

# Delaware State Fire School

1461 Chestnut Grove Road  
Dover, DE 19904  
(302) 739-4773  
Fax: (302) 739-6245



## Application for EMERGENCY MEDICAL TECHNICIAN

Initial Certification     Re-Certification

**\*\* Please type in boxes or print out a blank form and print information \*\***

NAME:  DATE:

DATE OF BIRTH:  SOCIAL SECURITY #:

ADDRESS:

CITY:  STATE:  ZIP CODE:

CONTACT TELEPHONE NUMBER(S):

EMAIL ADDRESS:  DE State EMT #:

Are you Renewing National Registry?  Yes  No NATIONAL REGISTRY #  Exp. Date:

Have you been charged or convicted of a Felony?  No  Yes, ATTACH documentation to this form.

**I attest that all information provided and attached to this form is true.**

Applicant Signature: \_\_\_\_\_ DATE: \_\_\_\_\_

Required: Sponsoring Organization

Sponsoring Organization Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Sponsoring Organization agrees to have the \$5.00 processing fee billed to organization.     Applicant is paying \$5.00 fee.

### 4. Fax or Mail form with required documents and payment:

#### 2. SIGN FORM

#### 3. GET SPONSORING SIGNATURE

- \* **For Initial Certification** - Attach a copy of your EMT Course Certificate, National Registry Card and current Healthcare Provider Card.
- \* **For Re-Certification** - Attach a copy of your 24-Hour EMT Refresher Certificate and current Healthcare Provider Card.
- \* **Attach the processing fee of \$5.00, unless your sponsoring organization will be billed.**

Office Use Only				Rev. 3/20/12
Date Received:	Received By:	<input type="checkbox"/> Approved	Reason:	
Expiration Date:	Station/Org. #	<input type="checkbox"/> Denied		
Date Cards Sent and To Whom/Where:			Sent By:	

## **EMT Certification Requirements** **State of Delaware**

1. Application completed in its entirety.
2. Current Certificate showing completion of approved NREMT Course.
3. Current National Registry Card.
4. Current Healthcare Provider CPR/AED certification.
5. Completed and approved Delaware State and Federal Background Check.
6. Member in good standing with an EMS provider in the State of Delaware.
7. Certification good for a two year period.
8. Expiration of State card will be March 31 (the same as National Registry).

## **EMT Re-Certification Requirements** **State of Delaware \*\***

1. Application completed in its entirety.
2. Required 24-hour EMT Refresher Course.
3. Current Healthcare Provider CPR/AED certification.
4. Member in good standing with an EMS provider in the State of Delaware.
5. Certification is good for a two year period.
6. Certification renewed at the end of March.

## **National Registry \*\***

1. Application completed in its entirety.
2. Required 24-hour EMT Refresher Course.
3. Current Healthcare Provider CPR/AED certification.
4. 48 hours of Continuing Education Units (CEU).
5. Certification good for a two year period.
6. Certification renewed at the end of March.

\*\*Re-Certification for both the National Registry and the State of Delaware is not automatic. Both require an application to be completed by the expiration date of certification to maintain active status as an EMT.\*\*