

NATIONAL FIRE ACADEMY PROGRAMS AT THE DELAWARE STATE FIRE SCHOOL

- **N0158 - EMS QUALITY MANAGEMENT**
@ KENT COUNTY DIVISION
MONDAY, JULY 15 -
SATURDAY, JULY 20 8A-5P (DATE CHANGE)
PREREQUISITES: ICS 100 & 200, PREFERRED
COURSES OF Q0462 AND Q0463, AVAILABLE ONLINE
AT [NFA ONLINE SELF STUDY](#).

This 6-day course will provide the critical components, background and principles associated with the implementation, or enhancement, of a department's Quality Management Program.

Students will learn how to create, implement and maintain a Quality Management Program, including historical examples, current models, and best practices of quality assurance and improvement, process improvement, and data collection and analysis.

Throughout the course, students work on culminating activities relating to the development of a Quality Management Program. Students present the activity with classmates and instructors at the end of the course, allowing all students to take examples of Quality Management Programs to their departments.

**USE THE DSFS SIX-DAY NFA APPLICATION
REGISTRATION CLOSES ON JUNE 3, 2024**

REGISTER FOR THESE CLASSES ON THE DSFS NATIONAL
FIRE ACADEMY COURSES PAGE AT
[HTTPS://STATEFIRESCHOOL.DELAWARE.GOV/NFA/](https://statefireschool.delaware.gov/nfa/).



PHONE:
302-739-4773
302-739-6245 (fax)
WEBSITE:
statefireschool.delaware.gov
EMAIL:
Fire.school@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 Six-Day NFA Class information:](#)



Select Class(es)

N0763 - New Executive Officer Series @ KCD Monday, April 8 - Saturday, April 13 8a-5p

N0158 - EMS Quality Management @ KCD Monday, July 15 - Saturday, July 20 8a-5p

Prerequisite ICS 100 & 200, Preferred NFA Online courses Q462 & Q463

Delaware State Fire School
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Dover, DE 19904

Phone: 302-739-4773

Fax: 302-739-6245

www.statefireschool.delaware.gov

Email: fire.school@delaware.gov

Rev. 07/01/21

To find or create your NFA Student ID Number, visit <https://cdp.dhs.gov/FEMASID/>.

I meet the Course Prerequisites? YES NO

Attendee Information

Last Name: Jr./Sr.	
First Name, Middle	
Address:	
City, State, Zip	
DSFS Person ID: (If Available, Future Use)	
Date of Birth:	
Contact Phone:	Home Work Cell Other
E-Mail:	
NFA ID Number: (REQUIRED)	
Sponsoring Organization:	
Sex:	<input type="radio"/> Male <input type="radio"/> Female Other
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 _____