

# Delaware State Fire Prevention Commission

1463 Chestnut Grove Road  
Dover, DE 19904  
(302) 739-3160  
Fax: (302) 739-4436  
fire.commission@state.de.us



## 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:  LAST FOUR OF SOCIAL SECURITY #:

ADDRESS:

CITY:  STATE:  ZIP CODE:

CONTACT TELEPHONE NUMBER(S):

EMAIL ADDRESS:  DE State EMT #:

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: \_\_\_\_\_

**4. Fax or Mail form with required documents and \$10.00 payment to the Delaware State Fire Prevention Commission:**

**2. SIGN FORM**

**3. GET SPONSORING SIGNATURE**

- \* **For Initial Certification** - Attach a copy of your EMT Course Certificate, National Registry Card, and current BLS Provider CPR/AED Card.
- \* **For Re-Certification** - Attach a copy of your Delaware EMT Refresher Certificate, National Registry Card, and current BLS Provider CPR/AED Card.
- \* **Attach the processing fee of \$10.00.** Checks should be made payable to State Fire Prevention Commission.

Cash Enclosed     Pay by Credit Card    Credit Card Type:     Cardholder Name:

Check Enclosed    Credit Card Number:     Exp. Date:     Security Code (CCV):

Office Use Only

Rev. 12/10/18

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:

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

1. Application completed in its entirety with processing fee of \$10.00 included.
2. Current Certificate showing completion of approved NREMT Course.
3. Current National Registry Card.
4. Current recognized BLS Provider CPR/AED certification.
5. Completed an 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).

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

1. Application completed in its entirety with processing fee of \$10.00 included.
2. An in-state recognized Delaware EMT Refresher Course certificate from class held in the current recertification cycle.
3. Current National Registry Card.
4. Current recognized BLS Provider CPR/AED certification.
5. Member in good standing with an EMS provider in the State of Delaware.
6. Certification good for a two year period.
7. Expiration of State card will be March 31 (the same as National Registry).

## **Requirements After Lapse in Delaware Certification**

1. If less than 24 months, complete items 3-7.
2. If greater than 24 months, applicant must hold NREMT certification to apply for Delaware certification and complete items 3-7.
3. Application completed in its entirety with processing fee of \$10.00 included.
4. An in-state recognized Delaware EMT Refresher Course certificate from class held in the current recertification cycle.
5. Current recognized BLS Provider CPR/AED certification.
6. Completed an approved Delaware State and Federal Background Check.
7. Member in good standing with an EMS provider in the State of Delaware.
8. Certification renewed on March 31.

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

1. Application completed in its entirety.
2. Required EMT Refresher Course Certificate.
3. Current recognized BLS Provider CPR/AED certification.
4. 10 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.\*\****

***\*\*Please note, your application and supporting documents are subject to audit.\*\****