



State of Delaware  
DELAWARE STATE FIRE SCHOOL

FAX: (302) 739-6245

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

TELEPHONE: (302) 739-4773

## Delaware State Fire School

### \*\*\*24 Hour Refresher Announcement \* \* \*

The updated Delaware State Fire School 24 Hour EMT Refresher has begun, effective January 2016. This program has been redesigned to make it easier for EMTs across the State of Delaware to complete the course at their own pace. An online session is provided for your convenience with two days conducted in the traditional classroom setting.

The on-line session of the course is hosted by Blackboard Coursesites ([coursesites.com](http://coursesites.com)), with a section, Stewards of Children by Darkness to Light, hosted on an outside website. You will be sent an Email with the link to [coursesites.com](http://coursesites.com) to begin the online process.

Once you receive the Email, you may begin the online portion of class. All new users must establish a profile, but those who have taken the previous Delaware 2015 BLS Protocol changes on-line will continue to utilize their existing login and password.

Link and login instructions for the Stewards of Children block will be included with the Blackboard Coursesites. Directions to submit and attach the Stewards of Children certificate to the course will be listed in 'My Announcements' on the main page of the Blackboard Coursesites.

The online portion of the EMT Refresher training must be completed to register for the classroom session. You **must** complete the online portion, the Stewards of the Children, and the Classroom sessions in order to complete your 24 Hour EMT Recertification course.

We hope that this new program will make it easier for you to complete the class and make it a more enjoyable process. Please contact us should you have any questions.



Register @ [www.statefireschool.delaware.gov](http://www.statefireschool.delaware.gov)

## DE 24 Hour EMT Refresher

### *Online Sessions and Two-Day Classroom Session*

The DE 24 hour EMT Refresher fulfills the requirements of the State Fire Prevention Commission, as well as the National Registry of EMT's portion of recertification.

This class will review medical, trauma, and environmental emergencies, and accepted standards of care to manage them.

A DE BLS Protocol review will be conducted and students will successfully demonstrate core skills.

The online session **required** in order to register for the

#### 2016 Offering Dates

##### Kent Division Only Weekend:

March 12 & 13

April 16 & 17

##### Kent Division Only Weekday:

February 9 & 10

March 8 & 9

May 10 & 11

##### ALL Divisions Weekend:

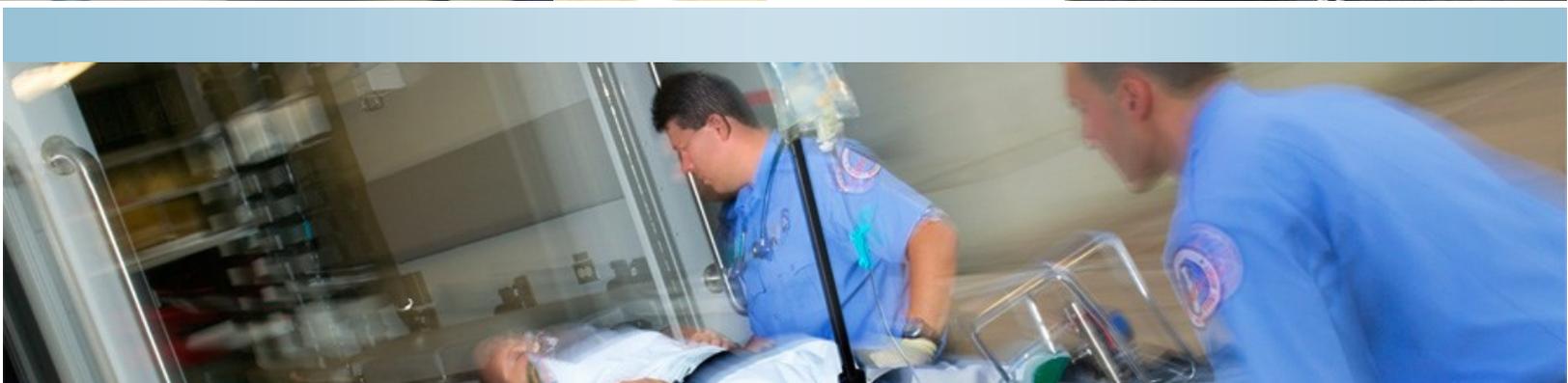
October 01 & 02

November 12 & 13

##### ALL Divisions Weekday:

February 20 & 21

<u>Course Cost:</u>	DE Affiliated EMTs	<b>\$0.00</b>
	Out-of-State, Unaffiliated EMTs	<b>\$150.00</b>



# Delaware State Fire School - Registration Form

COMPLETE FORM, PRINT AND OBTAIN AUTHORIZED SIGNATURES, AND RETURN TO THE DELAWARE STATE FIRE SCHOOL BEFORE DEADLINE.

## 2016 Delaware EMT Refresher

**Class information:** f6Y YW7 Ugg 8 UN'UbX' @ VUJcb 'ZUkd' JVVV'YL

**KCD Only Weekend:** Mar. 12 & 13 Apr. 16 & 17

**KCD Only Weekdays:** Feb. 9 & 10 Mar. 8 & 9 May 10 & 11

**ALL Divisions Weekend:** Oct. 01 & 02 Nov 12 & 13

**ALL Divisions Weekdays:** Feb 20 & 21

Select Division

**Kent Division**

**New Castle Division**

**Sussex Division**



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Email: Fire.School@state.de.us

Rev. 1/26/16

You **MUST** complete the online sessions prior to registering for the classroom session.

**NO EXCEPTIONS WILL BE MADE.** Online portion will be through Coursesites.com.

### Attendee Information

Registration Deadline is the Wednesday before the classroom dates.

Last Name: Jr./Sr.

First Name, Middle

Address:

City, State, Zip

Last 4 Digits SSN:

Date of Birth:

Contact Phone:

Fire Service:

Date Joined Fire Service:

Sponsoring Organization:

Date Completed - Online Session

Date Completed - Stewards of Children Session

### Payment Information

#### Tuition:

Current In-State Vol. Fire/EMS Co. Sponsored DE EMTs **FREE**

All Other & Out-of-State **\$150.00**

Check payable to Delaware State Fire School

Credit Card Select Type:

Card Number:

Expiration Date:

Cardholder Name:

CVV (On back of card):

**CANCELLATION POLICY:** Cancellations for students registered for this course must be received by the Fire School no later than noon the Wednesday before scheduled class date. Cancellations received after the deadline may be assessed fee or payment or class tuition.

Sex:

Male  Female

Ethnic Origin:

(Optional)

**ATTENDEE SIGNATURE:** The Delaware State Fire School will provide instruction in emergency response training and related skills under carefully selected instructors. In accepting instruction, you agree to the condition that the Delaware State Fire School assumes no responsibility other than the opportunity to learn. I understand that the payment for the course tuition and any and all medical, first aid and related charges will be the responsibility of the sponsoring organization. In the event no sponsoring organization is given and no signature is obtained, I accept this responsibility. I certify that I do not have any physical or other condition that will prevent me from actively participating in this course. By enrolling in this course, I also agree that the Delaware State Fire School may authorize the taking of photographs or movies or similar reproductions and may use them in either a commercial or noncommercial manner. At the sole discretion of DSFS and I hereby waive any objection to this activity and authorize use of my picture. In accepting enrollment for this course, the Delaware State Fire School is hereby relieved of liability.

ATTENDEE SIGNATURE \_\_\_\_\_

Date \_\_\_\_\_

### AUTHORIZED SIGNATURE IS REQUIRED OF SPONSORING ORGANIZATION:

By signing this form I am certifying that the individual taking training does not have any physical and/or other conditions that would prevent them from actively participating in all portions of this course. I understand that payment for the course and any and all medical, first aid and related charges will be the responsibility of the sponsoring organization.

Authorized Signature of Sponsoring Organization \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_

Sponsoring Organization \_\_\_\_\_

Title \_\_\_\_\_

Contact Phone Number \_\_\_\_\_