

# 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.



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



FAX: (302) 739-4496

**State of Delaware**  
**STATE FIRE PREVENTION COMMISSION**

State Fire Prevention  
Commission  
1463 Chestnut Grove Road  
Dover, Delaware 19904

TELEPHONE: (302) 739-3160

## **State of Delaware EMT Certification** **Reciprocity Information Sheet**

Individuals seeking reciprocity from another state **must** be a Nationally Registered EMT and do the following (in order):

1. Complete the Delaware State Fire School Reciprocity Class, which consists of, but not limited to, Delaware Protocols, a Protocols Quiz, Practical Skills evaluation, and a Final Exam. A Registration Form for the course must be submitted to the Delaware State Fire School
  2. Complete and pass a State of Delaware and Federal Background Check, conducted by the Delaware State Bureau of Identification. You must tell them it's for "EMT Certification" and they will send directly to State Fire Commission. Visit our website at [statefirecommission.delaware.gov](http://statefirecommission.delaware.gov) for location(s) of SBI offices.
  3. After the above steps are completed, the individual must:
    - a. Submit Reciprocity Application to obtain your State of Delaware EMT Card to the State Fire Prevention Commission (must have live signatures) along with a copy of the certificate from the DSFS Reciprocity Class, Current State EMT Card, Current BLS Provider CPR- AED Card and National Registry Card. Pay processing fee of \$25.00.
    - b. If you do not have a Delaware Driver's License, submit a color photograph as a jpg file by email.
- 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.

**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 Reciprocity

This application is to be used if you have been an EMT in another state and looking to become a Delaware EMT.

**\*\*\*\*You must have completed a State and Federal background check for "EMT Certification" \*\*\*\***

Send with this application, a copy of your Reciprocity Certificate, Current State EMT Card, National Registry Card, CPR Card, processing fee of \$25.00 and photo.

Current State:			
Current EMT No:			
Expiration Date:			
Current State Address:			
List any other States you were certified and work in as EMT:			
Name:		DOB:	
Mailing Address:		DE EMT No.:	
Physical Address:		National Registry No:	
Email & Contact No:		Renewed National Registry Exp. Date:	
Have you been charged with or convicted of a Felony?			
Have you ever been placed on probation in any other State?			
Has your certification ever been subject of an investigation relating to your EMT Certification in any other jurisdiction?			
<b><i>If you have answered "yes" to any of the above questions, please attach all relevant documentation in your possession:</i></b>			
<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:		EMT Certification Exp. Date:	
Name on Card:		Processed Date:/Initials	
Zip Code: (If Different from Application)			

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

By my signature below, I certify the information I provided on and in connection with this Application is true and correct to the best of my knowledge. I also understand that any false statements may subject me to legal actions.

Revised: 5-11-23