



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

STATE OF DELAWARE
BOARD OF PODIATRY

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

REQUEST FOR APPROVAL OF CONTINUING EDUCATION

INSTRUCTIONS

When to Submit

Complete this form to request approval of an organized educational activity intended to fulfill the continuing education (CE) requirements for maintaining a Podiatrist license in Delaware. Either Delaware-licensed Podiatrists or program providers may submit a request. Requests may be submitted either before or after the program; however, if the program is not approved, the requester will be notified that no CE credit is given.

The Delaware Board of Podiatry automatically approves the following programs.

- Programs approved by the American Podiatric Medical Association (APMA) or approved affiliates
- Seminars sponsored by the Delaware Podiatric Medical Association (DMPA) seminars
- Any podiatric program sponsored by the hospital or clinic as part of a CPME-approved residency programs

If the program is one of the above, STOP. You do not need to submit this form. Note that **no credit** will be given for business or practice seminars.

For full details on continuing education requirements, see Section 6.0 of the Board's [Rules and Regulations](#).

Documentation Required

- Complete request form.
- If request is submitted by a course provider, enclose fee of \$40 by check or money order payable to "State of Delaware." If a Delaware licensee submits the request, no fee is required.**
- Enclose *complete, detailed program outline* that includes the course objectives and detailed schedule (showing breaks and meal periods).
- Enclose resume or curriculum vitae (CV) for each presenter.

REQUESTER COMPLETES THIS SECTION

1. Requester (check one): Course Provider Delaware-licensed Podiatrist
2. If you are a Delaware-licensed Podiatrist requesting approval of a program, enter:
Your Name _____ Delaware License #: E1 - _____
Phone: _____ Email: _____
3. Program Provider Name: _____
4. Contact Person: _____ Phone: _____
5. Provider Address: _____
Street City State Zip Code
6. Email Address: _____ Website URL: _____

REQUESTER COMPLETES THIS SECTION, Continued

7. Course Title: _____
8. Date(s) of course: _____
9. Location of course: _____
10. Credit Hours Requested (excluding breaks): _____
11. Is proof of course completion (such as a certificate) provided? Yes No
12. Is a final test or paper required for all computer, television, video-based, or independent study courses?
Yes No

Enclose *complete, detailed program outline* that includes the course objectives and detailed schedule (showing breaks and meal periods). Also, enclose resume or curriculum vitae (CV) for each presenter.

Submit this request, fee (if applicable) and all supporting documentation to the Delaware Board of Podiatry at the address above. If you have questions, email: customerservice.dpr@state.de.us.

BOARD OFFICE COMPLETES THIS SECTION

Board Member Review By: _____ Date: _____

Approved: _____ CE Hours Tabled - List reason(s) below. Denied – List reason(s) below.

The above request was denied or tabled for the following reason(s):
