

REMINDER

UPCOMING EMS COURSES

October

Emergency Medical Responder Refresher (Formerly First Responder) – Kent Division
October 17-18, 2009 Saturday, Sunday 9:00 a.m. – 4:00 p.m.

Emergency Medical Responder (Formerly First Responder) - Kent Division
October 19 – 23, 2009 Monday – Friday 8:00 a.m. – 5:00 p.m.

EMT-B Refresher – All Divisions
Oct. 31, Nov. 01, 08, 2009 Saturday, Sunday 8:00 a.m. – 5:00 p.m.

Emergency Medical Responder (Formerly First Responder) – Kent Division
October 31, November 01, 07, 08, 14, 2009 Saturday, Sunday 8:00 a.m. – 5:00 p.m.

November

ITLS Saturday, Sunday 9:00 a.m. – 4:00 p.m.
November 07, 08, 2009

December

EMT-B Refresher – All Divisions Saturday, Sunday 8:00 a.m. – 5:00 p.m.
December 06,12,13, 2009

Continuing Education – Kent Division

9:00 a.m. – 4:00 p.m.

Altered Mental Status/Behavioral Emergencies Saturday, October 31, 2009
Bleeding & Shock/Cardiovascular Emergencies Sunday, November 01, 2009

Continuing Education – Sussex Division

9:00 a.m. – 4:00 p.m.

Altered Mental Status/Infectious Control Saturday, November 14, 2009
Orthopedic Injuries/Pediatric Assessment Sunday, November 15, 2009

Healthcare Provider (CPR/AED) – Kent Division Only

October 18, 2009 9:00 a.m. – 4:00 p.m.

Please visit www.statefireschool.delaware.gov for a blank pre-registration form if you cannot locate them in your 2009 Catalog.



DELAWARE STATE FIRE SCHOOL



PRE-REGISTRATION FORM

COURSE NAME: <input type="checkbox"/> New Castle <input type="checkbox"/> Kent <input type="checkbox"/> Sussex EMT-B Refresher – All Divisions - Please make a county selection	DATE/TIME OF COURSE: October 31, November 01, 08, 2009 8:00 a.m. – 5:00 p.m.
PREREQUISITES: Must hold a current EMT-B certification or have completed a DOT EMT-B curriculum.	
TUITION: In-state Fire Companies – None All others \$125.00	RETURN BY: October 16, 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.

AUTHORIZED SIGNATURE REQUIRED _____ AUTHORIZED SIGNATURE	PRINT NAME:
	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. _____

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



DELAWARE STATE FIRE SCHOOL



PRE-REGISTRATION FORM

COURSE NAME: Emergency Medical Responder (formerly First Responder) – Kent County	DATE/TIME OF COURSE: October 31, November 01, 07, 08, 14, 2009 8:00 a.m. – 5:00 p.m.
PREREQUISITES: Must be 16 years of age	
TUITION: \$125.00 for In-state Fire Companies All other In-state \$295.00 Out-of-State \$350.00	RETURN BY: October 16, 2009

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	TITLE:

CONTACT NUMBERS

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DELAWARE STATE FIRE SCHOOL



PRE-REGISTRATION FORM

COURSE NAME: ITLS	DATES OF COURSE: November 07, 08, 2009
PREREQUISITES: None	
TUITION: \$225.00 per student	RETURN BY: October 23, 2009

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DELAWARE STATE FIRE SCHOOL



PRE-REGISTRATION FORM

COURSE NAME: <input type="checkbox"/> New Castle <input type="checkbox"/> Kent <input type="checkbox"/> Sussex EMT-B Refresher – All Divisions - Please make a county selection	DATE/TIME OF COURSE: December 06,12,13, 2009 8:00 a.m. – 5:00 p.m.
PREREQUISITES: Must hold a current EMT-B certification or have completed a DOT EMT-B curriculum.	
TUITION: In-state Fire Companies – None All others \$125.00	RETURN BY: November 27, 2009

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DELAWARE STATE FIRE SCHOOL



PRE-REGISTRATION FORM

COURSE NAME: Please select one: <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday <input type="checkbox"/> Both EMS- CEU: Altered Mental Status/Behavioral Emergencies – Saturday Bleeding & Shock/Cardiovascular Emergencies – Sunday	DATE/TIME OF COURSE: October 31, November 01, 2009 9:00 a.m. – 4:00 p.m.
PREREQUISITES: NONE	
TUITION: NONE	RETURN BY: October 16, 2009

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DELAWARE STATE FIRE SCHOOL



PRE-REGISTRATION FORM

COURSE NAME: Please select one: <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday <input type="checkbox"/> Both EMS- CEU: Sussex Center Only Altered Mental Status/Behavioral Emergencies – Saturday Bleeding & Shock/Cardiovascular Emergencies – Sunday	DATE/TIME OF COURSE: November 14, 15, 2009 9:00 a.m. – 4:00 p.m.
PREREQUISITES: NONE	
TUITION: NONE	RETURN BY: October 30, 2009

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PRINT NAME:

AUTHORIZED SIGNATURE

DATE

TITLE:

CONTACT NUMBERS

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(Work)____(____)_____

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DELAWARE STATE FIRE SCHOOL

PRE-REGISTRATION FORM



COURSE NAME: Health Care Provider (CPR/AED) Certification Course	DATES OF COURSE/TIME: October 18, 2009 9:00 a.m. – 4:00 p.m.
PREREQUISITES: Attendee must be a member in good standing of an ambulance, rescue, fire or related organization	
TUITION: \$16.00 for In-state Volunteer Fire/Ambulance Companies All others \$55.00	RETURN BY: October 09, 2009

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