

## **State of Delaware EMT Certification** **Initial Certification and Re Certification Information Sheet**

Individuals seeking Certification through State of Delaware must complete the following:

1. Complete the Delaware State Fire School Emergency Medical Technician Full Class for (Initial Certification) or Emergency Medical Technician Refresher Class (Recertification).
2. *Complete and Pass a State of Delaware and Federal Background Check, Conducted by the Delaware State Bureau of Identification. You must tell SBI it's for **“EMT Certification”** and they will send directly to the State Fire Commission. You can find a list of locations and contact information on our website: [statefirecommission@delaware.gov](mailto:statefirecommission@delaware.gov)*  
**Background Checks are required for all Initial Certifications only**
3. *After the above steps are completed, the individual must turn in the following to the **Fire Commission** to become a Certified EMT:*
  - A. *Submit Initial – Recertification Application*
  - B. *BLS CPR-AED Card - Please visit our website for list of Approved Cards*
  - C. *National Registry Card – Your EMT Certification License will expire the same time your NR Card expires.*
  - D. *Emergency Medical Technician Certificate from the class you passed-If the class was not done through the Fire School; Certificates must be OEMS Approved Class or approved NCCP Program.*
  - E. *Processing Fee \$10.00- We accept Visa, Mastercard, Discover, Cash and Checks can be made out to: SFPC or State Fire Commission*
  - F. *Photo – In Color, Face only without hats and sunglasses*

Contact the Delaware State Fire Prevention Commission at (302) 739-3160 for any questions regarding your EMT Certification.

Contact the Delaware State Fire School at (302) 739-4773 for any questions regarding EMT Classes.

**Delaware State Fire Prevention Commission**

1463 Chestnut Grove Road

Dover, DE 19904

(302) 739-3160

Fax: (302) 739-4436

Email: [fire.commission@delaware.gov](mailto:fire.commission@delaware.gov)



Application for  
**Emergency Medical Technician License**

This application is to be used if you are getting your EMT License for the 1<sup>st</sup> time ever and/or if you are renewing your EMT license.

- **Initial Certification:** Requires State & Federal Background Check, Submit an Approved EMT Certificate, National Registry Card, Approved CPR Card, and Completed Application.
- **Re-Certification:** Requires an Approved EMT Certificate, National Registry Card (Renewed), Approved CPR Card and Completed Application.

Name:		DOB:	
Mailing Address:		DE EMT No.:	
Physical Address:		National Registry No:	
Email Address:		Renewed National Registry Exp. Date:	
Have you ever been arrested and/or convicted of <b>any</b> National, Federal, State or Local felony and/or misdemeanor including entering a plea or no contest?			
Are there <b>any</b> criminal charges pending against you?			
Has your certification ever been Suspended, Revoked, and Investigated in any other State?			
<i>If you answered yes to any of the questions above; please attach a detailed statement with application</i>			
<b>WE Accept Visa, Mastercard, &amp; Discover</b>		<b>Office Use Only:</b>	
Cash		Application Received Date:	
Check # (Payable to SFPC)		Approved/Denied:	
Credit Card #		Missing Documents:	
Expiration Date:		Received Missing Documents	
Security Code:		EMT Certification Exp. Date:	
Name on Card:		Processed Date:/Initials	
Zip Code: (If Different from Application)			

**Applicant's Signature** \_\_\_\_\_

**I hereby certify under penalty of perjury that all information on this application is true and correct to the best of my knowledge and I understand that any falsification of facts may cause forfeiture on my part of all rights to EMT Certification in the State of Delaware.**