

# Delaware State Fire School



1461 Chestnut Grove Road  
Dover, DE 19904  
(302) 739-4773 phone  
(302) 739-6245 fax



## EMT Reciprocity Classes

# 2025

**January 28**

**February 25**

**March 25**

**April 29**

**May 20**

**June 24**

**July 22**

**August 26**

**September 30**

**October 28**

**November 18**

All classes are 8:00 a.m. to 5:00 p.m. and held at

Delaware State Fire School, Kent County only.

Visit our Website:

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

## Delaware EMT Reciprocity Class Location: Kent County Class Time: 9a-4p

### Class information: (Select Class Date)

January 28, 2025	July 22, 2025
February 25, 2025	August 26, 2025
March 25, 2025	September 30, 2025
April 29, 2025	October 28, 2025
May 20, 2025	November 18, 2025
June 24, 2025	

Return this application with:  
National Registry of EMTs Number Below

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

Phone: 302-739-4773  
Fax: 302-739-6245  
www.statefireschool.delaware.gov  
Email: fire.school@delaware.gov

Rev. 02/20/24

## Attendee Information

First Middle Last

Name:

Date of Birth:

DSFS Person ID:  
(If Known)

NFA ID #:  
(If Known)

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



State Fire Prevention Commission  
1463 Chestnut Grove Road  
Dover, Delaware 19904  
Fax: 302-739-4436  
[fire.commission@delaware.gov](mailto:fire.commission@delaware.gov)



To obtain Delaware EMT Certification through Reciprocity....

After completing the Delaware State Fire School Reciprocity Class, the individual must do the following:

1. Submit Application for State of Delaware EMT Reciprocity to the State Fire Prevention Commission (live signatures required) found at <http://www.statefirecommission.delaware.gov/ems> and copies of the following documents:
  - a. Certificate from the DSFS Reciprocity Class
  - b. Current National Registry Card
  - c. State EMT Card
  - d. Current BLS Provider CPR/AED Card or equivalent (as approved by the State Fire Prevention Commission)
  - e. If no Delaware Driver's License, submit a color photograph and signature as a .jpg file by email ([fire.commission@state.de.us](mailto:fire.commission@state.de.us))
2. Must be a member in good standing with an EMS Provider in the State of Delaware.
3. Complete the Verification of EMT Certification form from applicant's state. Verification must be completed and mailed directly to the State Fire Prevention Commission.
4. Complete and pass a State of Delaware and Federal Background Check, conducted by Delaware State Bureau of Identification. Background checks are valid for six months.

EMT Certification is good for two (2) years (to coincide with National Registry Certification).  
EMT Certification expires on March 31st.

Contact the Delaware State Fire School at (302) 739-4773 if you have any questions regarding EMT Reciprocity Class. Contact the Delaware State Fire Prevention Commission at (302) 739-3160 if you have any additional questions regarding EMT certification.