Field Training Officer — Initial

- **NEW In-Person Class**
 - 0800-1700 each day
 - 8 hours of CEU
- Class size limited to 24
- **Certification runs concur**rently with EMT exp.
- Class Costs—\$50/person

<u> Class Dates / Day / Location</u>

Monday Nov 11th @ KCD

Thursday Nov 21st @ NCD

Saturday Dec 7th @ KCD

Wednesday Dec 11th @ SCD

PRE-REQUISITES (Per SFPC 710 Regulations):

-EMT for 5 years

-Letter of Recommendation from Chief or Senior EMS Officer

-NO disciplinary issues through SFPC



HOSTED BY DELAWARE STATE FIRE SCHOOL 1461 Chestnut Grove Road Dover DE 19904

Space Limited—Contact DSFS at fire.school@delaware.gov or 302-739-4773 to register

Delaware State Fire School - Registration Form

COMPLETE FORM, PRINT TO OBTAIN AUTHORIZED SIGNATURES, AND RETURN TO DELAWARE STATE FIRE SCHOOL BEFORE DEADLINE.

CourseName:	me: Comments:				PARE SCA
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 Prerequisite	s? YES	NO			Rev. 02/20/24
Attendee Information	First		Middle		Last
Name:	, not		induc		Last
Date of Birth:	DSF	S Person ID: (If Known)		NFA ID #: (If Known)	
Address:			City:	State:	ZIP:
E-Mail:			Phone:		Phone Type:
Sponsoring Organization:			Gender:	Ethnic Origin: (Optional)	
Course Tuition: We are unable to accept American Express or Apple Pay Check enclosed made payable to Delaware State Fire School Invoice (approved account) Cardholder Name: Invoice (approved account) Cardholder Phone: CANCELLATION POLICY: Cancellations for students registered for this course must <u>be received by the Fire School</u> 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.					
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.					
ATTENDED SIGNATORE 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		T	ītle	Contact Phone Number
Authorized Signature of Sponsoring Organizat	ion	Date			