NREMT Transition Application

(Submit when On-Line Course is Complete)

NAME: PLEASE PRINT CLEARLY			DATE
DATE OF BIRTH	**LAST FOUR DIGITS SSN**	**DE EMT #**	
NATIONAL REGISTRY #	**EXPIRATION DATE**	**CONTACT PHONE NUMBER**	
ADDRESS	**CITY**	**STATE**	**ZIP**

EMAIL ADDRESS: PLEASE PRINT CLEARLY

SIGNATURE REQUIRED: I ATTEST THAT ALL INFORMATION PROVIDED ON THIS FORM IS TRUE.

CHECK APPROPRIATE BOX:

- ☐ If requesting Hazardous Materials Waiver - attach copy of PROBOARD Certification.
- ☐ If requesting ICS-100 Waiver - attach copy of Certification.
- ☐ Attach copy of On-Line Course Grade Sheet
- ☐ I have successfully completed the EMT Full Course of the Delaware State Fire School after June 2010.

OFFICE USE ONLY			
AGENCY:	DATE RECEIVED:	RECEIVED BY:	
DSFS OFFICE			☐ EMT RECORD UPDATED
NREMT EXPIRATION DATE:	STATION/ORGANIZATION:	DATE CERTIFICATION SENT:	SENT BY:

SUBMIT TO:
DELAWARE STATE FIRE SCHOOL
1461 CHESTNUT GROVE ROAD
DOVER, DE 19904
FAX: 302-739-6245
EMAIL: fireschool@state.de.us