



CANNON BUILDING
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STATE OF DELAWARE
BOARD OF PODIATRY

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RESIDENCY PROGRAM DIRECTOR'S AFFIDAVIT

INSTRUCTIONS

Complete this form when applying for a Delaware license as a Podiatrist-in-Training, or reporting a change in supervision.

When applying for your Podiatrist-in-Training License, provide the Application ID of your Podiatrist-in-Training Licensure application on this document.

When your Supervising Physician changes, use the *Manage Affiliations* Service Request in DELPROS to provide details regarding the change. Upload the completed, notarized document with your Service Request.

Name of Applicant for Podiatric In-Training License: _____

Application ID: _____

RESIDENCY PROGRAM DIRECTOR

The residency program director for the applicant's training institution completes this section in the presence of a notary public.

Printed Name of Residency Program Director: _____

Program Director's Delaware License No: _____

- I verify that the above-named applicant will be participating in a training program at:
Name of Institution: _____ Start Date (month/day/year): _____
- I verify that the applicant will be participating in this training program under the supervision of a fully licensed podiatric physician in the State of Delaware.
- I further verify that the applicant's credentials have been reviewed and approved.

Signature of Residency Program Director: _____ Date: _____

State of _____, County of _____

Sworn and subscribed before me this _____ day of _____ 2 _____

Signature of Notary Public: _____

SEAL My Commission Expires: _____

SUPERVISING PHYSICIAN

The applicant's 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 applicant in this institution.

Signature of Supervising Physician: _____ Date: _____

**IF THIS IS A SUBMISSION FOR YOUR APPLICATION, MAIL THIS DOCUMENT DIRECTLY TO THE BOARD OFFICE.
IF REPORTING A CHANGE IN SUPERVISING PHYSICIAN, UPLOAD THIS DOCUMENT WITH YOUR REQUEST IN DELPROS**