



CANNON BUILDING  
861 SILVER LAKE BLVD., SUITE 203  
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE  
**BOARD OF EXAMINERS OF PSYCHOLOGISTS**

TELEPHONE: (302) 744-4500  
FAX: (302) 739-2711  
WEBSITE: [DPR.DELAWARE.GOV](http://DPR.DELAWARE.GOV)  
EMAIL: [customerservice.dpr@state.de.us](mailto:customerservice.dpr@state.de.us)

**REQUEST FOR APPROVAL OF CONTINUING EDUCATION**

Enter Name and Address of Contact to Whom Response Should Be Mailed:

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**INSTRUCTIONS**

**When to Submit**

Complete this form to request Board approval of an organized educational activity intended to fulfill the continuing education (CE) requirements for maintaining a Psychologist license or Psychological Assistant Registration in Delaware. Delaware licensees or program providers may submit a request. Requests may be submitted either before or after the program. However, if the program is not approved, the applicant will be notified and no CE credit given.

The Delaware Board pre-approves activities sponsored or approved by the organizations listed below:

- American Psychological Association (APA)

**If an organization listed above has approved this program, *STOP*. You do not need to submit this form.**

**For full information about CE requirements, see the Board's [Rules and Regulations](#):**

**Documentation Required**

- ☐ Submit completed request form to the address above *no later than ten business days* before the Board's meeting.
- ☐ ***If request is submitted by a course provider, enclose fee of \$40 by check or money order payable to "State of Delaware." If a Delaware licensee submits the request, no fee is required.***
- ☐ Enclose documentation of the course relevance, stated objectives, faculty and educational objectives, and a detailed course schedule timeline.
- ☐ Enclose resume or curriculum vitae (CV) for each presenter.

**REQUESTER COMPLETES THIS SECTION**

1. Requester (check one): ☐ Sponsor/Course Provider ☐ Delaware Licensee (no fee required)
2. If you are a Delaware Licensee requesting approval of a course, enter:

Your Name: \_\_\_\_\_ Delaware License #: \_\_\_\_ - \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

License Type: ☐ Psychologist ☐ Psychological Assistant

**REQUESTER COMPLETES THIS SECTION (continued)**

3. Enter the following information about the program/course provider:

Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip code

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Website URL: \_\_\_\_\_

4. Program Title: \_\_\_\_\_

5. Program Location: \_\_\_\_\_

6. Program Date(s): \_\_\_\_\_

**Enclose a brochure or other documentation that supports the following criteria: relevance, stated objectives, faculty and educational objectives.**

7. List Program Presenter(s):

**Enclose resume or *curriculum vitae* (CV) for each presenter.**

PRESENTER NAME	TITLE

**TYPE OF PROGRAM – Only Delaware licensees complete this section.**

8. Check the type of program that applies:

☐ Professional Practice graduate course in offered by a regionally accredited academic institution of higher education. *Each credit hour of a course is equivalent to 5 CE hours.*

☐ Teaching an undergraduate or graduate level course in applied psychology at an accredited institution. *Teaching a 3 hour semester or quarter course is considered the equivalent of 5 CE credits.*

☐ Teaching of a workshop or conduction of a seminar on a topic of pertinence to the practice of psychology. *Maximum of 5 CE credits in a renewal period and not eligible for resubmission.*

☐ Preparing and presenting a scientific or professional paper or poster at a meeting of a professional or scientific organization. *Maximum of 8 CE hours per paper.*

**The following will not be considered for credit: service to organizations; attending business meetings of professional organizations; business management or office administration courses; group supervision; or case conferences.**

9. Is proof of completion provided? (i.e., Certificate) Yes ☐ No ☐ **To document attendance and completion, a certificate of attendance is required.**

10. Total Contact Hours Requested (Excluding Breaks) \_\_\_\_\_

**Submit this form, fee and all supporting documentation to the Delaware Board of Examiners of Psychologists at the address above. If you have questions, email: [customerservice.dpr@state.de.us](mailto:customerservice.dpr@state.de.us)**

**BOARD OFFICE COMPLETES THIS SECTION**

Board Review Date: \_\_\_\_\_ ☐ Approved for \_\_\_\_\_ hours. Approval Expires: \_\_\_\_\_

☐ Tabled - List reason(s) below. ☐ Denied - List reason(s) below.

The above request was denied or tabled for the following reason(s):

\_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_, Professional Board Member