



**Regulatory Licensing Unit**  
**EMS Certification & Licensing Group**



**EMS Personnel Certification Application**  
**Initial Paramedic Licensure**

See attached Privacy Notice. All information given on application is considered public record, with exception of social security number\* and driver license number.

**Electronic application & fee submission available at:** <http://www.tdh.state.tx.us/hcqs/ems/scertlic.htm>

**APPLICATION SUBMISSION:**

- Application processing takes approximately 3 weeks.
- Check your application status at: [160.42.108.3/ems\\_web/blh\\_html\\_page1.htm](http://160.42.108.3/ems_web/blh_html_page1.htm)
- You must hold current out-of-state or National Registry
- Attach official transcript or copy of diploma as required in §157.40
- See our web site for additional instructions: [www.tdh.state.tx.us/hcqs/ems](http://www.tdh.state.tx.us/hcqs/ems)
- Submit application and fee payment, if not exempt, to ➔

For DSHS Use Only

**ZZ100-160**

Receipt # \_\_\_\_\_

Date \_\_\_\_\_

Amount \_\_\_\_\_

Dept of State Health Serv  
**Attn: ZZ100-160 EMS**  
 1100 West 49<sup>th</sup> St.  
 Austin, TX 78756-3199

**Section 1 – Personnel Data**      **TYPE OR PRINT IN BLACK INK**

Print Last Name	First Name	Middle Name	Social Security number*
Mailing Address: Street, Apt Number or PO Box		City	State      Zip
(____) _____	(____) _____	_____	(____) _____
Home Phone (area code)	Business Phone (area code)	Date of Birth (MM/DD/YY)	Driver License Number (include state)
Alternate home address**: Street, Apt number or PO Box		City	State      Zip
<p>** This may be desired by candidates whose employer mandates the business address as the mailing address. Disciplinary action proposals will be sent to both the mailing address and the alternate address. Certificates/licenses and renewal notices will only be sent to the mailing address.</p> <p>* Disclosure of your social security number is mandatory under Family Code, Chapter 232</p>			

**Section 2 – Volunteer Sign-Off – Complete if applicable**

**If you are claiming fee exempt status, this section should be completed by approved EMS Provider or FRO administrator.**  
 This candidate is exempt from the payment of fees because he/she actively provides emergency medical care for our organization, and does not receive compensation\*\*\* for providing these services. Additionally, to the best of my knowledge, this candidate does not provide emergency care for any organization, in return for compensation\*\*\*, other than reimbursement as described below. I have explained to the candidate that if during the certification period, they begin to receive compensation\*\*\* for providing emergency medical services from any organization, the exemption is inapplicable and they are required to send a prorated fee to the department.

\_\_\_\_\_  
 Signature of provider or FRO administrator      Print signed name

\*\*\*Compensation does not include reimbursement for actual expenses for medical supplies, gasoline, clothing, meals and insurance incurred while volunteering.

Provider or FRO name: \_\_\_\_\_ City: \_\_\_\_\_

DSHS license or registration number: \_\_\_\_\_ Phone: \_\_\_\_\_

**Section 3 – Criminal/Disciplinary History – Everyone must answer “Yes or No” to questions A below & B on next page.**

**Failure to report any limitation, suspension and revocation of a license and/or any conviction(s) and/or deferred adjudication case information may result in disciplinary action and/or denial/decertification against your Texas EMS personnel certification or licensure.**

**A. Have you ever been subject to limitation, suspension, or revocation of a license, including your right to practice in a healthcare occupation, voluntarily surrendered a license in any state or to a state agency that had issued you a license, or were denied a license?**     Yes or  No

If you answered yes to question A above, provide the date of action, state and agency name, action taken and case number; you may provide an explanation on an attached page.

**Section 3 Continuation – Criminal/Disciplinary History -- Everyone must answer “Yes or No” to question B below.**

**B. Have you ever been given deferred adjudication or been convicted of a felony or misdemeanor?**  Yes or  No  
DO NOT answer “Yes” if you only have minor traffic violations, e.g. speeding tickets or minor parking violations.  
If you answered yes to question B above, provide the following information below.

**C. Indicate offense(s) committed & court case/cause number(s):** \_\_\_\_\_

**D. Date(s) of conviction(s) and/or deferred adjudication(s):** \_\_\_\_\_ **Sentence(s):** \_\_\_\_\_

**E. Fine(s):** \_\_\_\_\_ **City, County and State where offense(s) committed:** \_\_\_\_\_

**F. List other names you have used (e.g. alias, married/maiden, etc.):** \_\_\_\_\_

**Section 4 – Application Type – Check the appropriate box and list the requested information.**

- **If you are currently a National Registry (NR), out-of-state or Texas certified paramedic, you will NOT need to retest.**
- **If you are NOT a currently certified paramedic, you are required to pass the NR exam.**
  - ♦ **DSHS staff do not administer advanced level NR exams**
  - ♦ **You are responsible for scheduling your exam and meeting NR requirements for testing**
  - ♦ **Exam locator on NR web site at: [www.nremt.org](http://www.nremt.org)**

**Initial licensure** – Attach official transcript or copy of diploma as required in §157.40.

**NR card number:** \_\_\_\_\_ **NR expiration date:** \_\_\_\_\_

**State course approval number\*\*\*\*:** \_\_\_\_\_ **Course completion date (month/year):** \_\_\_\_\_

**Course location (city and state):** \_\_\_\_\_

\*\*\*\*If you completed an out-of-state course, your state may not issue course approval numbers.

Do not submit your course completion certificate with this form. You are responsible for maintaining proof of course completion. Audits are conducted on a random basis.

**Out-of-Country Equivalency** – Candidates who have completed EMS training outside the USA. Also complete Section 6 below. You are responsible for having your transcript evaluated (course-by-course) by a foreign credentials evaluation service. Submit official evaluation with this application. Your education must be equivalent to national accreditation as defined by the U.S. Secretary of Education and §157.40. You must hold a current NR card.

**NR card number:** \_\_\_\_\_ **NR expiration date:** \_\_\_\_\_

**Reciprocity Licensure** - Have current out-of-state certification. Attach official transcript or copy of diploma as required in §157.40. Complete Section 6 below.

**Section 6 – Certification History & Education – Reciprocity and Out-of-Country Equivalency candidates only.**

List your level of EMS certification, e.g. paramedic, EMT-basic: \_\_\_\_\_ Expiration date: \_\_\_\_\_

License or certificate number: \_\_\_\_\_ Country & state of issuance: \_\_\_\_\_

In what country/state/city did you receive initial training at this level? \_\_\_\_\_ Date: \_\_\_\_\_

Previously received reciprocity in any country/state?  Yes  No County/state: \_\_\_\_\_ Date: \_\_\_\_\_

**Section 7 – Fees– Mark the fee(s) you are submitting. Fees are NOT refundable or transferable. Make check or money order payable to: Texas Department of State Health Services. Do not combine payments for DSHS, National Registry and Magazine.**

<input type="checkbox"/> <b>Initial Licensure Fee - \$126</b>	<input type="checkbox"/> <b>Other: Explain-</b> _____
<input type="checkbox"/> <b>Reciprocity Licensure Fee - \$126</b>	<input type="checkbox"/> <b>None: Explain-</b> _____
<input type="checkbox"/> <b>Out-of-Country Equivalency - \$186</b>	<input type="checkbox"/> <b>I am not submitting a fee because I am a volunteer.</b>

**Section 8 – Signature and Date**

**I swear or affirm that all information in this application is true and correct. I further certify by signature hereon, that I am authorized to execute this document. I am not delinquent in the payment of any child support owed under Chapter 232, Family Code. I further certify that I have read and understood Chapter 773 of the Health and Safety Code, the applicable provisions of 25 TAC, Chapter 157, and agree to abide by them.**

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Should you be granted certification/licensure, you will be responsible for reporting changes to the information you provide on this form.  
Name/Address Change form and Volunteer-to-Paid Status Change forms are available on our web site.

**PRIVACY NOTIFICATION:**

With few exceptions, you have the right to request and be informed about information that the State of Texas collect about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See <http://www.dshs.state.tx.us> for more information on Privacy Notification. (Reference: Government Code, Section 522.021, 522.023 and 559.004)

**Because of different budget numbers, you must make separate checks for your certification application and for the magazine. Include both checks with your application packet and mail to: Texas Dept. of State Health Services, Attn: ZZ100-008 EMS, 1100 West 49<sup>th</sup> Street, Austin, TX 78756-3199. Or for faster magazine service, mail subscription form with magazine check separately to: DSHS-EMS, PO Box 149200, Austin, TX 78714-9200.**

**For DSHS Use Only  
ZZ100-008**

Receipt # \_\_\_\_\_  
Date \_\_\_\_\_  
Amount \_\_\_\_\_

# *Texas EMS Magazine*

Subscription Form

**\$25 for 2 years**

**\$45 for 4 years**

*Your point of contact with the agency that regulates Texas EMS – taking state and national EMS issues and answers to emergency medical services professional serving in every capacity across Texas.*

Amount Enclosed \$ \_\_\_\_\_ for 2 or 4 (circle one) year subscription  
ZZ100-008

\_\_\_\_ New subscription

\_\_\_\_ Renewal subscription

**Fill in name and address and mail along with payment.**

*Please enter my subscription (please print)*

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Zip \_\_\_\_\_

Make check or money order payable to:  
Texas Department of State Health Services – ZZ100-008  
(Please write magazine budget number ZZ100-008 on check)