Delaware State Fire School

Excellence Through Training

Register at

http://statefireschool.delaware.gov

Cost: $100 per student for testing

Fire Officer III

Prerequisites

- Pro Board Fire Officer II
- Pro Board Fire Instructor II

Class Dates:

Test & Portfolio Presentation
December 15, 2016

Deadline for registration :
October 15, 2016

The Delaware State Fire School is offering the opportunity for students to earn their Fire Officer III certification through Proboard. THIS IS NOT A CLASS. Students will be provided with the material necessary to complete a portfolio of required skills and they will have the option to purchase study material for the exam. There will be a mandatory orientation session to go over the portfolio requirements. The portfolio will be due in written form and through oral presentation on the date listed.

Optional Material
Chief Officer Textbook-$67

Textbook: IFSTA Chief Officer, Third Edition

Contact person: Tucker Dempsey 302-739-4773

Delaware State Fire School

1461 Chestnut Grove Road
Dover, DE 19904

Phone: 302-739-4773
Fax: 302-739-6245
E-mail: tucker.dempsey@state.de.us

Delaware State Fire School - *Registration Form*

COMPLETE FORM, PRINT TO OBTAIN AUTHORIZED SIGNATURES, AND RETURN TO DELAWARE STATE FIRE SCHOOL BEFORE DEADLINE.

Fill in class information:

Delaware Fire Officer III Certification Testing

Test Date and Portfolio Presentation: December 15, 2016

Deadline to Sign-Up: October 15, 2016

Do you wish to purchase
the IFSTA Chief Officer manual for $67

◯ YES ◯ NO

Class Times: Weeknight 7 pm - 10 pm

Location: DSFS - KCD

Please provide proof of Proboard Fire Officer II and Proboard Fire Instructor II

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www.statefireschool.delaware.gov

Attendee Information

Last Name: Jr./Sr.

First Name, Middle

Address:

City, State, Zip

Last 4 Digits SSN:

Date of Birth:

Contact Phone:

E-Mail:

Date Joined Fire Service:

Sponsoring Organization:

Sex: ◯ Male ◯ Female

Ethnic Origin:
(Optional)

Payment Information

TUITION: $100

◉ **Check payable to Delaware State Fire School**

◯ **Invoice (DE Fire Companies Only)**

◯ **Credit Card** **Select Type:**

Card Number:

Expiration Date:

Cardholder Name:

PRINT COMPLETED FORM, OBTAIN SIGNATURES

CANCELLATION POLICY: Cancellations for students registered for this course must be received by the Fire School no later than noon the Wednesday before scheduled class date. Cancellations received after the deadline may be assessed a fee or payment of class tuition.

ATTENDEE SIGNATURE: The Delaware State Fire School will provide instruction in emergency response training and related skills under carefully selected instructors. In accepting instruction, you agree to the condition that the Delaware State Fire School assumes no responsibility other than the opportunity to learn. I understand that the payment for the course tuition and any and all medical, first aid and related charges will be the responsibility of the sponsoring organization. In the event no sponsoring organization is given and no signature is obtained, I accept this responsibility. I certify that I do not have any physical or other condition that will prevent me from actively participating in this course. By enrolling in this course, I also agree that the Delaware State Fire School may authorize the taking of photographs or movies or similar reproductions and may use them in either a commercial or noncommercial manner. At the sole discretion of DSFS and I hereby waive any objection to this activity and authorize use of my picture. In accepting enrollment for this course, the Delaware State Fire School is herby relieved of liability.

ATTENDEE SIGNATURE **Date**

AUTHORIZED SIGNATURE IS REQUIRED OF SPONSORING ORGANIZATION:

By signing this form I am certifying that the individual taking training does not have any physical and/or other conditions that would prevent them from actively participating in all portions of this course. I understand that payment for the course and any and all medical, first aid and related charges will be the responsibility of the sponsoring organization.

Authorized Signature of Sponsoring Organization **Print Name** **Date**

Sponsoring Organization **Title** **Contact Phone Number**