



FAX: (302) 739-4496

TELEPHONE: (302) 739-3160

**State of Delaware
STATE FIRE PREVENTION COMMISSION**

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

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.
 3. Complete the top portion of the Verification of EMT Certification form and send to your current certifying state, they will fill out the bottom portion and return it to State Fire Commission.
 4. 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.
 - b. Be a member in good standing with an EMS provider in the State of Delaware.
 - c. If you do not have a Delaware Driver's License, submit a color photograph and signature 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.



Submit Form To: State Fire Prevention Commission
 EMS Certification
 1463 Chestnut Grove Road
 Dover, Delaware 19904
 302-739-3160



Application for State of Delaware Reciprocity

Applicant must submit a copy of all current State EMT and Healthcare Provider Certifications, National Registry Card, Reciprocity Class Certificate, and payment of the \$10.00 administrative processing fee with this form.

Demographic Information (to be completed by the individual applying for Reciprocity)

Name: _____ Date: _____

Address: _____ Telephone No.: _____

DOB: _____

Email: _____

Current State EMT Certification and Card Number: _____ Exp Date: _____

Current State Certifying Agency's Address: _____ Telephone No.: _____

NREMT No.: _____

NREMT Exp Date: _____

Have you ever been placed on probation in any other state? Yes No

Has your certification ever been Suspended Revoked or Investigated in any other state? Explain:

I _____ am applying for Delaware EMT certification. I agree to the background check
 (Signature)

and that the background information will be provided to the State Fire Prevention Commission 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)

Sponsoring Organization: _____

Authorized Signature & Title of Sponsoring Organization: _____

Incomplete Applications will be returned.

Do you have the following documents before sending? Application & \$10.00 Processing Fee, NR Card, BLS CPR Card, Photo, Current State Card, Reciprocity Certificate, Verification Form Sent to Current State and Background Check Done.

Cash Check # _____ Credit Card # _____ Exp. Date _____

Name on Credit Card: _____

State Fire Prevention Commission use ONLY

Application Received: _____

Reciprocity Granted [] Yes [] No If No, reason denied: _____

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: _____

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 _____

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: _____

Has applicant ever been placed on probation in your state? Yes No

Has certification ever been Suspended Revoked or Investigated in your state?

Explain: _____

Organization Name: _____

Signature _____ Print Name _____

Date _____ Contact Number () _____

Please Return Original Form To:
State Fire Prevention Commission
Fax 302-739-4436
1463 Chestnut Grove Road Dover, Delaware 19904

Delaware State Bureau of Identification

Obtaining a Certified Delaware Criminal History

Make sure you let them know it's for EMT Certification

NEW CASTLE COUNTY

The office is located at Delaware State Police Troop 2, on Route 40, in Bear, just west of the Fox Run Shopping Center, between routes 72 and 896, across from the Glasgow walking park and next to the YMCA.

Hours of operation are:

- Monday through Friday, 8:30 a.m. to 3:15 p.m.
- To schedule an appointment call (302) 739-2528

KENT COUNTY

The office is located at 600 S. Bay Road Suite 1, Dover, DE 19901.

Hours of operation are:

- Monday through Friday, 8:30 a.m. to 3:00 p.m.
- Closed daily from 11:30 a.m. to 12:30 p.m.
- Call (302) 739-5871 for more information
- Walk In Appointments

SUSSEX COUNTY

The office is located inside the Thurman Adams State Service Center located at 546 S. Bedford Street, Room 202, Georgetown, DE.

Hours of operation are:

- Monday –Thursday, 8:30 a.m. – 3:15 p.m.
- To schedule an appointment call (302) 739-2528
- **CASH IS NOT ACCEPTED** at this location

The results of the completed certified criminal history will not be returned the same day. The results will be forwarded to the recipient as soon as operationally possible.

The fee for a State and Federal Criminal Background Check (must be mandated by law) is \$65.00. Payment options are cash (except Sussex County), credit or debit cards, certified checks, money orders, or company checks made out to Delaware State Police. We do not accept American Express or personal checks.