



2019 OEMS Delaware BLS Protocols Course



This course is for the Delaware EMT on the BLS Protocols that went into effect January 1, 2019.

**Saturday, January 12th
OR
Sunday, January 20th
9am - 4pm
Kent Division**

Attendees will review the Delaware State protocols with a written test at the end of class.

This course is a requirement for ALL Delaware EMTs in order to practice in the State.

A DSP back ground check will also be required in order to recertify as an Delaware EMT.

Statewide Standard Treatment Protocol
**Delaware Basic Life Support
Protocols, Guidelines and
Standing Orders**

For

Prehospital and Interfacility Patients



Effective: January 1, 2019

Approved by State EMS Medical Directors: May 30, 2018

Approved by ALS Standards Committee: July 25, 2018

Approved by the Delaware Board of Medical Licensure and Discipline: September 18, 2018

Adopted by the State Fire Prevention Commission: October 16, 2018

**Registration Due the Friday
Before Scheduled Date
Walk-ins Welcome ONLY With
Completed Registration Form
www.statefireschool.delaware.gov
302-739-4773**

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:

Course Name:

- This is the Full BLS Protocols Class with NO Online Section

Date Attending: Jan. 12, 2019 Jan. 20, 2019
(select ONE)

- The class must be attended in it's entirety

Class Time:

Walk-ins are welcome only with completed and signed Registration Forms.

Class Location: Kent New Castle Sussex On-Line
(see Class Posting)

I meet the Course Prerequisites? YES NO

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. 11/18/15

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:

Check payable to Delaware State Fire School

Invoice (DE Fire Companies Only)

Credit Card Select Type:

Card Number:

Expiration Date:

Security Code (CVV):

Cardholder Name:

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 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 _____

Name _____

Date _____

Sponsoring Organization _____

Title _____

Contact Phone Number _____