



FAX: (302) 739-6245

State of Delaware  
DELAWARE STATE FIRE SCHOOL

TELEPHONE: (302) 739-4773

Delaware Fire Service Center  
1461 Chestnut Grove Road  
Dover, Delaware 19904

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

Enclosed is the information necessary to apply to the State of Delaware for EMT reciprocity.

1. Applicants must have a current National Registry, current State EMT, and current Healthcare Provider Certifications.
2. Applicants must be affiliated with an ambulance, fire, or rescue squad in the State of Delaware
3. Complete the enclosed reciprocity application along with pre-registration form for class and submit with a copy of your current National Registry, State EMT, and Healthcare Provider Certifications to the Delaware State Fire School.
4. Complete the Verification of EMT Certification and have your current state complete their portion. Verification of certification must be mailed directly from the current certifying state.
5. Complete a state and federal background check administered by the Delaware State Bureau of Identification (SBI), and have the results sent directly to the Delaware State Fire School, Attention Director. Enclose a copy of the SBI Receipt with your application. Background checks must be completed within 30 days of receipt of application.
6. After review and verification of the application and background check, the Delaware State Fire School will notify you that you have been registered for the Reciprocity Class.
7. After successful completion of the Reciprocity Class, which consists of Delaware Protocols, Protocols Quiz, Practical Skills evaluation and a final exam, State of Delaware EMT Certification may be issued.
8. If you do not have a Delaware Driver's License, submit a color photograph and signature. {Acceptable submissions: hard copy, CD as jpg file, or email <http://www.statefireschool.delaware.gov/>}

The process for reciprocity should take approximately 8-10 weeks to complete. Contact the Delaware State Fire School at (302) 739-4773 if you have any additional questions.



Submit Form To: Delaware State Fire School  
 EMS Division  
 1461 Chestnut Grove Road  
 Dover, Delaware 19904  
 302-739-4773



## Application for State of Delaware Reciprocity

**Applicant must submit a copy of all current State EMT, National Registry and Healthcare Provider Certifications, completed Pre-Registration form for the Reciprocity Class, and payment of the \$100.00 administrative processing fee with this form**

### Demographic Information (to be completed by Individual applying for Reciprocity)

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Address: \_\_\_\_\_ Telephone No.: \_\_\_\_\_  
 \_\_\_\_\_ SSN: \_\_\_\_\_  
 Email : \_\_\_\_\_ DOB: \_\_\_\_\_  
 Current State EMT Certification and Card Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_  
 Current State Certifying Agency's Address: \_\_\_\_\_ Telephone No.: \_\_\_\_\_  
 \_\_\_\_\_ NREMT No.: \_\_\_\_\_  
 \_\_\_\_\_ NREMT Exp Date: \_\_\_\_\_

I \_\_\_\_\_ am applying for Delaware EMT certification. I agree to the background check  
 (Signature)  
 and that the background information will be provided to the Delaware State Fire School for review. This application also permits the Delaware State Fire School to verify and confirm any of the provided information for reciprocity.

### Verification of Affiliation in Delaware (to be completed by sponsoring agency)

EMS Affiliation in Delaware: \_\_\_\_\_  
 Authorized Signature & Title of DE Sponsoring Organization: \_\_\_\_\_

#### Delaware State Fire School use ONLY

Reciprocity Approval: (to be completed by the Delaware State Fire School)

<input type="checkbox"/> Application completed	Application Received _____
<input type="checkbox"/> Registered for Reciprocity Class	<input type="checkbox"/> State EMT Verification Form
<input type="checkbox"/> National Registry Verified	<input type="checkbox"/> Healthcare Provider Certification Verified
<input type="checkbox"/> Background check receipt submitted	<input type="checkbox"/> Background check received from SBI
<input type="checkbox"/> Reciprocity Class completed	<input type="checkbox"/> No DE Driver's License-Photo/Signature Submitted

Reciprocity Granted  Yes  No If No, reason denied: \_\_\_\_\_

DE Certification Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_ Card Issued: \_\_\_\_\_ Mailed To: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**COMPLETED INFORMATION MUST BE SUBMITTED IN ITS ENTIRETY.**

# Verification of EMT Certification

**To Be Completed by Applicant (Please Print)**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SS No. \_\_\_\_\_

Current State EMT ID Number: \_\_\_\_\_ State: \_\_\_\_\_

*This section to be completed by current certifying State EMS Office*

Certification Number \_\_\_\_\_

Expiration Date of Certification \_\_\_\_\_ Original Certification Date \_\_\_\_\_

Was Certification in Your State based on completion of a state written and practical exam meeting the DOT standard curriculum prior to 2009 or the NHTSA 2009 National EMS Standards? Yes  No

Was Certification in your State based on reciprocity from another State or Military?: Yes  No   
If yes, please indicate State or branch of Armed Services: \_\_\_\_\_

Has this person refreshed his/her certification in Your State: Yes  No  Give Date \_\_\_\_\_  
Mo Day Yr

Level of Certification – Please check the highest level of certification Applicant currently holds

- EMT-B – Course met or exceeded DOT Standards prior to 2009
- EMT – Course met or exceeded NHTSA 2009 National EMS Standards
- EMT-Intermediate – Course met or exceeded DOT Standards
- AEMT - Course met or exceeded NHTSA 2009 National EMS Standards
- EMT-Paramedic – Course met or exceeded DOT Standards
- Paramedic - Course met or exceeded NHTSA 2009 National EMS Standards

Is there any reason that reciprocity should NOT be granted to the Applicant: Yes  No   
If Yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*This is to verify that the above individual is certified/registered/licensed in your state.*

ORGANIZATION NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_ TITLE \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

CONTACT NUMBER area code ( ) \_\_\_\_\_

**Please Return Original Form To:**

Delaware State Fire School  
Attn: EMS Division  
Fax 302-739-6245  
1461 Chestnut Grove Road  
Dover, Delaware 19904