



CANNON BUILDING
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STATE OF DELAWARE
DIVISION OF PROFESSIONAL REGULATION

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FAX COVER PAGE

To: _____ From: _____
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PLEASE COMPLETE THIS SECTION!

In Regard to: Name(s): _____
☐ Application ☐ Renewal DE License #: _____ ☐ Complaint #: _____
☐ Other: _____ DE License #: _____

Check profession(s):

- | | | |
|--|--|---|
| ☐ None | ☐ Genetic Counselors | ☐ Paramedics |
| ☐ Accountancy | ☐ Geologists | ☐ Pharmacy |
| ☐ Acupuncture/Detox Specialists | ☐ Hearing (Audiology, Aid Dispensers) | ☐ Physical Therapy |
| ☐ Adult Entertainment | ☐ Home Inspectors | ☐ Physicians/Physician Assistants |
| ☐ Aestheticians | ☐ Homeowner Electrical Permits | ☐ Plumbers |
| ☐ Architects | ☐ HVACR | ☐ Podiatrists |
| ☐ Athletic Trainers | ☐ Land Surveyors | ☐ Polysomnographers |
| ☐ Barbering | ☐ Landscape Architects | ☐ Prescription Monitoring Program |
| ☐ Chemical Dependency | ☐ Magistrates (Justice of Peace) | ☐ Professional Counselors |
| ☐ Chiropractic | ☐ Manufactured Home | ☐ Psychologists |
| ☐ Combative Sports | ☐ Marriage and Family Therapy | ☐ Real Estate |
| ☐ Controlled Substance | ☐ Massage and Bodywork | ☐ Real Estate Appraisers/Assessors |
| ☐ Cosmetology | ☐ Medical | ☐ Respiratory Care |
| ☐ Deadly Weapon Dealers | ☐ Midwife (non-Nursing) | ☐ River Pilots |
| ☐ Dentistry | ☐ Nail Technicians | ☐ Shops/Salons |
| ☐ Dietitians/Nutritionists | ☐ Nursing | ☐ Social Workers |
| ☐ Eastern Medicine | ☐ Nursing Home Administrators | ☐ Speech Pathology |
| ☐ Electricians | ☐ Occupational Therapy | ☐ Tamper Resistant Prescriptions |
| ☐ Funeral Services | ☐ Optometrists | ☐ Veterinary Medicine |
| ☐ Gaming | | |

Comments:
