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STATE OF DELAWARE
BOARD OF PODIATRY

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DELAWARE PODIATRIC PHYSICIAN'S REQUEST FORM

The Delaware podiatrist who needs the services of an applicant for a Temporary License completes and signs this form in the presence of the notary. **MAIL THIS DOCUMENT DIRECTLY TO THE BOARD OFFICE. ENTER THE APPLICATION ID FOR THE TEMPORARY APPLICANT:** _____

1. Name of Applicant for Temporary Licensure: _____
2. Name of Delaware-Licensed Podiatrist: _____
3. Delaware License Number: **E1** - _____
4. Practice Name: _____
5. Location of Practice: _____
Street Address

City DE State Zip Code
6. Day Phone: _____ Email: _____
7. When will the applicant be in charge of this practice? From: _____ To: _____
month/day/year month/day/year
8. What is your reason for leaving the practice in charge of the applicant (e.g., illness, leave of absence)? _____

AFFIDAVIT

This section to be completed in the presence of a notary public.

I request that the Delaware Board of Podiatry grant temporary licensure to the applicant named above for the purpose of taking charge of my practice during my absence.

SIGNATURE OF DELAWARE PODIATRIST: _____ Date: _____

State of _____ County of _____

The above applicant, being sworn, deposes and says that he or she is attesting that all statements contained in his or her application are true and correct in every respect, and that he or she has not suppressed any information that might affect this application.

Sworn to me before me this _____ day of _____, 2_____

Signature of Notary Public: _____

SEAL My commission expires on _____