

# Delaware State Fire School

1461 Chestnut Grove Road  
Dover, DE 19904  
(302) 739-4773  
Fax: (302) 739-6245

## Application for Emergency Medical Responder

Initial Certification     Re-Certification

**\*\* Please type in boxes or print out a Blank Form and Print Information \*\***

NAME:	<input type="text"/>	DATE:	<input type="text"/>
DATE OF BIRTH:	<input type="text"/>	SOCIAL SECURITY #	<input type="text"/>
ADDRESS:	<input type="text"/>		
CITY:	<input type="text"/>	STATE:	<input type="text"/>
	<input type="text"/>	ZIP CODE:	<input type="text"/>
CONTACT TELEPHONE NUMBER(S):	<input type="text"/>		
EMAIL ADDRESS:	<input type="text"/>		
CURRENT EMR Number (if Re-Certifying)	<input type="text"/>		
NATIONAL REGISTRY # (If Applicable):	<input type="text"/>	Exp. Date:	<input type="text"/>

**I attest that all information provided and attached to this form is true.**

Signature Required: _____	Date/Time <input type="text"/>
Organization you Represent: <input type="text"/>	

<b>1. PRINT FORM</b>	<b>2. SIGN FORM</b>	<b>3. Fax form to (302) 739-6245 or Mail form to: Delaware State Fire School, 1461 Chestnut Grove Road, Dover DE 19904</b>
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**If you have taken your Emergency Medical Responder Full or Refresher Course somewhere other than the Delaware State Fire School, the following documents must be attached to your application:**

**Current Healthcare Provider Card**  
**For Initial Certification - Copy of your 40-Hour Emergency Medical Responder Class Certificate**  
**For Re-Certification - Copy of your 12-Hour Emergency Medical Responder Refresher Class Certificate**  
**A processing fee of \$10.00**

Office Use Only			
Date Received:	Received By:	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
Expiration Date:	Station/Org. #	Reason:	
Date Cards Sent and To Whom/Where:	Sent By:		