yes No **If yes, enclose a statement explaining fully.**

19. Has any jurisdiction ever rejected your application or revoked your professional license or certificate? Yes No **If yes, enclose a statement explaining fully.**

20. Are any complaints currently pending against you in any jurisdiction? Yes No **If yes, enclose a statement explaining fully.**

21. Have you excessively used or abused drugs, including alcohol, narcotics or chemicals? Yes No **If yes, enclose a statement explaining fully. Include copies of all appropriate records.**

Request a self-query from NPDB. The self-query report will be mailed to your address. When you receive the report, mail the *original report* to the Board office.

DUTY TO REPORT– All applicants complete this section

22. To obtain a license in Delaware, you must certify that you understand that you have a **mandatory** obligation to file a written report with the Board of Medical Licensure and Discipline within 30 days if you have any reason to believe that a medical practitioner *other than yourself* is (or may be) guilty of unprofessional conduct as defined in 24 Del. C. §1731 OR that he/she is (or may be):

- medically incompetent
- mentally or physically unable to engage safely in the practice of medicine
- excessively using or abusing drugs including alcohol.

I certify that I have read and understand the provisions of [24 Del. C. §1730](#), [24 Del. C. §1731](#) and [24 Del. C. §1731A](#) and that I understand my *duty to report*. Yes No

23. To obtain a license in Delaware, you must certify that you understand that you have a **mandatory** obligation to file a written report with the Division of Profession Regulation within 30 days if you reasonably believe that any other Delaware-licensed optometrist or other healthcare practitioner is (or may be)
- engaging (or has engaged) in conduct that would constitute grounds for disciplinary action under the applicable license law
 - unable to practice with reasonable skill and safety due to mental illness or incompetence, physical illness (including deterioration due to aging or loss of motor skill), or excessive use or abuse of drugs (including alcohol)
 - guilty of unprofessional conduct

I certify that I have read and understand [24 Del. C. §2123](#) and that I understand my *duty to report*. Yes No

24. To obtain a license in Delaware, you must certify that you understand that you have a **mandatory** obligation to make an immediate oral report to the Department of Services for Children, Youth and Their Families if you know of, or you suspect, child abuse or neglect under Chapter 9 of Title 16 and to follow up with any requested written reports.

I certify that I have read and understand [16 Del. C. §903](#) and that I understand my *duty to report*. Yes No

If Board review is required, the Board office must receive all of these items no later than 4:30 PM ten full working days before the Board’s meeting date to ensure that your application is ready for review:

- Completed, signed and notarized application form
- Fee payment
- All required supporting documentation.

Applications that are not complete within 12 months of filing may be considered abandoned and discarded. When your application is complete, please allow 4-8 weeks to receive your license.

AFFIDAVIT

I certify that the information in this application is complete and true. I understand that the intentional inclusion of false or fraudulent information in this application, or the material omission of information which might have a bearing on licensure, may result in the denial of licensure and will be reported to the Attorney General for further action. I understand that the application fee is not refundable.

Signature of Applicant: _____ Date: _____

City of _____ County of _____

Sworn to before me and subscribed in my presence this _____ day of _____, 2____.

Signature of Notary: _____

SEAL

My commission expires: _____

APPLICATIONS THAT ARE UNSIGNED, NOT NOTARIZED, INCOMPLETE OR NOT ACCOMPANIED BY THE REQUIRED NON-REFUNDABLE FEE WILL BE REJECTED.



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OPTOMETRY INTERNSHIP: STATEMENT OF SUPERVISING DOCTOR

INFORMATION AND INSTRUCTIONS

When an internship **pre-approved** by the Delaware Board of Examiners in Optometry is a requirement for Delaware optometry licensure, **each** doctor who will be supervising the intern is required to complete, sign and submit a *Statement of Supervising Doctor* form. Note that the statement must be notarized. Mail it *directly* to the Board office at the address above.

The internship period starts the day **after** the Board approves it. The period must consist of at least 35 hours per week for at least six months. The intern must be supervised throughout the period by a Board-approved doctor(s).

It is the intern's responsibility to select a doctor to supervise him or her during the internship. Note the following:

- If the supervisor is neither an ophthalmologist nor therapeutically-certified optometrist, the intern must complete 100 additional hours of clinical internship with a therapeutically-certified optometrist, medical doctor or osteopathic physician.
- If the supervisor is a therapeutically-certified optometrist not licensed in Delaware, he or she must be licensed in a jurisdiction where the standards of therapeutic practice are comparable to those in Delaware.

If more than one doctor will be supervising the intern, the Board must approve all of them. Each supervising doctor:

- must supervise the intern "one-on-one"
- can supervise only one intern at a time
- must be on the same premises and immediately available for supervision at all times
- must review the patient evaluations before the patient leaves the office.

These are examples of situations that are **not** acceptable direct supervision:

- The supervising doctor has two offices. He/she works in office 1, and the intern works in office 2.
- Three doctors work in the supervising doctor's office. The intern's Board-approved supervisor leaves and assigns a doctor whom the Board has **not** approved to supervise the intern.

INTERN NAME: _____

INFORMATION ABOUT SUPERVISING DOCTOR

1. Name: _____

2. Check your license type: Optometrist Ophthalmologist Other Medical Doctor Osteopathic Physician

If you are an optometrist, continue with Question 3. Otherwise, skip to Question 4.

3. Are you therapeutically certified in any jurisdiction where you are licensed, including Delaware? Yes No **If yes, enter the following information about each jurisdiction where you therapeutically certified:**

JURISDICTION	LICENSE NUMBER

4. Enter the following information about the practice where the internship will be served:

Practice Name: _____

Practice Address: _____

_____ City _____ State _____ Zip

5. Will other optometrists or physicians in your practice supervise the intern at any time? Yes No If yes, list the names of **all** supervising doctors: _____

Each supervising doctor must complete a Statement of Supervising Doctor form.

INFORMATION ABOUT INTERNSHIP

6. Enter the **requested** start and end dates of the internship:

Start (month/year): _____ End (month/year): _____

Note: The internship does not begin until the Board approves the dates.

7. Is this internship part of a residency? Yes No If yes, enter the start and end dates of the residency:

Start (month/year): _____ End (month/year): _____

8. What will be the intern's duties? _____

9. What are the internship goals? _____

10. How many hours per week will the intern work? _____ hours

11. How many hours per week will you **personally** supervise the intern? _____ hours

12. Will the intern practice at any location other than the one you entered in Question 4? Yes No If yes, enter **each** address where the intern will practice and the number of hours per week he or she will work at each location:

LOCATION	HOURS PER WEEK

13. Does your practice have any other interns? Yes No

AFFIDAVIT

I certify that the information in this statement is complete and true.

Signature of Supervising Doctor: _____ **Date:** _____

City of _____ County of _____

Sworn to before me and subscribed in my presence this _____ day of _____, 2_____.

Signature of Notary: _____

SEAL

My commission expires: _____

Mail this form directly to the Board office.



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VERIFICATION OF COMPLETION OF INTERNSHIP

INFORMATION AND INSTRUCTIONS

When the internship period is complete, **each** supervising doctor must verify that the intern successfully completed his or her internship. The Board office will contact the intern before the internship's end date to coordinate receiving these verifications for review during the scheduled Board meeting closest to the end of the internship. If the end date falls after the Board meeting, the Board office may ask supervising doctor(s) to submit a preliminary letter before the meeting and a second, final letter after the meeting. This is to assure that the intern receives his or her permanent license as soon as possible after the internship ends.

The Board will review the verifications at its meeting and, if the intern has successfully completed the internship and met all requirements, the Board will approve his or her Therapeutic Optometrist licensure to begin the day after your internship ends. The Board office will issue the Therapeutic Optometrist license.

Complete and sign this form. Mail it *directly* to the Board office at the address above.

INTERN NAME: _____

1. Supervising Doctor Name: _____

2. Practice Name: _____

Practice Address: _____

_____ City _____ State _____ Zip

3. Enter dates of the internship: Start (month/year): _____ End (month/year): _____

4. I certify that during the internship period the intern named above:

- worked at least 35 hours per week Yes No
- was supervised one-on-one Yes No
- has completed the duties for the internship Yes No
- has met the goals of the internship Yes No

5. I certify that the intern named above has successfully completed the required six-month internship for licensure as an optometrist in Delaware. Yes No

Signature of Supervising Doctor: _____ **Date:** _____

Mail this form directly to the Board office.



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VERIFICATION OF OPTOMETRIST LICENSE

Send a separate form to *each* jurisdiction other than Delaware where you have ever held an optometry license.

Licensing Authority: _____ Address: _____ City/State/Zip: _____	Applicant Name: _____ Home Address: _____ City/State/Zip: _____
Applicant completes this section	Last Name: _____ First: _____ Middle: _____ SSN: _____ Date of Birth: _____ Other Name(s) Used: _____ License Number(s) in Jurisdiction Named Above: _____ <p>I am applying for licensure as a Therapeutic Optometrist in the State of Delaware. Before my application can be reviewed, verification of my license in good standing is required. I am authorizing the release of the information requested on this form to be sent to the Delaware Board of Examiners in Optometry.</p> Applicant Signature: _____ Date: _____
Licensing authority completes this section	Our records indicate that the applicant named above was licensed in the State/Province/Jurisdiction of _____ License Number: _____ Issue Date (month/day/year): _____ Expiration Date : _____ (month/day/year) _____ Has any discipline activity taken place regarding this licensee? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, enclose a certified copy of the Board Order with this license verification.
AFFIX OFFICIAL SEAL HERE	<p>I certify that the information above is an accurate account of this person's records and is true and correct.</p> Printed Name of Official: _____ Signature of Official: _____ Date: _____ Title: _____ Phone: _____ Fax: _____ Email: _____

Mail (do not fax) completed, signed and sealed form *directly* to the Board office at the address above.

Instructions for Requesting a Criminal Background Check

Both State of Delaware and Federal Bureau of Investigation criminal background checks are required.

Applicant Notification

Your fingerprints will be used to check the criminal history records of the Federal Bureau of Investigation (FBI). You have the opportunity to challenge the accuracy of the information contained in the FBI identification record. See [Title 28, CFR 16.34](#) for the procedure to obtain a change, correction or update in the FBI record.

Locations

Kent County – Primary Facility

State Bureau of Identification
Blue Hen Mall & Corporate Center
655 S. Bay Rd. Suite 1B
Dover, DE 19901

Walk-ins accepted: Mon 8:30 am – 6:30 pm, Tue - Fri 8:30 am – 3:30 pm
Customer Service: (302) 739-2134

New Castle County - Satellite Facility

State Police Troop Two
100 LaGrange Ave
Newark, DE 19702
(between Rts. 72 and 896 on Rt. 40)
By appointment only
Scheduling: (302) 739-2528 (local)
(800) 464-4357 (toll free)

Sussex County – Satellite Facility

Thurman Adams State Service Center
546 S. Bedford Street, Rm. 202
Georgetown DE 19947
(across from DelDOT & Troop 4)
By appointment only
Scheduling: (302) 739-2528 (local)
(800) 464-4357 (toll free)

Applicants in Delaware

1. If you are using the New Castle County or Sussex County locations, call **(800) 464-HELP (4357)** to schedule an appointment. No appointments are needed at the Kent County location.
2. Take the completed *Authorization for Release of Information* form to one of the offices listed above with the fee of \$65.00, to cover both the State of Delaware and Federal Bureau of Investigation criminal checks. Money orders and credit cards other than American Express are accepted at all locations. New Castle and Kent Counties accept cash; Sussex County does not accept cash. **Personal checks are not accepted in any county.** As fees are subject to change, contact the agency where you plan to submit your forms for current fees.

Applicants Not in Delaware (including Out-of-State or Outside the United States)

1. Your local police agency can fingerprint you. All types of fingerprint cards are accepted. Or, you may print a [FD-258 fingerprint form](#) available on the FBI website at www.fbi.gov – click *Services*, then *Identity History Summary Checks*, then scroll down to Option 1, Step 2, and click the link for *standard fingerprint form (FD-258)*. You may print the form on regular paper.
2. Your *Authorization for Release of Information* form and the fingerprint card must be complete. If identifying information is missing (such as name, date of birth, race, gender, etc.), your form will be returned.
3. **Mail** the *Authorization* form, fingerprint card, and *certified* check or money order (**personal checks are not accepted**) for \$65.00 made payable to “Delaware State Police” to:

Delaware State Police
State Bureau of Identification (SBI)
PO Box 430
Dover, DE 19903-0430

**DO NOT SEND THIS FORM OR FEE TO YOUR PROFESSION'S BOARD OFFICE.
DO NOT SEND THIS FORM OR FEE TO THE DIVISION OF PROFESSIONAL REGULATION.**

⇒ **ALLOW FOUR WEEKS FOR RECEIPT OF RESULTS.**

