Delaware State Fire School

1461 Chestnut Grove Road Dover, DE 19904



(302) 739-4773 phone (302) 739-6245 fax

Email: fire.school@delaware.gov

UPCOMING DELAWARE 2024 30-HOUR EMT REFRESHER CLASSES

January 13 & 14, 2024	Location: Elsmere Sta 16 @1107 Kirkwood Hwy, Elsmere, L	Registration Deadline: December 29, 2023 DE
January 13 & 14, 2024	Location: Lewes Station 2 @32198 Janice Rd, Lewes, DE	Registration Deadline: December 29, 2023
January 27 & 28, 2024	Location: KCD, SCD, NCD	Registration Deadline: January 12, 2024
February 3 & 4, 2024	Location: Holloway Terrace Sta 20. @ 700 West Ave, New Cas	Registration Deadline: January 18, 2024 stle, DE
February 10 & 11, 2024	Location: Aetna Station 8 @400 Ogletown Rd, Newark, DE	Registration Deadline: January 26, 2024
February 13 & 14, 2024	Location: KCD	Registration Deadline: January 30, 2024
February 24 & 25, 2024	Location: KCD, SCD, NCD	Registration Deadline: February 9, 2024
March 9 & 10, 2024	Location: KCD, SCD, NCD	Registration Deadline: February 23, 2024

KCD=Kent County Division SCD=Sussex County Division NCD=New Castle County Division

ONLINE LESSONS REQUIRED

The Delaware EMT Refresher class has an online portion of the class that needs to be completed BEFORE attending the classroom dates. You <u>must</u> have a profile in the Delaware Learning Center to be assigned to this training. If you already have a profile, you will receive an email 2-3 days after the registration deadline date to begin the online course.

To create your profile if you do not have one, go to http://statefireschool.delaware.gov and click on ONLINE LEARNING. Click on the hyperlink Delaware State Fire School Online Learning Login Page. Use the REGISTER link and complete the required forms. You will receive an e-mail once your account is confirmed.

PLEASE REMEMBER your e-mail address and password that you used to setup your account. You will need this e-mail to reset your password from the Login page.

Courses at a Division are FREE for CURRENT Delaware EMTs with in-state affiliation. Courses hosted at a Fire Company are \$50 for CURRENT Delaware EMTs with affiliation. All others are \$150 regardless of location.

Visit our Website: www.statefireschool.delaware.gov

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 informati	<u>on:</u>			Si Canal Told
Course Name:			Comments:	THE SU
Dates Attending:				Delaware State Fire Schoo
Class Time:				1461 Chestnut Grove Road Dover, DE 19904
(see Class Posting)	Kent New Castle	Sussex On-Lir	ne	Phone: 302-739-477 Fax: 302-739-624 www.statefireschool.delaware.go Email: fire.school@delaware.gov
I meet the Course F	'rerequisites?	NO		Rev. 07/01/21
Attendee Infor	<u>mation</u>		Payment Informatio	n
Last Name: Jr./Sr.			Tuition:	<u></u>
First Name, Middle			Check payable to Dale	uuara Stata Eira Sahaal
Address:			Check payable to Dela	
City, State, Zip			Invoice (DE Fire Compa	
DSFS Person ID: (Future Use)			Card Number:	ype:
Date of Birth:				
Contact Phone:		Home Work Cell Other	Expiration Date: Security Code (cwo.
E-Mail:			Cardholder Name:	
NFA ID Number: (Optional)				ccept American Express or Apple Pay
Sponsoring Organization:				
Sex:		Other	CANCELLATION POLICY: Cancellat	ions for students registered for this
Ethnic Origin: (Optional)			course must be received by the Fire Wednesday before scheduled class the deadline may be assessed a fee	date. Cancellations received after
	UDE: To be a second			
accepting instruction, yo for the course tuition an and no signature is obta By enrolling in this cours a commercial or noncom	ou agree to the condition that the Do d any and all medical, first aid and r ined, I accept this responsibility. To se, I also agree that the Delaware Sta	elaware State Fire School assuelated charges will be the respectify that I do not have any pate Fire School may authorize ion of DSFS and I hereby waiv	emergency response training and related skills umes no responsibility other than the opportune ponsibility of the sponsoring organization. In thysical or other condition that will prevent me the taking of photographs or movies or similar reany objection to this activity and authorize unature. NATURE Date	ity to learn. I understand that the payment he event no sponsoring organization is given from actively participating in this course.
By signing this form I an		g training does not have any	TION: physical and/or other conditions that would pr al, first aid and related charges will be the respo	
Authorized Signature of Sp	onsoring Organization	Name	Date	
Sponsoring Organization		Title	Contac	t Phone Number