

**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 Responder Certification**

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

○ **Initial Certification:** Requires Signed affidavit, Submit an Approved EMR training program Certificate, Approved CPR Card, and Completed Application.

○ **Re-Certification:** Requires an Approved EMR recertification program completion certificate, Approved CPR Card and Completed Application.

Name:		DOB:	
Mailing Address:		DE EMR No.:	
Physical Address:		National Registry No: (if applicable)	
Email & Contact No.:		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:		EMR 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 EMR Certification in the State of Delaware.**

## State of Delaware EMR 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 Responder Full Class for (Initial Certification) or Emergency Medical Responder Refresher Class (Recertification).
2. *Complete and submit a signed affidavit attesting to no criminal charges pending or criminal convictions and no medical certification/license disciplinary actions taken in this or any other state. Failure to disclose matters or falsification or providing misleading information may be grounds for disciplinary action to include revocation of certification or delay in process.*
3. *After the above steps are completed, the individual must turn in the following to the **Fire Commission** to become a Certified EMR:*
  - A. Submit Initial / Recertification Application
  - B. BLS CPR-AED Card - Please visit our website for list of Approved Cards. DSFS EMR Refresher includes AHA BLS CPR.
  - C. Emergency Medical Responder 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.
  - D. Processing Fee \$15.00- We accept Visa, Mastercard, Discover, Cash and Checks can be made out to: SFPC or State Fire Commission
  - E. 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 EMR Certification.

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