

Delaware State Fire School

1461 Chestnut Grove Road
Dover, DE 19904
(302) 739-4773
Fax: (302) 739-6245
Email: fire.school@state.de.us



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

Organization you Represent:

1. PRINT FORM

2. SIGN FORM

3. Fax form to (302) 739-6245 or Mail form to:

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

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:

Approved

Denied

Expiration Date:

Station/Org. #

Reason:

Date Cards Sent and To Whom/Where:

Sent By: