

DSFS



LEVEL UP TO NREMT

WHEN

October 8th & 9th, 2016

8am - 5pm

WHERE

Delaware State Fire School - Kent

1461 Chestnut Grove Road, Dover, DE 19904

- **14 HOURS OF ONLINE CONTENT TO BE COMPLETED BEFORE CLASS**
 - THIS IS **NOT A TEST-PREPARATION CLASS**
 - THIS CLASS IS TO UPDATE YOU ON THE CONTENT IN THE NATIONAL CONTINUED COMPENCY PROGRAM (NCCP) WITH PRACTICAL SKILLS TESTING AND UPON SUCCESSFUL COMPLETION, TO ALLOW YOU TO SCHEDULE AND SIT FOR THE NREMT WRITTEN TESTING AT YOUR CONVENIENCE
- **WWW.STATEFIRESCHOOL.DELAWARE.GOV
302-739-4773**

NEW PILOT **PROGRAM FOR** **2016!**

TARGET **AUDIENCE**

- Providers in the State who are affiliated with a Delaware ambulance service, holding a current Out-Of-State EMT certification wishing to earn their NREMT *and* gain Delaware reciprocity.

COURSE COST

- \$200 per student, In-State Affiliated ONLY
- Class limited to the first 10 students

SUMMARY

- Online content
- 2 days in classroom
- Practical skills testing

DEADLINE TO **SIGN-UP**

September 23rd

Delaware State Fire School - Registration Form

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



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Class information:

KCD 8am - 5pm (Sat & Sun): **October 8 & 9, 2016**
Online Session and 2 days in Classroom
Application Due Sept. 23, 2016

Prerequisites:

Must be 18 years of age or older
Must have DE State Fire Co. or Ambulance Affiliation
Must hold CURRENT State issued EMT certification
Must hold CURRENT AHA BLS or HCP CPR/AED
Must have submitted for State EMT Verification
Must attach receipt for DSP background check

Delaware State Fire School
1461 Chestnut Grove Road
Dover, DE 19904

Phone: 302-739-4773
Fax: 302-739-6245

www.statefireschool.delaware.gov
Email: Fire.School@state.de.us

Rev. 05/11/16

I attest that I do not have any previous or pending charges or convictions, pursuant to Title 16, Chapter 6712, and that falsification of this form is a Class G Felony under Chapter 42 of Title 11.

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:	

Payment Information

Tuition: \$200.00

Class size limited to 10 Students

Invoice Sponsoring Organization

Check payable to Delaware State Fire School

Credit Card Select Type:

Card Number:

Expiration Date:

Cardholder Name:

CVV (On back of card):

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 fee or payment or class tuition.

Sex: Male Female

Ethnic Origin:
(Optional)

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 hereby 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