

# 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 #:  
(If Known)

Address:

City:

State:

ZIP:

E-Mail:

Phone:

Phone  
Type:

Sponsoring

Gender:

Ethnic Origin:  
(Optional)

Organization:

## 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

**Delaware State Fire Prevention Commission**

1463 Chestnut Grove Road

Dover, DE 19904

(302) 739-3160

Fax: (302) 739-4436

Email: [fire.commission@delaware.gov](mailto:fire.commission@delaware.gov)**Application for****Emergency Medical Responder Certification**

This application is to be used If you are getting your EMR certification for the 1<sup>st</sup> time **ever** and/or if you are renewing your EMR certification.

○ **Initial Certification:** Requires Signed affidavit, Submit an Approved EMR training program Certificate, Approved CPR Card, and Completed Application.

○ **Re-Certification:** Requires an Approved EMR recertification program completion certificate, Approved CPR Card and Completed Application.

Name:		DOB:	
Mailing Address:		DE EMR No.:	
Physical Address:		National Registry No: (if applicable)	
Email & Contact No.:		Renewed National Registry Exp. Date:	
Have you ever been arrested and/or convicted of <b>any</b> National, Federal, State or Local felony and/or misdemeanor including entering a plea or no contest?			
Are there <b>any</b> criminal charges pending against you?			
Has your certification ever been Suspended, Revoked, and Investigated in any other State?			
<i>If you answered yes to any of the questions above; please attach a detailed statement with application</i>			
<b>WE Accept Visa, Mastercard, &amp; Discover</b>		<b>Office Use Only:</b>	
Cash		Application Received Date:	
Check # (Payable to SFPC)		Approved/Denied:	
Credit Card #		Missing Documents:	
Expiration Date:		Received Missing Documents	
Security Code:		EMR Certification Exp. Date:	
Name on Card:		Processed Date:/Initials	
Zip Code: (If Different from Application)			

**Applicant's Signature** \_\_\_\_\_

I hereby certify under penalty of perjury that all information on this application is true and correct to the best of my knowledge and I understand that any falsification of facts may cause forfeiture on my part of all rights to EMR Certification in the State of Delaware.

## State of Delaware EMR Certification

### Initial Certification and Re Certification Information Sheet

Individuals seeking Certification through State of Delaware must complete the following:

1. Complete the Delaware State Fire School Emergency Medical Responder Full Class for (Initial Certification) or Emergency Medical Responder Refresher Class (Recertification).
2. *Complete and submit a signed affidavit attesting to no criminal charges pending or criminal convictions and no medical certification/license disciplinary actions taken in this or any other state. Failure to disclose matters or falsification or providing misleading information may be grounds for disciplinary action to include revocation of certification or delay in process.*
3. *After the above steps are completed, the individual must turn in the following to the **Fire Commission** to become a Certified EMR:*
  - A. Submit Initial / Recertification Application
  - B. BLS CPR-AED Card - Please visit our website for list of Approved Cards. *DSFS EMR Refresher includes AHA BLS CPR.*
  - C. Emergency Medical Responder Certificate from the class you passed-*If the class was not done through the Fire School; Certificates must be OEMS Approved Class or approved NCCP Program.*
  - D. Processing Fee \$15.00- We accept Visa, Mastercard, Discover, Cash and Checks can be made out to: SFPC or State Fire Commission
  - E. Photo – In Color, Face only without hats and sunglasses

Contact the Delaware State Fire Prevention Commission at (302) 739-3160 for any questions regarding your EMR Certification.

Contact the Delaware State Fire School at (302) 739-4773 for any questions regarding EMR Classes.