



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

STATE OF DELAWARE
**EXAMINING BOARD OF PHYSICAL THERAPISTS AND
ATHLETIC TRAINERS**

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

APPLICATION FOR LICENSURE AS A PHYSICAL THERAPIST OR PHYSICAL THERAPIST ASSISTANT INSTRUCTION SHEET

General Information

It is important to follow these instructions carefully. Examination and licensure may be delayed if you submit incomplete form or submit the forms and/or fees to the wrong addresses.

The application asks you to select whether you are applying for an initial license by examination or reciprocity or reinstating or reapplying for a lapsed license. Use this table to decide.

| IF you... | THEN apply by... |
|--|------------------|
| need to take the National Physical Therapy Examination (NPTE) | Examination. |
| hold a <i>current</i> license in another jurisdiction (state, D.C. or U.S. territory) | Reciprocity. |
| have already passed the NPTE but do not hold a <i>current</i> license in another jurisdiction (state, D.C. or U.S. territory) | Examination. |
| previously held a Delaware license of the same type you're now applying for and that license lapsed between one and five years ago | Reinstatement. |
| previously held a Delaware license of the same type you're now applying for and that license lapsed more than five years ago | Reapplication. |

Requirements for *All* Applicants

The requirements in this section apply to all applications **except** Special Project/Assignment Temporary license applications. If you will be practicing in Delaware solely in connection with a temporary special project, assignment or medical emergency, see the [Application for Special Project/Assignment Temporary License](#).

The address of the Board office referred to in these instructions is:

Examining Board of Physical Therapists and Athletic Trainers
Cannon Building, Suite 203
861 Silver Lake Blvd.
Dover DE 19904

- Submit completed, signed and notarized [Application for Licensure as a Physical Therapist or Physical Therapist Assistant](#) to the Board office.
- Enclose the [processing fee](#) by check or money order made payable to "State of Delaware."
 - If you hold an *active* Delaware Physical Therapist Assistant license and are applying for upgrade to a Physical Therapist license, enclose the [upgrade fee](#) instead of the full processing fee.
- 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.
- 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.

- Enclose a copy of your current CPR certification card (front and back).
 - Online CPR courses are **NOT** accepted.
- 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 Examination Applicants

If you need to take the national examination, you must register for and schedule the examination in addition to filing your application with the Board office. For general information about the examination, visit the website of the Federation of State Boards of Physical Therapy (FSBPT) at www.fsbpt.org.

- If you were educated in the U.S., arrange for the Board office to receive an official transcript sent *directly* from the college or university to the Board office.
 - Your school must be accredited by the Commission on Accreditation of Physical Therapy Education (CAPTE).
 - The transcript must show that you have received a degree in physical therapy.
 - The physical therapy degree cannot be a transitional Doctorate of Physical Therapy degree.
 - If you have recently graduated and a final degree is not yet available, arrange for the Board office to receive a letter from a school official stating that you have completed graduation requirements and the expected date of graduation. You must submit the official transcript showing the degree conferred and date as soon as it is available. No permanent license will be granted until the Board office receives the official transcript.
- If you received your physical therapy education outside the U.S. at a school that is not CAPTE-accredited, arrange for the Board office to receive a credential evaluation sent *directly* from the credentialing agency to the Board office. This requirement applies **even if** you have received a **transitional** Doctorate of Physical Therapy from a U.S. school. One of the following Board-approved agencies must prepare the evaluation:
 - International Consultants of Delaware Inc. – www.icdeval.com
 - International Educational Research Foundation Inc. – www.ierf.org
 - Foreign Credentialing Commission for Physical Therapists – <http://www.fccpt.org/>
- If you need to take the examination, go to FSBPT's [Candidate and Licensee Services](#) website and follow the instructions there to register online.
- If you require special accommodation to take the NPTE due to a disability, submit a *Request for Special Accommodation* form with your application. Follow the instructions on the form to submit a medical report verifying your need for the accommodation.
 - Failing to submit the request at the time you file your application may delay your examination date.

The Board determines whether you are eligible to take the examination based on your education and other guidelines in the [license law](#) and [Rules and Regulations](#).

- If you are **not** eligible to take the examination, the Board office will send you a notice explaining why not.
- If you are eligible to take the examination, the Board office will notify FSBPT. When FSBPT receives both the Board's approval and your registration and payment, FSBPT will then send you instructions on how to schedule the examination.

FSBPT will send the results of the examination to the Board office. If you passed, the Board office will issue your license. If you failed, instructions for re-taking the exam will be in the notice you receive.

Additional Requirements for Temporary License by Examination

If you need to take the NPTE, you may also apply for a temporary license to work in Delaware while awaiting your exam scores.

- You cannot apply for a temporary license without also applying for the permanent license by examination. Before applying for a temporary license, you must have a job and a supervising Physical Therapist in Delaware.
- Delaware temporary licenses are valid only for work *in Delaware*.

- The Board office will issue your temporary license when it has received all required documentation other than passing exam scores.
- While under temporary licensure, you must practice under the direct supervision of a Delaware-licensed Physical Therapist. Section 1.2 of the Board's [Rules and Regulations](#) explains what direct supervision means.
- The temporary license is issued for three months. The Board must approve any extension of the temporary license.
- ***If you fail the examination, the temporary license will lapse immediately.***

To apply for a temporary license by examination, the following are required *in addition to* the items listed in the **Requirements for All Applicants** and **Additional Requirements for Applications by Examination** sections above.

- Enclose [temporary license fee](#) by check or money order made payable to "State of Delaware." This fee is in addition to the processing fee for the permanent license.
- Arrange for the Board office to receive a [Statement of Supervising Physical Therapist or Athletic Trainer – Temporary License](#) completed and signed by your supervising Physical Therapist, sent *directly* to the Board office by supervisor.

Additional Requirements for Reciprocity Applicants

In addition to the requirements in the **Requirements for All Applicants** section above, the following are required for reciprocity applications:

- If you were educated in the U.S., arrange for the Board office to receive an official transcript sent *directly* from the college or university to the Board office.
 - Your school must be accredited by Commission on Accreditation of Physical Therapy Education (CAPTE)
 - The transcript must show that you have received a degree in physical therapy.
 - The physical therapy degree cannot be a transitional Doctorate of Physical Therapy degree.
 - If you have recently graduated and a final degree is not yet available, arrange for the Board office to receive a letter from a school official stating that you have completed graduation requirements and the expected date of graduation. You must submit the official transcript showing the degree conferred and date as soon as it is available. No permanent license will be granted until the Board office receives the official transcript.
- If you received your physical therapy education outside the U.S. at a school that is not CAPTE-accredited, arrange for the Board office to receive a credential evaluation sent *directly* from the credentialing agency to the Board office. This requirement applies **even if** you have received a **transitional** Doctorate of Physical Therapy from a U.S. school. One of the following Board-approved agencies must prepare the evaluation:
 - International Consultants of Delaware Inc. – www.icdeval.com
 - International Educational Research Foundation Inc. – www.ierf.org
 - Foreign Credentialing Commission for Physical Therapists – <http://www.fcpt.org/>
- Arrange for the Board office to receive your national examination scores, sent *directly* to the Board office from one of the following:
 - your original state of licensure, **or**
 - Federation of State Boards of Physical Therapy – go to [FSBPT Score Transfer Request Application](#) to request the score report.
- Enclose a copy of proof that you have completed two hours of training in ethics related to the practice of physical therapy.

Additional Requirement for Reinstatement or Reapplication Applicants

If you previously held a Delaware license that is now lapsed, you may apply to reinstate it within five years of its expiration date. However, if it has been lapsed over five years, you must reapply for licensure. (See Section 11.2 of the Board's [Rules and Regulations](#).) Whether reinstating or reapplying, the following is required in addition to the items in the **Requirements for All Applicants** section above.

- Submit proof that you have completed 3.0 continuing education units (CEUs) during the previous 24 months.
 - CEUs are explained in Section 13.0 of the Board's [Rules and Regulations](#).



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APPLICATION FOR LICENSURE AS A PHYSICAL THERAPIST OR PHYSICAL THERAPIST ASSISTANT

TYPE OF APPLICATION

- Select type of license you are applying for:
 - Physical Therapist – Show where you received your education (check one):
 - I received my Physical Therapy education **in the U.S. or a U.S. territory.**
 - I received my Physical Therapy education **outside the U.S. or a U.S. territory.**
 - Do you hold an **active** Delaware Physical Therapist Assistant license? Yes No If yes, enter your license number: **J2** - _____
 - Physical Therapist Assistant
 - I received my Physical Therapy Assistant education **in the U.S. or a U.S. territory.**
 - I received my Physical Therapy Assistant education **outside the U.S. or a U.S. territory.**
- Check the item that describes your situation (check one):
 - Examination – I need to take the national examination.
 I have already passed the national examination but I do **not** hold a **current** license in any jurisdiction. Skip to the **IDENTIFYING AND CONTACT INFORMATION** section.
 - Reciprocity – I hold a **current** license in another jurisdiction. Skip to the **IDENTIFYING AND CONTACT INFORMATION** section.
 - Reinstatement – I previously held a Delaware license that lapsed less than five years ago. My Delaware license number was J___ - _____. Skip to the **IDENTIFYING AND CONTACT INFORMATION** section.
 - Reapplication – I previously held a Delaware license that lapsed more than five years ago. My Delaware license number was J___ - _____. Skip to the **IDENTIFYING AND CONTACT INFORMATION** section.
 - If you checked Reciprocity, enclose a copy of proof that you have completed two hours of training in ethics related to the practice of physical therapy.
 - If you checked Reinstatement or Reapplication, submit proof that you have completed 3.0 continuing education units (CEUs) during the previous 24 months.
- Are you applying for a Temporary license while awaiting your exam scores? Yes No If yes, enter the following information about your Delaware-licensed supervising Physical Therapist:
Name: _____ Delaware License Number: **J1** - _____
Place of Employment: _____ Phone: _____
Arrange for the Board office to receive a [Statement of Supervising Physical Therapist or Athletic Trainer – Temporary License](#) completed and signed by your supervising Physical Therapist, sent directly to the Board office by supervisor.

IDENTIFYING AND CONTACT INFORMATION

- Full Name: _____
Last/Family First Middle
- Other Names Used: None _____
(Include maiden, former married names and alternate spellings.)

6. Date of Birth (month/day/year): _____ Gender: Male Female
7. Have you been issued a U.S. Social Security Number? Yes No **If yes, enter your SSN:** _____
If no, you must file a [Request for Exemption from Social Security Number Requirement](#).
8. Mailing Address: _____

 City State Zip
9. Phone: _____ Email: _____ None
 daytime evening or cell

EDUCATION AND EXAMINATION

10. Enter the following information about **each** college/university where you earned a degree in physical therapy or physical therapy assisting:

| COLLEGE/UNIVERSITY | CITY, STATE/PROVINCE & COUNTRY | DATES ATTENDED | | DEGREE OR CERTIFICATE |
|--------------------|--------------------------------|----------------|----|-----------------------|
| | | From | To | |
| | | | | |
| | | | | |
| | | | | |

Submit documentation of your education *unless you are reapplying or reinstating a lapsed license.*

- **If you were educated in the U.S., arrange for the Board office to receive an official transcript sent *directly* from the college or university to the Board office.**
- **If you received your physical therapy education outside the U.S. at a school that is not CAPTE-accredited, arrange for the Board office to receive a credential evaluation sent *directly* from the credentialing agency to the Board office. This requirement applies *even if you have a transitional* Doctorate of Physical Therapy from a U.S. school. Approved credentialing agencies are listed on the Instruction Sheet.**

11. Have you passed the National Examination for Physical Therapy (NPTE) or the Professional Examination Service-American Physical Therapy Association (PES-APTA) examination? Yes No

Arrange for the Board office to receive your national examination scores, sent *directly* to the Board office from your original state of licensure or from the Federation of State Boards of Physical Therapy. See [FSBPT Score Transfer Request Application](#).

CERTIFICATION AND LICENSURE HISTORY

12. Have you passed a state-certified examination in cardiopulmonary resuscitation (CPR) training and hold **current** CPR certification? Yes No

Submit a copy of your current CPR card (front and back) to the Board office.

13. Have you ever held a license to practice physical therapy 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.

DISCLOSURES

14. Has your license ever been revoked or suspended or has any other disciplinary action been taken by the authorities of another jurisdiction (including any state, D.C., U.S. territory or other country)? Yes No **If yes, enclose a statement explaining fully. Include any relevant documents.**
15. Is any complaint or disciplinary action pending against your license in any other jurisdiction? Yes No **If yes, enclose a statement explaining fully. Include any relevant documents.**
16. Has your application for a license or registration ever been refused or denied in any other jurisdiction? Yes No **If yes, enclose a statement explaining fully. Include any relevant documents.**
17. Are you now, or have you ever been, dependent on the use of alcohol, stimulants, or habit-forming drugs? Yes No **If yes, enclose a statement explaining fully. Include any relevant documents.**

DUTY TO REPORT

18. 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

19. 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

20. To obtain a license in Delaware, you must certify that you understand that you have a **mandatory** obligation to file a report with the Division of Professional Regulation if you have knowledge that another PT, PTA or AT licensee has violated the Board's Code of Professional Conduct in Section 12.0 of its [Rules and Regulations](#) or has violated any other Delaware law or rule pertaining to physical therapy or athletic training.

I certify that I have read and understand [Section 12.23](#) of the Board's Rules and Regulations 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:

- 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 FEE WILL BE REJECTED.



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**STATEMENT OF SUPERVISING PHYSICAL THERAPIST OR ATHLETIC TRAINER
Temporary License**

INSTRUCTIONS

When to File

If an applicant for Physical Therapist (PT), Physical Therapist Assistant (PTA) or Athletic Trainer (AT) licensure meets specific requirements, the Delaware Board may issue a Temporary license to the applicant awaiting his or her permanent license. While practicing under a Temporary license, the applicant must be under **direct supervision**.

This form is required before the Board office can issue a Temporary license. The form's purpose is to document that the applicant has a Delaware-licensed supervising PT/AT and that the supervisor understands his or her responsibility

The supervising PT/AT completes, signs and submits the form **directly** to the Board office. The supervisor is responsible for the actions of the applicant under his/ her supervision and must document all supervision. . If the applicant has more than one supervising PT and/or AT, **each** supervisor must submit one of these forms.

Supervision

Direct supervision in connection with a PT or AT practicing under a temporary license means:

- A licensed PT or AT supervisor must be on the premises when the person with a temporary license is practicing.
- The supervisor must sign all evaluations and progress notes written by the person with a temporary license.

Direct supervision in relation to a PTA who has less than one year experience means a PT must be on the premises at all times and see each patient.

To read the complete rules on supervision, see Section 1.2 of the Board's [Rules and Regulations](#).

Applicants are *not* allowed to begin practicing until the temporary license is issued. To look up the status of the temporary license online, go to www.dpr.delaware.gov and click [Verify License Online](#).

APPLICANT INFORMATION

1. Applicant Name on Application: _____
Last/Family First Middle

2. Check type of license applied for: PT PTA AT

SUPERVISOR INFORMATION

3. Supervisor's Name on License: _____
Last/Family First Middle

4. Delaware License Number: J _____ - _____

5. Address Where Supervision Will Occur: _____
Practice Name

Street City State DE Zip

I certify that I understand my responsibility to supervise the applicant named above and that I will do so in accordance with the rules above. I agree to promptly report to the Board office, in writing, if I cease to be the applicant's supervisor. I understand that the temporary license will expire **immediately** if the applicant fails the licensure examination.

Supervisor Signature: _____ **Date:** _____



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REQUEST FOR SPECIAL ACCOMMODATION

INSTRUCTIONS

Complete and submit this form to request one or more special accommodations due to a disability. To support your request, you must also submit a *current* (no more than three years old) and *comprehensive* report from a qualified examiner appropriate for evaluating your disability. The report must include the all of the following:

- Name, title, credentials and area of specialization of the qualified examiner
- Specific diagnosis
- Specific findings in support of the diagnosis (include relevant test results)
- Recommendation for specific accommodations
- Rationale for requesting specific accommodations

IDENTIFYING AND CONTACT INFORMATION

1. Full Name: _____
Last/Family First Middle
2. Other Names Used: _____
(Include maiden, former married names and alternate spellings.)
3. Date of Birth (month/day/year): _____ Gender: Male Female
4. Mailing Address: _____
City State Zip
5. Phone: _____ Email: _____
daytime evening or cell

INFORMATION ABOUT YOUR DISABILITY AND REQUESTED ACCOMMODATIONS

6. What type of disability do you have? *State the specific diagnosis.* _____

7. When was your disability first diagnosed? _____
8. How does your disability affect your daily life? _____

9. How does your disability affect your ability to take computerized examinations? _____

10. What accommodations are you requesting? *Check all that apply.*

- | | |
|--|--|
| <input type="checkbox"/> Additional Time – Time and a half | <input type="checkbox"/> Reader |
| <input type="checkbox"/> Additional Time – Double Time | <input type="checkbox"/> Scribe |
| <input type="checkbox"/> Paper and Pencil Exam | <input type="checkbox"/> Separate Room |
| <input type="checkbox"/> LARGE PRINT Paper and Pencil Exam | <input type="checkbox"/> Other: _____ |

11. Have you received accommodations for past examinations? Yes No If yes, explain what accommodations you received:

National Physical Therapy Exam: _____

PT/PTA School Exams: _____

Undergraduate College Exams: _____

Standardized Exams (e.g., SAT, GRE, etc.) _____

Other: _____

CANDIDATE AFFIRMATION

I affirm that the information I have provided on this request is true and accurate. I have truthfully represented my disability and the impact it has on my daily life and computerized examinations.

Signature of Applicant: _____ **Date:** _____

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 DeIDOT & 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.



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AUTHORIZATION FOR RELEASE OF INFORMATION
CRIMINAL HISTORY RECORD CHECK FOR PROFESSIONAL LICENSURE APPLICANTS

Please print or type all information in black ink.

Check the type of license for which you are applying:

- | | | |
|--|--|--|
| <input type="checkbox"/> Adult Entertainment | <input type="checkbox"/> Mental Health (LPCMH, LCDP, LMFT, LAPCMH, LAMFT) | <input type="checkbox"/> Physical Therapy/Athletic Trainer |
| <input type="checkbox"/> Charitable Gaming Vendor | <input type="checkbox"/> Nursing (RN, LPN, APRN) | <input type="checkbox"/> Podiatry |
| <input type="checkbox"/> Chiropractic | <input type="checkbox"/> Nursing Home Administrator | <input type="checkbox"/> Psychology |
| <input type="checkbox"/> Dental | <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> Real Estate Appraiser (includes Appraisal Management Company) |
| <input type="checkbox"/> Funeral | <input type="checkbox"/> Optometry | <input type="checkbox"/> Speech/Hearing |
| <input type="checkbox"/> Massage | <input type="checkbox"/> Pharmacy (includes key personnel of facilities licensed by Board of Pharmacy) | <input type="checkbox"/> Social Work |
| <input type="checkbox"/> Medical (Physicians, Physician Assistants, Respiratory Care Practitioners, Eastern Medicine Practitioners, Acupuncture Practitioners, Genetic Counselors, Polysomnographers, Midwifery Practitioners (CM, CPM)) | | <input type="checkbox"/> Texas Hold'em Individual |

Print your current full name:

_____ Last Name _____ First Name _____ Middle Initial _____ Suffix (e.g., Jr., Sr.)

Enter all other names you have used in the past (including, but not limited to, maiden name, former married names, alternative spellings):

1. _____
2. _____
3. _____
4. _____

As an applicant, I authorize release of any and all information that you have concerning my **CRIMINAL HISTORY RECORD INFORMATION**. I hereby release you, your organization, the State of Delaware and others from any liability or damage which may result from furnishing this information:

SIGNATURE OF PERSON PRINTED: _____ **Date:** _____

Phone: Home _____ Work _____

Mail the results of my criminal history request to:

**Division of Professional Regulation
861 Silver Lake Boulevard, Suite 203
Dover DE 19904
SLC D420A**

USE OF CRIMINAL HISTORY RECORD INFORMATION IS RESTRICTED BY LAW AND SHALL BE LIMITED TO THE PURPOSE FOR WHICH IT WAS GIVEN. MISUSE CONSTITUTES A CRIMINAL VIOLATION.