



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

STATE OF DELAWARE  
**BOARD OF NURSING**

TELEPHONE: (302) 744-4500  
FAX: (302) 739-2711  
WEBSITE: [DPR.DELAWARE.GOV](http://DPR.DELAWARE.GOV)  
EMAIL: [customerservice.dpr@delaware.gov](mailto:customerservice.dpr@delaware.gov)

## VERIFICATION OF EXPERIENCE AND COMPETENCY

### INSTRUCTIONS

The purpose of this form is to verify the experience and competency of an Advanced Practice Registered Nurse (APRN) who is seeking independent practice in Delaware. This form is a submission to an application and to the Service Request *Independent Practice*.

**UPLOAD THIS DOCUMENT WITH YOUR APPLICATION OR REQUEST IN DELPROS.**

- APRN Name: \_\_\_\_\_ Delaware License (if any): L \_\_\_\_ - \_\_\_\_\_
- Collaborator Name: \_\_\_\_\_
- Business/Practice Name: \_\_\_\_\_
- Location Address: \_\_\_\_\_  
(If more than one location, enter main location. No PO Box!)
- Collaborator Phone: \_\_\_\_\_ Collaborator Email: \_\_\_\_\_
- Provide the following information about **your** professional licensure:  
 Physician  Podiatrist  Other: \_\_\_\_\_  
 License Number: \_\_\_\_\_ Specialty: \_\_\_\_\_
- Select the business/practice that best describes where the collaborative agreement with the APRN listed above took place (check all that apply):  
 Healthcare organization  Licensed healthcare delivery system  Physician, podiatrist, or practice group
- Your area of practice while you were the APRN's collaborator must be substantially related to the APRN's education, certification and planned independent practice. Check the APRN role for which you served as collaborator:  
 Certified Registered Nurse Anesthetist (CRNA)  
 Certified Nurse Midwife  
 Certified Nurse Practitioner (NP) – Check **one** population focus area in this role:  
 Adult/Gerontological  Family  Neonatal  Pediatric  
 Psychiatric/Mental Health  Women's Health/Gender-Related  
 Clinical Nurse Specialist (CNS) – Check **one** population focus area in this role:  
 Adult/Gerontological  Family  Neonatal  Pediatric  
 Psychiatric/Mental Health  Women's Health/Gender-Related
- To practice independently in Delaware, an APRN is required to complete at least two years **and** at least 4,000 hours of clinical APRN practice. **Enter the following information about the period when you were the APRN's collaborator.**  
 Total hours of APRN clinical practice: \_\_\_\_\_  
 Time period during which the APRN practiced: From \_\_\_\_\_ To \_\_\_\_\_  
 Month/Year Month/Year
- I verify the APRN is competent and has met all requirements for Independent Practice:  Yes  No

### CERTIFICATION

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

**Collaborator Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_