State of Delaware

Request for Healthcare Providers Not Currently Licensed in Delaware

AGENCY/EMPLOYER/FACILITY INFORMATION

1. Agency/Employer/Facility Name: _____
2. Agency/Employer/Facility Address: _____
3. Agency/Employer/Facility Contact Name and Phone number:

   _____
4. Agency/Employer/Facility need for provider: The below listed healthcare provider is needed to provide healthcare at the facility due to the following need: ☐ Patient Surge ☐ High Absenteeism ☐ Increased Run Volume ☐ Other Explain _____

HEALTHCARE PROVIDER IDENTIFYING AND CONTACT INFORMATION

5. Full Name: _____ (Last) _____ (First) _____ (Middle)
6. Mailing Address: _____

   _____ (City) _____ (State) _____ (Zip)
7. Phone: _____ (Home) _____ (Cell) _____ (Work) Email: _____
8. Profession: _____
9. I intend to treat patients ☐ In person; ☐ via telemedicine/telehealth (check all that apply)

If healthcare provider is currently licensed in another jurisdiction but *not* Delaware, please list each jurisdiction and respective license number.

License Type	JURISDICTION (state, territory, or other country)	LICENSE NUMBER	EXPIRATION DATE	CURRENT LICENSE STATUS

If healthcare provider holds a lapsed, expired, or inactive Delaware license, include license number _____ and date license expired, lapsed, or deactivated _____.

If healthcare provider is currently enrolled as a nursing or medical student, include name and address of school:

School Name: _____

Address: _____

_____ (City) _____ (State) _____ (Zip)

CERTIFICATION

I declare and affirm under penalty of perjury that the foregoing statements are true and complete to the best of my knowledge.

Signature of Healthcare Provider:_____ Date: _____

CERTIFICATION

I declare and affirm under penalty of perjury that the foregoing statements are true and complete to the best of my knowledge.

Signature of Agency/Employer/Facility:_____ Date: _____

Return the completed form to the Division of Professional Regulation, 861. Silver Lake Boulevard, Suite 203, Dover, DE 19904, customerservice.dpr@delaware.gov, or fax 1-302-739-2711.

.