Delaware State Fire Prevention Commission

1463 Chestnut Grove Road Dover, DE 19904 (302) 739-3160

Fax: (302) 739-4436

Email: fire.commission@delaware.gov



Application for

Reciprocity

This application is to be used If you have been an EMT in another state and looking to become a Delaware EMT.

****You must have completed a State and Federal background check for "EMT Certification" ****

Send with this application, a copy of your Reciprocity Certificate, Current State EMT Card, National Registry Card, CPR Card, processing fee of \$10.00 and photo.

Current State:						
Current EMT No:						
Expiration Date:						
Current State Address:						
List any other States						
you were certified and						
work in as EMT:						
Name:				DOB:		
Mailing			DE EMT No.:			
Address:	Address:					
Physical				National Registry No:		
Address:						
Email &				Renewed National		
Contact No:				Registry Exp. Date:		
Have you been charged with or convicted of a Felony?						
Have you ever been placed on probation in any other State?						
Has your certification ever been subject of an investigation relating to your EMT Certification						
in any other jurisdiction?						
If you have answered "yes" to any of the above questions, please attach all relevant documentation in your						
possession:						
WE Accept Visa, Mastercard, & Discover			0	ffice Use Only:		
Cash			Application	Received Date:		
Check # (Payable to SFPC)			Approved/[Denied:		
Credit Card #		Missing Do	cuments:			
Expiration Date:			Received M	lissing Documents		
Security Code:			EMT Certif	ication Exp. Date:		
Name on Card:			Processed [Date:/Initials		
Zip Code: (If Different from Application)						
			•			

Applicant's Signature _____

By my signature below, I certify the information I provided on and in connection with this Application is true and correct to the best of my knowledge. I also understand that any false statements may subject me to legal actions.

Revised: 5-11-23



FAX: (302) 739-4496

TELEPHONE: (302) 739-3160

1463 Chestnut Grove Road Dover, Delaware 19904

Commission

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. Visit our website at statefirecommission.delaware.gov for location(s) of SBI offices.
- 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. If you do not have a Delaware Driver's License, submit a color photograph 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.