State of Delaware

Healthcare Providers Not Currently Licensed in Delaware

AGENCY/EMPLOYER/FACILITY INFORMATION

1. Agency/Employer/Facility Name: _____
2. Agency/Employer/Facility Address: _____
3. Agency/Employer/Facility Contact Name and Phone number:

   _____
4. Agency/Employer/Facility need for provider: The below listed healthcare provider is needed to provide healthcare at the facility due to the following need: ☐ Patient Surge ☐ High Absenteeism ☐ Increased Run Volume ☐ Other Explain _____

HEALTHCARE PROVIDER IDENTIFYING AND CONTACT INFORMATION

5. Full Name: _____ (Last) _____ (First) _____ (Middle)
6. Mailing Address: _____

   _____ (City) _____ (State) _____ (Zip)
7. Phone: _____ (Home) _____ (Cell) _____ (Work) Email: _____
8. Profession: _____
9. I intend to treat patients ☐ In person; ☐ via telemedicine/telehealth (check all that apply)

If healthcare provider is currently licensed in another jurisdiction but *not* Delaware, please list each jurisdiction and respective license number.

License Type	JURISDICTION (state, territory, or other country)	LICENSE NUMBER	EXPIRATION DATE	CURRENT LICENSE STATUS

If healthcare provider holds a lapsed, expired, or inactive Delaware license, include license number _____ and date license expired, lapsed, or deactivated _____.

If healthcare provider is a graduate of or currently enrolled in an approved nursing, medical, physician's assistant, respiratory therapy, occupational therapy, physical therapy, or speech therapy school, or unlicensed graduate of an accredited psychology program, include name and address of school::

School Name: _____

Address: _____

_____ _____ _____
City State Zip

CERTIFICATION

I declare and affirm under penalty of perjury that the foregoing statements are true and complete to the best of my knowledge.

Signature of Healthcare Provider:_____ Date: _____

CERTIFICATION

I declare and affirm under penalty of perjury that the foregoing statements are true and complete to the best of my knowledge.

Signature of Agency/Employer/Facility:_____ Date: _____

Return the completed form to the Division of Professional Regulation, 861 Silver Lake Boulevard, Suite 203, Dover, DE 19904, customerservice.dpr@delaware.gov, or fax 1-302-739-2711.

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