



AHA BLS

PROVIDER CPR

This course will provide life-saving skills of CPR and AED use for the Healthcare Provider.

It includes the use of Bag Valve Masks (BVM) and using High Fidelity CPR (“PIT Crew CPR”).

NOTE: Class size is limited due to the current pandemic restrictions. Students will be required to wear a face mask and answer questions after a temperature check. **NO** walk-ins will be accepted.

NCD 8/4 9a - 1p

KCD 8/5 9a - 1p

SCD 8/6 9a - 1p

Signup using the attached registration form or visit our Sign-up for Classes page for the application.



Delaware State Fire School
1461 Chestnut Grove Road

Dover, DE 19904

Phone: 302-739-4773

Fax: 302-739-6245

Email: fire.school@delaware.gov

www.statefireschool.delaware.gov

Register by July 27, 2020



American
Heart
Association®

**AUTHORIZED
TRAINING
CENTER**

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:

Register by July 27, 2020

Date Attending: NCD 8/4 KCD 8/5 SCD 8/6

Class Time:

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

I meet the Course Prerequisites? ☒ YES ☐ NO

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Rev. FFBI /15

Attendee Information

Last Name: Jr./Sr.

First Name, Middle

Address:

City, State, Zip

Last 4 Digits SSN:

Date of Birth:

Contact Phone:

Email :

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