



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

STATE OF DELAWARE
DEPARTMENT OF STATE
DIVISION OF PROFESSIONAL REGULATION

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: WWW.DPR.DELAWARE.GOV

BOARD OF EXAMINERS IN OPTOMETRY

OPTOMETRY INTERNSHIP STATEMENT OF SUPERVISING DOCTOR

An internship pre-approved by the Delaware Board of Examiners in Optometry is a requirement for licensure in Delaware. The Board requires the statement as part of the approval process. Each doctor who will be supervising the intern must complete and submit a *Statement of Supervising Doctor* form. Note that the statement must be signed and notarized.

Under the Board's Rules and Regulations, an internship must be at least six months in duration, and the intern must work at least 35 hours per week.

The internship must be under the supervision of a licensed optometrist or ophthalmologist. If the supervising doctor is an optometrist who is neither therapeutically certified in Delaware nor in a state where the therapeutic standards are comparable to those of Delaware, the intern will be required to complete an additional 100 hours of clinical internship. This 100 hours must be under the supervision of a medical doctor, osteopathic physician or an optometrist who is therapeutically certified in Delaware or in a state with therapeutic standards comparable to those of Delaware.

Each supervising doctor is permitted to supervise only one intern at a time. The supervising doctor must:

- Supervise the intern one-on-one
- Be on the same premises and immediately available to the intern at all times
- Review the intern's patient evaluations before the patient leaves the office

These are examples of situations that are not direct supervision as required by the Rules and Regulations:

- A supervising doctor has two offices. He/she works in office 1, and the intern works in office 2.
- Three doctors work in the supervising doctor's office. When the supervisor leaves, he/she assigns another doctor to supervise the intern. This is acceptable only if the doctor supervising the intern is also approved by the Board and is not supervising another intern.

When the internship is complete, *each* supervising doctor must send a letter to the Board verifying the completion of the internship. The *Verification of Completion of Internship* form may be used.

**OPTOMETRY INTERNSHIP
STATEMENT OF SUPERVISING DOCTOR**

1. Intern's name: _____
 2. Supervising doctor's name: _____
 3. Supervising doctor's street address: _____

 4. Phone number: _____ Email: _____
 5. Are you licensed as an optometrist, osteopathic physician or medical doctor? Yes ____ No ____
 6. If you are an optometrist, are you therapeutically certified in any State in which you are licensed?
Yes ____ No ____ If yes, list all State(s) in which you are therapeutically certified:

 7. Will other optometrists, osteopathic physicians, or medical doctors in your practice supervise the above intern
at any time? Yes ____ No ____ If yes, please list their names below:

- Note: Each supervising doctor must complete a *Statement of Supervising Doctor* form.**
8. Does your practice have an intern other than the intern named above? Yes ____ No ____
 9. Is this internship part of a residency? Yes ____ No ____ If yes, list the beginning and end date of the residency:

 10. List the address(es) where the entire internship will be completed and the number of hours per week the intern
will work at each address: _____

 11. List the beginning and end date of the internship: _____
Note: The internship must last 6 months from the date of Board approval
 12. How many hours per week will the intern work? _____ hours
 13. How many hours per week will you personally supervise the intern? _____ hours
 14. What will be the intern's duties? _____
 15. What are the goals of the internship? _____

I certify that the information in this statement is complete and true.

SUPERVISING DOCTOR'S SIGNATURE: _____ DATE: _____

Sworn to and subscribed to me before this _____ day of _____ in the year _____

NOTARY PUBLIC _____ AFFIX SEAL

My commission expires: _____