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STATE OF DELAWARE

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APPLICATION OF MILITARY SPOUSE FOR PROVISIONAL PROFESSIONAL LICENSE INSTRUCTION SHEET

What is a Provisional License?

A provisional license allows you, as a military spouse, to practice for up to six months in any profession administered by the Delaware Division of Professional Regulation while your application for a professional license is pending. A list of professions administered by the Division is available on www.dpr.delaware.gov. For the requirements to file an application for a specific professional license, click your profession.

If you previously held a Delaware license to practice your profession and that license lapsed within the past two years, you may apply to reinstate that license instead of applying for a provisional license. For the requirements to reinstate a specific professional license, go to www.dpr.delaware.gov and click your profession.

When to Apply

You may apply for a provisional license if you meet all these conditions:

- You are the spouse of a member of the active duty military, National Guard or military reserve who has been reassigned to a duty station in Delaware or who has been deployed by the President of the United States or the Governor of Delaware.
- You hold a *current* license in good standing to practice your profession in at least one other jurisdiction (state, U.S. territory or District of Columbia) and there is no unresolved complaint, review procedure or disciplinary proceeding against any license you hold.
- You are simultaneously filing or have already filed an application for a professional license and that application is still pending with the Division.

At least one of your current licenses must be issued by a jurisdiction where the licensure requirements are substantially similar to Delaware's requirements. The Board or Commission for your profession may have previously determined whether another jurisdiction's requirements are substantially similar to those of Delaware. However, if it has not previously made any such determination, the Board or Commission must compare the laws and regulations of the jurisdiction to those of Delaware. You are not eligible for a provisional license if no jurisdiction where you hold a current license has substantially similar requirements.

Requirements for All Applicants

The following requirements for applying for a provisional license are *in addition to* the requirements for applying for a professional license in your profession. Note that it is not necessary to re-submit any documentation already submitted in connection with your professional license application.

- Submit a completed, signed and notarized [Application by a Military Spouse for a Provisional Professional License](#).
- Enclose a copy of official verification, such as military orders, showing that your spouse is a member of the active duty military, National Guard or military reserve who has been reassigned to a duty station in Delaware or who has been deployed by the President of the United States or the Governor of Delaware.
- Enclose a copy of official verification that you are the spouse of the military member. Examples are official verification include:
 - Marriage certificate
 - Civil union certificate or substantial equivalent from another jurisdiction

Note: A civil union in another jurisdiction must meet the requirements of Delaware's [civil union law](#).

Additional Requirements

The Board or Commission office will contact you to request the following additional documentation only if unable to locate the needed information on the other jurisdictions' websites and the documentation has not already been received in connection with your professional license application:

- Arrange for the Board office to receive verification of licensure sent *directly* from the other jurisdiction to the Board/Commission office.
- Submit a copy of another jurisdiction's licensure law and regulations applicable to your profession. This will be requested when the Delaware Board/Commission has not previously determined whether the jurisdiction's licensure requirements are substantially similar to those of Delaware.



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TYPE OF PROVISIONAL LICENSE

1. Enter the following information about the type of provisional license you are applying for.

Profession: _____ License Type: _____
Examples: Nursing, Cosmetology, Accountancy, Physical Therapy Examples: RN, Nail Technician, CPA, PT

2. Have you previously held a Delaware license of the type you entered above? Yes No If yes, enter the following information about that license:

License No: _____ Expiration Date: _____

3. You are required to apply for your professional license *in addition to* a provisional license. Check one:

- I am applying for a professional license at the same time as a provisional license.
 I previously submitted my application for a professional license.

IDENTIFYING INFORMATION

4. Name: _____
Last First Middle

5. Date of Birth (month/day/year): _____ Gender: Male Female

6. Do you have a Social Security Number? No Yes If yes, enter your SSN: _____

MILITARY MEMBER

7. Enter the following information about your spouse:

Name: _____ Service: _____

Duty Station: _____

- Enclose a copy of official verification that your spouse is a member of the active duty military, National Guard or military reserve who has been reassigned to a duty station in Delaware or who has been deployed by the President of the United States or the Governor of Delaware.
- Enclose a copy of official verification that you are the spouse of the military member named above.

LICENSURE HISTORY

8. Do you hold a *current* professional license in another jurisdiction (state, U.S. territory or D.C.)? Yes No If yes, complete the following about your current licenses. If you need more room, enclose a separate sheet.

JURISDICTION	LICENSE TYPE	LICENSE NUMBER	EXPIRATION DATE

DISCLOSURES

- 9. 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, including any offense for which you have received a pardon, in any jurisdiction? Yes No **If yes, submit a letter explaining fully. In addition, submit a certified copy of a criminal history record from each jurisdiction where you have a record. For information on obtaining a Delaware criminal history record, click [State Bureau of Identification](#). The Board/Commission will not consider your application for provisional licensure until it receives the record.**
- 10. Are any criminal charges pending against you in any jurisdiction? Yes No **If yes, submit a letter explaining fully. Include copies of all appropriate records.**
- 11. Have you received any administrative penalties (discipline) in connection with your professional licensure, including but not limited to fines, formal reprimands, license suspensions or revocation (except for nonpayment of license renewal fees), probationary limitations, and/or have you entered into any "consent agreement" which contains conditions placed by a Board on your professional conduct, including any voluntary surrender of a license? Yes No **If yes, enclose a detailed explanation of all such penalties.**
- 12. Are any unresolved complaints, review procedures or disciplinary proceedings pending against any current license you hold in any jurisdiction? Yes No **If yes, explain on a separate sheet.**

If your application requires Board review, 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.

AFFIDAVIT

The undersigned, being sworn, deposes and says that he or she is a military spouse applying for a provisional professional licensure under the terms of Title 29, Section 8735, of the *Delaware Code*; that he or she is the person who executed this application; that all statements and answers herein are truthful; that he or she has not suppressed any information that might affect this application; that he or she has read and understands the profession's rules and regulations; and that he or she has read and understands this affidavit and the fact that FRAUD OR MISREPRESENTATION IS GROUNDS FOR DENIAL OR SUBSEQUENT REVOCATION OF A LICENSE.

Signature of Applicant: _____ Date: _____

State 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, OR INCOMPLETE WILL BE REJECTED.