



CANNON BUILDING
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DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
DEPARTMENT OF STATE

TELEPHONE: (302) 744-4500
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DIVISION OF PROFESSIONAL REGULATION

DELAWARE BOARD OF GEOLOGISTS
APPLICATION FOR CONTINUING EDUCATION APPROVAL

LICENSEE INFORMATION (Complete this section only if this form is being submitted by the licensee.)

Name: _____ Delaware License No.: _____

Address: _____
(Street, P.O. Box, Apt.) City State Zip Code

Day Phone: (____) _____ E-mail: _____

SPONSOR/PROVIDER INFORMATION (To be completed by provider/licensee)

Sponsored by: _____

Contact person/continuing education coordinator: _____

Address: _____
(Street, Suite number, Floor) City State Zip Code

Business Phone (____) _____

PROGRAM INFORMATION (To be completed by sponsor/licensee)

****Program Title:** _____

****Program Dates:** _____
(Month/Day/Year(s))

Is proof of completion provided? (i.e., Certificate) Yes___ No___

Total contact hours requested (excluding breaks) _____

****Home Study?** Yes___ No___ If home study, does sponsor collect a post-test? Yes___ No___

Is proof of completion for home study provided? Yes___ No___ Total hours requested: _____

****Attach documentation (copies only) of course objectives, presenter's credentials and a detailed course schedule that indicates breaks and meal periods. No credit will be given for introduction of programs, breaks and meals.**

If you have any questions, you may reach the Board office by phone at (302)744-4500 or by e-mail at customerservice.dpr@state.de.us . Our web address is www.dpr.delaware.gov.

DECISION (Board Use Only)

_____ Approved

Total Contact Hours: _____

_____ Denied

Reason Denied: _____

Board Member Signature: _____

Date: _____