



CANNON BUILDING  
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STATE OF DELAWARE  
**BOARD OF PODIATRY**

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## EMPLOYMENT VERIFICATION FORM

### INSTRUCTIONS

Applicants for Delaware podiatric licensure by reciprocity must arrange for the Board to receive documentation of five years of practice after licensure if the jurisdiction where they are licensed does not have licensure requirements that are substantially similar to those of Delaware (Section 4.4 of the Board's [Rules and Regulations](#)). The purpose of this form is to document periods of podiatric employment in such jurisdictions.

**Applicant:** Complete the Authorization for Release of Information section and provide the form to the employer who will verify your employment.

**Employer:** Complete the *Employment Information* section. Sign the form in the presence of a notary. **Mail** the completed, signed, notarized form **directly** to the Board of Podiatry at address above. Forms returned by the applicant will not be accepted. Faxed forms will not be accepted.

### APPLICANT AUTHORIZATION FOR RELEASE OF INFORMATION

*Complete and sign this release. Send a copy to each employer.*

Applicant Name: \_\_\_\_\_ Application ID: \_\_\_\_\_  
I authorize release of information about my podiatric employment to the Delaware Board of Podiatry.

**Applicant Signature:** \_\_\_\_\_ Date: \_\_\_\_\_

### EMPLOYMENT INFORMATION

*Complete and sign in the presence of notary. Mail the form directly to the Board office at the address above. Only forms mailed directly from the employer will be accepted. Forms returned by the applicant will not be accepted. Faxed forms will not be accepted.*

1. Name of Practice Where Applicant Employed: \_\_\_\_\_
2. Mailing Address: \_\_\_\_\_  
\_\_\_\_\_
3. Phone: \_\_\_\_\_ Email: \_\_\_\_\_
4. The employee named above worked at this practice from \_\_\_\_\_ to \_\_\_\_\_  
Start Date End Date
5. This employment was in the State of \_\_\_\_\_.

**Signature of Employer Representative:** \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

State of \_\_\_\_\_ County of \_\_\_\_\_

Sworn to before me and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_\_

Notary Signature: \_\_\_\_\_

SEAL My Commission expires: \_\_\_\_\_

**MAIL THIS DOCUMENT DIRECTLY TO THE BOARD OFFICE.**