



CANNON BUILDING
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STATE OF DELAWARE
 DEPARTMENT OF STATE

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DIVISION OF PROFESSIONAL REGULATION

DELAWARE BOARD OF EXAMINERS OF PSYCHOLOGISTS

AFFIDAVIT OF EMPLOYMENT (RECIPROCITY APPLICANTS ONLY)

NAME OF APPLICANT _____

1. List all states in which you are currently licensed or have ever held a license to practice psychology. (Each state will need to complete a verification of licensure.)

<u>License Number</u>	<u>State</u>	<u>Date Issued</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. State nature, location and dates of practice since original licensure in each jurisdiction, including military service. (AT LEAST 2 YEARS OF CONTINUOUS PRACTICE IN A JURISDICTION IS REQUIRED FOR RECIPROCITY).

EMPLOYER/ PRACTICE NAME	ADDRESS WHERE PRACTICED	NATURE OF PRACTICE	DATES OF EMPLOYMENT

