



State of Delaware

Request for Healthcare Providers Not Currently Licensed in Delaware

This form is only to be completed by psychologists, mental health counselors, chemical dependency professionals, or social workers with a license in good standing in another jurisdiction who intend to provide services via telehealth in the field in which they are licensed.

AGENCY/EMPLOYER/FACILITY INFORMATION

- Agency/Employer/Facility Name: _____
- Agency/Employer/Facility Address: _____
- Agency/Employer/Facility Contact Name and Phone number: _____

- 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

- Full Name: _____
Last First Middle
- Mailing Address: _____
Street

City State Zip
- Phone: _____ Home Cell Work Email: _____
- Profession: _____

Please list each jurisdiction in which you are currently licensed and the respective license number.

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

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: _____