

# REMINDER

## UPCOMING EMS COURSES

JANUARY/FEBRUARY 2010

### EMT-B Full Course

Sussex County – Weeknights (Monday/Wednesday/Saturday)	January 04 – April 25, 2010
Kent County – Weeknights (Tuesday/Thursday/Saturday)	January 05 – April 24, 2010

### EMT-B Refresher

All Divisions – Weekday - 8:00 a.m. – 5:00 p.m.	January 12, 13, 14
All Divisions – Weekend – 8:00 a.m. – 5:00 p.m.	January 16, 17, 23
All Divisions – Weekend	February 07, 13, 14
Kent County – Weekend	February 27, 28, March 06

### Continuing Education Classes

New Castle Division – Behavioral/Environmental Emergencies	January 13
Haz Mat for EMS/Incident Response to Terrorism/ Radiation Emergencies/ CO Emergencies	January 23, 24
Kent County Division – Bleeding/Shock/Cardiovascular Emergencies	February 16

### Healthcare Provider

Courses held at the Dover Center Only

Certification	January 09
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### INTERNATIONAL TRAUMA LIFE SUPPORT

Kent County Division - ITLS	February 06, 07
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Please visit [www.statefireschool.delaware.gov](http://www.statefireschool.delaware.gov) for a blank pre-registration form if you cannot locate them in your 2008 Catalog.

**PLEASE POST**



## DELAWARE STATE FIRE SCHOOL PRE-REGISTRATION FORM



<b>COURSE NAME:</b> EMT-B Full Course – Sussex Center	<b>DATE/TIME OF COURSE:</b> January 04 – April 25, 2010
<b>PREREQUISITES:</b> Healthcare Provider CPR/AED or equivalent, 18 years of age. Individuals will be required to have a background check completed prior to certification	
<b>TUITION:</b> Fire/Ambulance Affiliation No Charge All others \$700.00	<b>RETURN BY:</b> December 18, 2009

PLEASE PRINT: LAST NAME	FIRST NAME	M	LAST FOUR SOCIAL SECURITY	DATE OF BIRTH	DATES ATTENDING
1.					
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### CANCELLATION POLICY

Cancellations for students pre-registered for a course must be received by the Fire School **no later than noon** on the Wednesday for weekend scheduled classes and **no later than noon the day before** for weekday scheduled classes. Cancellations received after Wednesday noon will be considered “no shows” and will be handled in accordance with the **NO SHOW POLICY**. Cancellations will only be accepted from the Fire Chief or the Authorized Training Officer. A cancellation number will be issued.

SPONSORING ORGANIZATION NAME: \_\_\_\_\_

WE CERTIFY THAT THE STUDENTS LISTED ABOVE DO NOT HAVE ANY PHYSICAL AND/OR OTHER CONDITIONS THAT WOULD PREVENT THEM ACTIVELY PARTICIPATING IN ALL PORTIONS OF THIS COURSE.

WE UNDERSTAND THAT PAYMENT FOR ANY AND ALL MEDICAL, FIRST AID AND RELATED CHARGES WILL BE THE RESPONSIBILITY OF THE SPONSORING ORGANIZATION.

<b>AUTHORIZED SIGNATURE REQUIRED</b>	<b>PRINT NAME:</b>
_____	_____
AUTHORIZED SIGNATURE	TITLE:
DATE	_____

CONTACT NUMBERS

(Station) \_\_\_\_\_ (Home) \_\_\_\_\_  
 (FAX) \_\_\_\_\_ (Work) \_\_\_\_\_

**METHOD OF PAYMENT – DELAWARE FIRE DEPARTMENTS/ALL INDUSTRIAL CLIENTS**

Bill Company   
  P.O. Attached   
  Check \$ \_\_\_\_\_ Attached  
 Credit Card (type) \_\_\_\_\_ # \_\_\_\_\_ Exp. \_\_\_\_\_

Return Form To: Delaware State Fire School, 1461 Chestnut Grove Road, Dover, DE 19904

PHONE: (302) 739-4773    FAX: (302) 739-6245

Website address: [statefireschool.delaware.gov](http://statefireschool.delaware.gov)



## DELAWARE STATE FIRE SCHOOL PRE-REGISTRATION FORM



<b>COURSE NAME:</b> EMT-B Full Course – Kent Division	<b>DATES OF COURSE:</b> January 05 – April 24, 2010
<b>PREREQUISITES:</b> Healthcare Provider CPR/AED or equivalent, 18 years of age. Individuals will be required to have a background check completed prior to certification	
<b>TUITION:</b> Fire/Ambulance Affiliation No Charge All others \$700.00	<b>RETURN BY:</b> December 18, 2010

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<b>AUTHORIZED SIGNATURE REQUIRED</b>	<b>PRINT NAME:</b>
<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <div style="display: flex; justify-content: space-between; font-size: small;"> <span>AUTHORIZED SIGNATURE</span> <span>DATE</span> </div>	<b>TITLE:</b>

#### CONTACT NUMBERS

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 (FAX) \_\_\_\_\_ (Work) \_\_\_\_\_

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## DELAWARE STATE FIRE SCHOOL PRE-REGISTRATION FORM



<b>COURSE NAME: EMT-B Refresher - All Divisions</b> Please Select where you would like to attend <input type="checkbox"/> Dover Center <input type="checkbox"/> Sussex Center <input type="checkbox"/> New Castle Center	<b>DATE/TIME OF COURSE:</b> <b>February 07, 13, 14, 2010</b> <b>8:00 a.m. – 5:00 p.m.</b>
<b>PREREQUISITES: Must hold a current EMT-B Certification, AHA Healthcare Provider card or equivalent and an AHA AED certification or equivalent</b>	
<b>TUITION: Fire/Ambulance Affiliations No Charge</b> <b>All others \$125.00</b>	<b>RETURN BY: January 22, 2010</b>

PLEASE PRINT: LAST NAME	FIRST NAME	M	LAST FOUR SOCIAL SECURITY	DATE OF BIRTH	DATES ATTENDING
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_____ <small>AUTHORIZED SIGNATURE</small>	_____ <small>TITLE:</small>
_____ <small>DATE</small>	

CONTACT NUMBERS

(Station)____(____)_____	(Home)____(____)_____
(FAX)____(____)_____	(Work)____(____)_____

**METHOD OF PAYMENT – DELAWARE FIRE DEPARTMENTS/ALL INDUSTRIAL CLIENTS**

Bill Company    P.O. Attached    Check \$\_\_\_\_\_ Attached  
 Credit Card (type)\_\_\_\_\_#\_\_\_\_\_ Exp.\_\_\_\_\_

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## DELAWARE STATE FIRE SCHOOL PRE-REGISTRATION FORM



<b>COURSE NAME:</b> EMT-B Refresher – Kent County	<b>DATE/TIME OF COURSE:</b> February 27, 28, March 06, 2010 8:00 a.m. – 5:00 p.m.
<b>PREREQUISITES:</b> Must hold a current EMT-B Certification, AHA Healthcare Provider card or equivalent and an AHA AED certification or equivalent	
<b>TUITION:</b> Fire/Ambulance Affiliations No Charge All others \$125.00	<b>RETURN BY:</b> February 12, 2010

PLEASE PRINT: LAST NAME	FIRST NAME	M	LAST FOUR SOCIAL SECURITY	DATE OF BIRTH	DATES ATTENDING
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<b>AUTHORIZED SIGNATURE REQUIRED</b>	<b>PRINT NAME:</b>
<div style="border-bottom: 1px solid black; width: 90%; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between; font-size: small;"> <span>AUTHORIZED SIGNATURE</span> <span>DATE</span> </div>	<div style="border-bottom: 1px solid black; width: 90%; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; width: 90%;"></div>

#### CONTACT NUMBERS

(Station) _____ (_____) _____	(Home) _____ (_____) _____
(FAX) _____ (_____) _____	(Work) _____ (_____) _____

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## DELAWARE STATE FIRE SCHOOL PRE-REGISTRATION FORM



<b>COURSE NAME:</b> EMS CEU – New Castle – Behavioral/Environmental Emergencies	<b>DATE/TIME OF COURSE:</b> January 13, 2010 9:00 a.m. – 4:00 p.m.
<b>PREREQUISITES:</b> None	
<b>TUITION:</b> No Charge	<b>RETURN BY:</b> January 01, 2010

PLEASE PRINT: LAST NAME	FIRST NAME	M	LAST FOUR SOCIAL SECURITY	DATE OF BIRTH	DATES ATTENDING
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### AUTHORIZED SIGNATURE REQUIRED

**PRINT NAME:**

\_\_\_\_\_  
AUTHORIZED SIGNATURE DATE

**TITLE:**

**CONTACT NUMBERS**

(Station)\_\_\_\_(\_\_\_\_\_)\_\_\_\_\_

(Home)\_\_\_\_(\_\_\_\_\_)\_\_\_\_\_

(FAX)\_\_\_\_(\_\_\_\_\_)\_\_\_\_\_

(Work)\_\_\_\_(\_\_\_\_\_)\_\_\_\_\_

**METHOD OF PAYMENT – DELAWARE FIRE DEPARTMENTS/ALL INDUSTRIAL CLIENTS**

Bill Company     P.O. Attached     Check \$\_\_\_\_\_ Attached

Credit Card (type)\_\_\_\_\_#\_\_\_\_\_ Exp.\_\_\_\_\_

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## DELAWARE STATE FIRE SCHOOL PRE-REGISTRATION FORM



<b>COURSE NAME:</b> EMS CEU – New Castle – Haz Mat for EMS/Incident Response to Terrorism /Radiation Emergencies/CO Emergencies	<b>DATE/TIME OF COURSE:</b> January 23, 24, 2010 9:0 a.m. – 4:00 p.m.
<b>PREREQUISITES:</b> None	
<b>TUITION:</b> No Charge	<b>RETURN BY:</b> January 08, 2010

PLEASE PRINT: LAST NAME	FIRST NAME	M	LAST FOUR SOCIAL SECURITY	DATE OF BIRTH	DATES ATTENDING
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DATE

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(Home) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_

(FAX) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_

(Work) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_

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# DELAWARE STATE FIRE SCHOOL PRE-REGISTRATION FORM



<b>COURSE NAME:</b> EMS CEU – Kent Division - Bleeding/Shock/Cardiovascular Emergencies	<b>DATE/TIME OF COURSE:</b> February 16, 2010 9:00 a.m. – 4:00 p.m.
<b>PREREQUISITES:</b> None	
<b>TUITION:</b> No Charge	<b>RETURN BY:</b> February 05, 2010

PLEASE PRINT: LAST NAME	FIRST NAME	M	LAST FOUR SOCIAL SECURITY	DATE OF BIRTH	DATES ATTENDING
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### AUTHORIZED SIGNATURE REQUIRED

**PRINT NAME:**

\_\_\_\_\_  
AUTHORIZED SIGNATURE DATE

**TITLE:**

**CONTACT NUMBERS**

(Station)\_\_\_\_(\_\_\_\_\_)\_\_\_\_\_

(Home)\_\_\_\_(\_\_\_\_\_)\_\_\_\_\_

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(Work)\_\_\_\_(\_\_\_\_\_)\_\_\_\_\_

**METHOD OF PAYMENT – DELAWARE FIRE DEPARTMENTS/ALL INDUSTRIAL CLIENTS**

Bill Company     P.O. Attached     Check \$\_\_\_\_\_ Attached

Credit Card (type)\_\_\_\_\_#\_\_\_\_\_ Exp.\_\_\_\_\_

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## DELAWARE STATE FIRE SCHOOL PRE-REGISTRATION FORM



<b>COURSE NAME:</b> ITLS – Kent Division	<b>DATE/TIME OF COURSE:</b> February 06, 07, 2010 8:00 a.m. – 5:00 p.m.
<b>PREREQUISITES:</b> None	
<b>TUITION:</b> \$225.00 per student	<b>RETURN BY:</b> January 22, 2010

PLEASE PRINT: LAST NAME	FIRST NAME	M	LAST FOUR SOCIAL SECURITY	DATE OF BIRTH	DATES ATTENDING
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(Home)\_\_\_\_(\_\_\_\_)\_\_\_\_\_

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(Work)\_\_\_\_(\_\_\_\_)\_\_\_\_\_

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## DELAWARE STATE FIRE SCHOOL PRE-REGISTRATION FORM



<b>COURSE NAME:</b> Healthcare Provider Certification	<b>DATE/TIMES OF COURSE:</b> January 09, 2010 9:00 a.m. – 4:00 p.m.
<b>PREREQUISITES:</b> Must be a member in good standing of an EMS, Rescue, Fire or related organization and hold a current Healthcare Provider Certification	
<b>TUITION:</b> Fire Companies \$5.00 w/libraries 16.00 no library All others \$40.00	<b>RETURN BY:</b> January 16, 2009

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(Work) \_\_\_\_ (\_\_\_\_) \_\_\_\_\_

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