

**NATIONAL FIRE ACADEMY**  
**EMS PROGRAMS AT THE DELAWARE**  
**STATE FIRE SCHOOL - 2024**

- F0146 - SUPERVISING EMERGENCY MEDICAL SERVICES  
@ NEW CASTLE DIVISION  
SATURDAY, APRIL 27 -  
SUNDAY, APRIL 28 8A-5P  
PREREQUISITES: ICS 100 & 200

THIS 2-DAY COURSE PROVIDES AN INTRODUCTION TO THE KNOWLEDGE, SKILLS AND ABILITIES REQUIRED TO NAVIGATE CURRENT EMERGENCY MEDICAL SERVICES (EMS) MANAGEMENT ISSUES AND THE CHALLENGES IN MOVING FROM EMS PROVIDER TO EMS SUPERVISOR.

*USE THE DSFS **TWO-DAY** NFA APPLICATION REGISTRATION CLOSES ON APRIL 12, 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](http://statefireschool.delaware.gov)  
EMAIL:  
[Fire.school@delaware.gov](mailto: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.

All classes run 8am to 5pm

[Two-Day NFA Class information:](#)



## Select Class(es) to Attend:

- F0146-Supervising Emergency Medical Services @ New Castle - Sat. Apr. 27-Sun. Apr. 28
- F0648-Leadership in Supervision: Frameworks to Success @ Kent - Sat. Jun. 1-Sun. Jun. 2
- F0523-Executive Skills: Exercising Leadership Ethically @ Kent - Sat. Jun. 22-Sun. Jun. 23
- F0635-Best Practices in Community Risk Reduction @ Sussex - Sat. Aug. 10-Sun. Aug. 11
- F0520-Executive Skills: Exercising Leadership in Communities @ Kent - Sat. Sep. 28-Sun. Sep. 29

Delaware State Fire School  
1461 Chestnut Grove Road  
Dover, DE 19904

Phone: 302-739-4773

Fax: 302-739-6245

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

Email: [fire.school@delaware.gov](mailto: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 \_\_\_\_\_