



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

STATE OF DELAWARE
DEPARTMENT OF STATE
DIVISION OF PROFESSIONAL REGULATION

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BOARD OF PODIATRY

APPLICATION FOR CONTINUING EDUCATION APPROVAL

LICENSEE INFORMATION (Complete this section if submitted by licensee.)

Name: _____ License # _____

Address: _____

Daytime Phone: _____ Email: _____

SPONSOR INFORMATION

Sponsored By: _____

Contact Person: _____

Address: _____

Daytime Phone: _____ Email: _____

PROGRAM INFORMATION

Program Title: _____

Program Dates: _____

Is Proof of Course Completion Provided? Yes ___ No ___

For home study courses, does the sponsor(s) collect a post-test? Yes ___ No ___

Total CE/CME Hours Requested (Excluding Breaks) _____

****Attach documentation of course objectives, detail course schedule (showing breaks and meal periods), and the presenter's credentials. No credit is given for breaks and meals.**

DECISION (Board Use Only)

_____ Date Approved Contact Hours: _____ Approval Expires _____

_____ Denied Reason: _____

Signature: _____ Administrative Specialist