



CANNON BUILDING  
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STATE OF DELAWARE

BOARD OF EXAMINERS IN OPTOMETRY

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## VERIFICATION OF COMPLETION OF INTERNSHIP

### INFORMATION AND INSTRUCTIONS

When the internship period is complete, **each** supervising doctor must verify that the intern successfully completed his or her internship. The Board office will contact the intern before the internship's end date to coordinate receiving these verifications for review during the scheduled Board meeting closest to the end of the internship. If the end date falls after the Board meeting, the Board office may ask supervising doctor(s) to submit a preliminary letter before the meeting and a second, final letter after the meeting. This is to assure that the intern receives his or her permanent license as soon as possible after the internship ends.

The Board will review the verifications at its meeting and, if the intern has successfully completed the internship and met all requirements, the Board will approve his or her Therapeutic Optometrist licensure to begin the day after your internship ends. The Board office will issue the Therapeutic Optometrist license.

The intern and the supervisor must complete and sign this form. This form may be uploaded into DELPROS online portal.

**INTERN NAME:** \_\_\_\_\_

1. Supervising Doctor Name: \_\_\_\_\_

2. Practice Name: \_\_\_\_\_

Practice Address: \_\_\_\_\_

City

State

Zip

3. Enter dates of the internship: Start (month/year): \_\_\_\_\_ End (month/year): \_\_\_\_\_

4. I certify that during the internship period the intern named above:

- worked at least 35 hours per week Yes  No
- was supervised one-on-one Yes  No
- has completed the duties for the internship Yes  No
- has met the goals of the internship Yes  No

5. I certify that the intern named above has successfully completed the required six-month internship for licensure as an optometrist in Delaware. Yes  No

**Signature of Supervising Doctor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

***Upload this form directly into DELPROS online portal.***