



CANNON BUILDING
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STATE OF DELAWARE
BOARD OF PODIATRY

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PODIATRY RESIDENCY PROGRAM SUPERVISOR CHANGE FORM

INSTRUCTIONS

- Complete this form when reporting a **change** in supervision during renewal.
- Upload this completed and signed form with your renewal.

Podiatrist In-Training Name (Printed Name): _____

Delaware License Number: **E2** - _____

RESIDENCY PROGRAM DIRECTOR

The residency program director for the podiatrist in-training institution completes this section.

Residency Institution Name: _____

Printed Name of Residency Program Director: _____

Program Director's Delaware License No: _____

I verify that the podiatrist in-training will be participating in this training program under the supervision of a fully licensed podiatric physician in the State of Delaware.

Signature of Residency Program Director: _____ **Date:** _____

SUPERVISING PHYSICIAN

The podiatrist in-training supervising physician completes this section.

Printed Name of Supervising Physician: _____

Delaware License No: _____

I accept responsibility for the practice of medicine and surgery of this podiatrist in-training for this institution.

Signature of Supervising Physician: _____ **Date:** _____

UPLOAD THIS DOCUMENT WITH THE RENEWAL APPLICATION IN DELPROS