

JUNE 2020

DELPROS Portal – Renewal Application

Division of Professional Regulation



Submit License Renewal Application

Submit license renewal applications using the DELPROS Portal by following the below steps.



DELPROS PORTAL

[+ APPLY FOR A NEW LICENSE](#)

Your Licenses

To renew, edit, or update your license, please click on the Options button. Applications for a license are also shown on the bottom of the dashboard page.

SORT BY ▾

	Dentistry Dentist G1-0001462 All	ACTIVE	EXP DATE 5/31/2022	OPTIONS ▾
	Pharmacy Pharmacist A1-0005493 Examination	ACTIVE	EXP DATE 9/30/2020	<div>Renew Reinstate Change Address Submit Additional Documentation Download Wallet card Download Certificate Download Latest Renewal</div>

New License Applications

To edit or withdraw an application, please click on the Options button.

1. Login into your portal account to access your dashboard.
See [Registering in DELPROS](#) if you have not yet registered.

2. Click the **Options** drop-down button.

3. Select the **Renew** option.

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DELPROS PORTAL

Delaware.gov Agencies News Topics Contact

DASHBOARD LICENSE LOOK-UP FILE A COMPLAINT SERVICE REQUEST CONTINUING EDUCATION 0

Renewal Application Instructions

Please read all instructions carefully.

You must personally complete your own renewal application. It's your license! You will be held responsible for the accuracy of the information on the renewal application.

To complete this renewal application, you must use a credit card (MasterCard, Visa, Discover or American Express).

If Continuing Education (CE) is required for this profession, enter your CE courses into the CE Tracker. The tracker is not upload your CE documents unless you are selected for audit. To verify your profession's CE requirements, go to <http://regulations.delaware.gov/AdminCode/title24/index.shtml>.

If you have to stop during the application process, click on the Save and Finish Later button located at the bottom of each page before closing the application to ensure your progress is saved. You can continue your application by locating the Options button on the application tile and clicking on the Edit Application link.

If you need help at any time during this application process, email us at customerservice.dpr@delaware.gov or call [\(302\) 744-4500](tel:3027444500).

Click the Proceed To Application button to begin your renewal.

PROCEED TO APPLICATION

4. Read the renewal application instructions and click the **PROCEED TO APPLICATION** button.

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**DELPROS
PORTAL**

License Renewal Application

Personal Information

Questions

Attachments

Review + Submit

Personal Information

Provide the necessary personal information in the fields to the right. All fields with (*) are required and must be completed to continue the application process.

For security reasons, you cannot enter your social security number on this page. However, in order to submit an application in DELPROS, you must provide your social security number or indicate below that you do not have one.

First Name
Tosin

Middle Name

Last Name
Adeosun

Other Names Used

Social Security Number

5. Confirm personal information and address information (or make revisions).

Public Address

Select a public license mailing address by clicking the appropriate checkbox to the right (this is the address that will be viewable by the public). To add a new address, click Add Address, complete the required fields, and click Save.

Public	Address
<input type="checkbox"/>	<div>Address NY AL 99999 United States</div>

+ ADD ADDRESS

SAVE AS PUBLIC

Mailing Address

Select a mailing address by clicking the appropriate checkbox to the right (this is the address used for all postal communications from the Profession for this license). To

Mailing	Address
<input type="checkbox"/>	<div>Address NY AL 99999 United States</div>

+ ADD ADDRESS

SAVE AS MAILING

SAVE & FINISH LATER

SAVE AND CONTINUE

6. Click the **SAVE AND CONTINUE** button.

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DELPROS PORTAL

Questions

Answer the following questions with appropriate responses. Once completed, click on Save And Continue.

Do you need to change the name on your license record?

☐ Yes ☒ No

Have you been charged with, been convicted of or entered a plea of nolo contendere (no contest) related to any felony, misdemeanor, or any other criminal offense in any jurisdiction since your last renewal?

☐ Yes ☒ No

Has your license to practice been suspended, revoked, or otherwise disciplined, or is it under investigation or pending a disciplinary proceeding in any jurisdiction since your last renewal in Delaware?

☐ Yes ☒ No

Are you now, or have you been, dependent on the use of alcohol, stimulants, or habit-forming drugs since your last renewal in Delaware?

☐ Yes ☒ No

Do you certify that you have completed the required continuing education (CE) according to the requirements summarized above. - If this is your first renewal and you are not required to complete any CE, click "Yes."

☐ Yes ☒ No

7. Modify the responses, if required.


8. Click the **SAVE AND CONTINUE button.**

SAVE & FINISH LATER **SAVE AND CONTINUE**


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License Renewal Application


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Attachments

As needed, upload the requested documents by clicking the Add Attachment button. For documentation that needs to be submitted directly to the Profession or by hardcopy, please acknowledge by clicking the Acknowledge button(s). If no attachment or attestation items appear, please click the Save and Continue button.

Files must be less than 20 MB in size.

*** Required** Legal Proof of Name Change
Submit a copy of the legal document changing your name (e.g., marriage certificate, divorce decree).

ADD ATTACHMENT

SAVE & FINISH LATER

SAVE AND CONTINUE

9. Click the **ADD ATTACHMENT** button to add supporting documents, if required

10. Click the **SAVE AND CONTINUE** button.

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Application Review Completed.

Attestation
AFFIDAVIT
The undersigned, affirm according to law, states that he/she is the person who completed and signed this application, that the statements contained in the application are true, that he/she has not suppressed any information that might affect this application, that he/she understands that participating or cooperating in fraud or material deception in order to be licensed could result in the denial or revocation of the application or license and mandatory reporting of such actions to the Attorney General for further action, and that he/she has read and understands this affidavit.
Consent to Electronic Signature
☐ I Accept
Type your First Name and Last Name as they appear on the application to sign electronically.

Tosin Adeosun

Submit your Application
After clicking the 'Submit' button below, you will no longer be able to change this application. DO NOT USE THE BROWSER'S BACK BUTTON AS THAT MAY OVERWRITE YOUR DATA. If you want to return to your application, simply log out and log back in.
It is your responsibility to ensure that the information you provide in your application is correct. If the information you provide is incorrect you may be required to re-submit the *entire* application.
If this application requires payment you will be prompted to begin the payment process. You must complete the payment process before the board will review your application. If this application does not require payment, you will be navigated back to the DELPROS home page and the Board will review your application.

11. Click the **I Accept** checkbox.

12. Enter the full name in the field.

13. Click the **Submit** button.

Submit License Renewal Application

Pay for the license renewal applications using the DELPROS Portal by following the below steps.

DELPROS
PORTAL

14. Click to select the checkbox.

Tosin Adeosun's Cart

PLEASE DO NOT USE THE BROWSER'S BACK BUTTON AS THAT MAY OVERWRITE YOUR DATA.
If you want to return to your home page, simply click on the DASHBOARD link located at the top of the page.
To continue paying, select the appropriate fees or fines you wish to pay by marking the checkbox located next to the fee, and then click the CONTINUE button.
ALL PAYMENTS ARE NON-REFUNDABLE.
Important! Do not save your credit card or any other information on a public computer!

Cart #X-2020-02-23_04-40-06

Items Checkout Confirmation

	Type	Licensee Name	Fee Type	Amount	Amount Outstanding	Delegate Status
<input type="checkbox"/>	Dentist	Tosin Adeosun	Renewal Fee	\$312.00	\$312.00	

CONTINUE

15. Click the **CONTINUE** button.

Submit License Renewal Application

Pay for the license renewal applications using the DELPROS Portal by following the below steps.

**DELPROS
PORTAL**

Cart #X-2020-02-23_04-40-06

Items Checkout Confirmation

Select Payment Method: Credit/Debit Card

Amount: \$312.00

Back Delegate Proceed to Payment Gateway

16. Click the **Proceed to Payment Gateway** to complete the payment.

Submit License Renewal Application

Pay for the license renewal applications using the DELPROS Portal by following the below steps.

17. Enter the payment details in the fields marked with asterisk (*).

18. Click the **Continue** button.

19. Click the **Confirm** button.

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PORTAL

Required fields are highlighted with an asterisk.

Payment information:

Amount:* \$312.00

Please enter the following information about your payment method:

Cardholder's Name:* Tosin Adeosun

Cards Accepted:    

Card Number:* 4111111111111111

Signature Panel Code:* 123

Expiration Date:* 05/2024

Billing information:

Address Line 1:* 1901 rio grande st

Address Line 2:

Country:* United States

ZIP Code:* 12345

City: SCHENECTADY

State: New York

Continue

Please verify the following information:

Amount: \$312.00

Card information:

Cardholder's Name: Emma Omeife

Card Type: Visa

Card Number: *****1111

Signature Panel Code: ****

Expiration Date: 5/2024

Billing information:

Address Line 1: 1901 rio grande st

Country: United States

City: SCHENECTADY

State: New York

ZIP Code: 12345

Is this information correct?

Confirm

Modify

Submit License Renewal Application

Payment has been successfully made for the Renewal Application.

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PORTAL

Successful Payment

Thank you for your payment. Your request will be processed within 3 business days.

Transaction details are as follows:

- Payment Id: PAY-20200226-194
- Amount Paid: \$312.00
- Payment Type: Credit/Debit Card
- Transaction Id: 2503038

21. Click the **PRINT RECEIPT** button to view a printable pdf version of the payment receipt button.

22. Click the **RETURN TO DASHBOARD** button.

20. The receipt shows the details of the completed transaction.

Click the Return to Home link after viewing the Successful Payment message.

Cart #X-2020-02-23_04-40-06

Items | Checkout | Confirmation

[PRINT RECEIPT](#)
[RETURN TO DASHBOARD](#)

Your payment was successful.

Order Status	Successful
Applied Payment	\$312.00
Contact	Tosin Adeosun
Operator	Emma Omeke
Process Date	2/25/2020 9:32 PM
Receipt Number	R-0744273
Payment	Credit/Debit Card
Amount	\$312.00

Fees

Type	Licensee Name	Fee Type	Amount	Amount Outstanding
Dentist	Tosin Adeosun	Renewal Fee	\$312.00	\$0.00