



CANNON BUILDING
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DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
DEPARTMENT OF STATE
DIVISION OF PROFESSIONAL REGULATION

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Date: _____

Division of Professional Regulation
Delaware Board of Examiners in Optometry
861 Silver Lake Boulevard, Suite 203
Dover, DE 19904

RE: Completion of internship requirements for _____

This is to verify that _____ has successfully completed the required six month internship for licensure as an optometrist in Delaware. This internship began on _____ and ended on _____.

I certify that _____ has:

- worked at least 35 hours per week
- was supervised one-on-one
- has completed the duties for the internship
- has met the goals of the internship

Please place _____ on the agenda for the next Board of Examiners in Optometry meeting so that full licensure may be approved.

Sincerely,

Please print name: _____

Name of Practice: _____

This certification must be completed by each supervising doctor.