



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. 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 of Delaware Fire Dept., Ambulance Co., Private Ambulance Co. or Any Group authorized by the Commission to provide BLS Ambulance Service within the State.
    - 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, Healthcare Provider CPR-AED Card, National Registry Card, Reciprocity Class Certificate, \$10.00 processing fee, & Photo. Background Checks must be completed before submitting Application**

### 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

If Yes, Please Explain: \_\_\_\_\_

Has your certification ever been Suspended \_\_\_\_, Revoked \_\_\_\_, or Investigated \_\_\_\_ in any other state?

If Any Checked, Please Explain: \_\_\_\_\_

I \_\_\_\_\_ am applying for Delaware EMT Certification and I agree to the Background Check,  
 (Signature)

And that I am currently in good standing with Delaware Affiliation(s) which I have provided below.

Organization(s): \_\_\_\_\_

### Payment Information for Processing Fee

Cash \_\_\_\_ Check # \_\_\_\_\_ Make Checks Payable to SFPC

Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_

### State Fire Prevention Commission use ONLY

Application Received: \_\_\_\_\_ Reciprocity Granted: Yes \_\_\_\_ No \_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date Mailed & Emailed: \_\_\_\_\_

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

# 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.