

# Delaware State Fire School

1461 Chestnut Grove Road  
Dover, DE 19904  
(302) 739-4773 phone  
(302) 739-6245 fax

## EMT Reciprocity Classes

# 2019

The Mandatory First Day On-line  
must be completed the Friday prior to the  
classroom date

January 29    March 26    May 21  
July 30    September 24    November 26

All classes are 9:00 a.m. to 4:00 p.m. and held at  
Delaware State Fire School, Kent County only.

Visit our Website: [www.statefireschool.delaware.gov](http://www.statefireschool.delaware.gov)



# Delaware State Fire School - Registration Form

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



## Delaware EMT Reciprocity Class

Mandatory First Day On-line  
prior to class date

**Class information:** (Select Class Date)

Location: Kent County ..... Class Time: 9a-4p

January 29, 2019

July 30, 2019

March 26, 2019

September 24, 2019

May 21, 2019

November 26, 2019

Return this application with:

National Registry of EMTs Number Below

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. 12/07/18

### 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:

\$100.00

Check payable to Delaware State Fire School

Invoice (DE Fire Companies Only)

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 \_\_\_\_\_



State Fire Prevention Commission  
1463 Chestnut Grove Road  
Dover, Delaware 19904  
Fax: 302-739-4436  
fire.commission@state.de.us



To obtain Delaware EMT Certification through Reciprocity....

After completing the Delaware State Fire School Reciprocity Class, the individual must do the following:

1. Submit Application for State of Delaware EMT Reciprocity to the State Fire Prevention Commission (live signatures required) found at <http://www.statefirecommission.delaware.gov/ems> and copies of the following documents:
  - a. Certificate from the DSFS Reciprocity Class
  - b. Current National Registry Card
  - c. State EMT Card
  - d. Current BLS Provider CPR/AED Card or equivalent (as approved by the State Fire Prevention Commission)
  - e. If no Delaware Driver's License, submit a color photograph and signature as a .jpg file by email (fire.commission@state.de.us)
2. Must be a member in good standing with an EMS Provider in the State of Delaware.
3. Complete the Verification of EMT Certification form from applicant's state. Verification must be completed and mailed directly to the State Fire Prevention Commission.
4. Complete and pass a State of Delaware and Federal Background Check, conducted by Delaware State Bureau of Identification. Background checks are valid for six months.

EMT Certification is good for two (2) years (to coincide with National Registry Certification).  
EMT Certification expires on March 31st.

Contact the Delaware State Fire School at (302) 739-4773 if you have any questions regarding EMT Reciprocity Class. Contact the Delaware State Fire Prevention Commission at (302) 739-3160 if you have any additional questions regarding EMT certification.