



FAX: (302) 739-6245

State of Delaware
DELAWARE STATE FIRE SCHOOL

TELEPHONE: (302) 739-4773

Delaware Fire Service Center
1461 Chestnut Grove Road
Dover, Delaware 19904

State of Delaware EMT-B Reciprocity Information Sheet

Enclosed is the information necessary to apply to the State of Delaware for EMT-B reciprocity.

1. Applicants must have a current National Registry, Current State EMT, and Current Healthcare Provider Certifications.
2. Applicants must be affiliated with an ambulance, fire, or rescue squad in the State of Delaware
3. Complete the enclosed reciprocity application and submit the application with a copy of your current National Registry, State EMT, and Healthcare Provider certifications to the Delaware State Fire School.
4. Complete the Verification of EMT Certification and have your current state complete their portion. Verification of certification must be mailed directly from the current certifying state.
5. Complete a state and federal background check administered by the Delaware State Bureau of Identification (SBI), and have the results sent directly to the Delaware State Fire School, Attention Director. Enclose a copy of the SBI Receipt with your application. Background checks must be completed within 30 days of receipt of application.
6. After review and verification of the application and background check, the Delaware State Fire School will notify you for scheduling of four (4) practical evolutions and a 30 question protocol/standing orders exam.
7. After successful completion of the practical's and the protocol exam, State of Delaware EMT-B Certification will be issued.
8. If you have no Delaware Driver's License, submit a color photograph and signature.
{ Acceptable submissions: hard copy, CD as jpg file, or email
<http://www.statefireschool.delaware.gov/> }

The process for reciprocity should take approximately 8-10 weeks to complete. Contact the Delaware State Fire School at (302) 739-4773 if you have any additional questions.



Submit Form To: Delaware State Fire School
 EMS Division
 1461 Chestnut Grove Road
 Dover, Delaware 19904
 302-739-4773



Application for State of Delaware Reciprocity

Applicant must submit a copy of all current State EMT, National Registry and Healthcare Provider Certifications in addition to a \$25.00 administrative processing fee with this form

Demographic Information (to be completed by Individual applying for Reciprocity)

Name: _____ Date: _____

Address: _____ Telephone No.: _____

 SSN: _____

 DOB: _____

Current State EMT Certification and Card Number: _____ Exp Date: _____

Current State Certifying Agency's Address: _____ Telephone No.: _____

 NREMT No.: _____

 NREMT Exp Date: _____

I _____ am applying for Delaware EMT-B certification. I agree to the background check
 (Signature)

and that the background information will be provided to the Delaware State Fire School for review. This application also permits the Delaware State Fire School to verify and confirm any of the provided information for reciprocity.

Verification of Affiliation in Delaware (to be completed by sponsoring agency)

EMS Affiliation in Delaware: _____

Authorized Signature & Title of DE Sponsoring Organization: _____

Delaware State Fire School use ONLY

Reciprocity Approval: (to be completed by the Delaware State Fire School)

- | | |
|---|---|
| <input type="checkbox"/> Application completed | Application Received _____ |
| <input type="checkbox"/> National Registry Verified | <input type="checkbox"/> State EMT Verification Form |
| <input type="checkbox"/> Background check receipt submitted | <input type="checkbox"/> Healthcare Provider Certification Verified |
| <input type="checkbox"/> Background check received from SBI | <input type="checkbox"/> No DE Driver's License-Photo/Signature Submitted |
| <input type="checkbox"/> Practicals & Protocols completed | |

Reciprocity Granted Yes No If No, reason denied: _____

DE Certification Number: _____ Exp Date: _____ Card Issued: _____ Mailed To: _____

Signature: _____ Title: _____ Date: _____

COMPLETED INFORMATION MUST BE SUBMITTED IN ITS ENTIRETY.

Verification of EMT Certification

To Be Completed by Applicant (Please Print)

Name: _____ Date of Birth: _____ SS No. _____

Current State EMT ID Number: _____ State: _____

This section to be completed by current certifying State EMS Office

Certification Number _____

Expiration Date of Certification _____ Original Certification Date _____

Was Certification in Your State based on completion of a state written and practical exam meeting the DOT standard curriculum? Yes No

Was Certification in your State based on reciprocity from another State or Military?: Yes No
If yes, please indicate State or branch of Armed Services: _____

Has this person refreshed his/her certification in Your State: Yes No Give Date _____
Mo Day Yr

Level of Certification – Please check the highest level of certification Applicant currently holds

- EMT-Basic – Course met or exceeded DOT Standards
 EMT-Intermediate – Course met or exceeded DOT Standards
 EMT-Paramedic – Course met or exceeded DOT Standards

Is there any reason that reciprocity should NOT be granted to the Applicant: Yes No
If Yes, please explain:

This is to verify that the above individual is certified/registered/licensed in your state.

SIGNATURE _____ TITLE _____
PRINTED NAME _____ DATE _____
CONTACT NUMBER area code () _____

Please Return Original Form To:

Delaware State Fire School
Attn: EMS Division
Fax 302-739-6245
1461 Chestnut Grove Road
Dover, Delaware 19904