

# **NATIONAL FIRE ACADEMY** **AT THE DELAWARE STATE FIRE** **SCHOOL**

## **F0146 - SUPERVISING EMERGENCY MEDICAL SERVICES**

LOCATION: DOVER DIVISION  
SATURDAY, SEPTEMBER 20, 2025 -  
SUNDAY, SEPTEMBER 21, 2025 8A-5P  
*REGISTRATION CLOSES ON AUGUST 8, 2025*

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.

***THIS COURSE IS DESIGNED FOR THOSE WHO ARE OR ARE LOOKING TO BECOME FIRST-LINE SUPERVISORS.***

### **ADDITIONAL COURSE INFORMATION:**

**[HTTPS://WWW.APPS.USFA.FEMA.GOV/NFACOURSES/CATALOG/DETAILS/10422](https://www.apps.usfa.fema.gov/nfacourses/catalog/details/10422)**

STUDENTS APPLYING FOR NFA TRAINING COURSES ARE REQUIRED TO REGISTER FOR A STUDENT IDENTIFICATION NUMBER (SID). THIS NUMBER WILL BE USED ON ANY GENERAL ADMISSIONS APPLICATION FORMS.

**INFORMATION ABOUT NATIONAL FIRE ACADEMY COURSES (NFA) AND STUDENT IDENTIFICATION (SID) NUMBERS REQUIRED FOR REGISTRATION.**

VIEW INFORMATION ABOUT YOUR **NFA SID**. (HOW TO REGISTER OR FIND IT)

**FORGOT YOUR SID NUMBER? CLICK HERE** (YOU WILL NEED THE EMAIL YOU USED TO REGISTER WITH FEMA)



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.



CourseName:

Comments:

DatesAttending:

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

ClassTime:

Phone: 302-739-4773  
Fax: 302-739-6245

Class Location: Kent New Castle Sussex On-Line

www.statefireschool.delaware.gov

Email: fire.school@delaware.gov

I meet the Course Prerequisites? YES NO

Rev. 02/20/24

## Attendee Information

First Middle Last

Name:

Date of Birth:

DSFS Person ID:  
(If Known)

NFA ID #:  
(REQUIRED)

Address:

City:

State:

ZIP:

E-Mail:

Phone:

Phone  
Type:

Sponsoring  
Organization:

Gender:

Ethnic Origin:  
(Optional)

## Payment Information

Course Tuition:

**Accepted Credit Cards: Visa, Mastercard, Discover**  
**We are unable to accept American Express or Apple Pay**

Check enclosed made payable to  
Delaware State Fire School

Credit card (DSFS will call you for information)

Invoice (approved account )

Cardholder Name:

Cardholder Phone:

**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, I 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:**

In accordance with NFPA 1001, 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 and/or has received a professional medical exam declaring their physical fitness before participating in firefighting activities. In the case of no physical documentation or significant change in health, a physical may be required before participation in this course. I understand that payment for the course and any/all medical, first aid and related charges will be the responsibility of the sponsoring organization.

Sponsoring Organization

Name

Title

Contact Phone Number

Authorized Signature of Sponsoring Organization

Date