



## TEXAS DEPARTMENT OF STATE HEALTH SERVICES

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COMMISSIONER

1100 W. 49<sup>th</sup> Street • Austin, Texas 78756  
1-888-963-7111 • <http://www.dshs.state.tx.us>

### Texas EMS Certification by Out-of-State Reciprocity

#### Application Requirements:

An applicant with CURRENT, out-of-state certification may apply for certification in Texas. You must be at least 18 years old and have achieved a high school diploma or general education diploma (GED). Applicants with current National Registry do not complete this application form. Use the Initial Application form for your level of certification. The form is available from our web site: <http://www.tdh.state.tx.us/hcqs/ems>

#### Procedure:

- Complete the enclosed application, attach the required documentation (include photocopy of current EMS ID card) and include the fee.
- Upon evaluation of the application, the applicant may be certified for a period of one year. Subsequent written verification will be obtained from the verifying/certifying agency. Certificants seeking reciprocity at the EMT-I level must have training (verified through the certifying state agency) that includes alternative airway devices, IV and PASG as required for EMT-I certification in Texas.
- EXPECT to receive your Texas EMS personnel certificate and wallet card in approximately 4-5 weeks from postmark date of your application.
- Electronic application and fee submission is available. Find the link at: <http://www.tdh.state.tx.us/hcqs/ems/scertlic.htm> .

#### Requirements After Receiving Reciprocity Certification:

- Prior to the expiration of the one year certificate, the candidate must apply for Texas EMS personnel certification with the renewal application and fee, if not exempt, and pass the written certification exam or National Registry exam within one year after initial reciprocity certification has been granted.
- Upon successful completion of these components, the EMS personnel certificate will be valid for 4 years.
- Candidates who fail the written retest exam must take another initial course to become eligible for certification.

#### Paramedic Licensure Reciprocity:

Paramedic licensure reciprocity is available to qualified applicants. A certified paramedic can apply for paramedic licensure if they have an associate degree in EMS or a higher level degree in any major. The degree must be from an institution which has been accredited by an agency recognized by the U.S. Department of Education as an approved authority. The reciprocity process for licensure is significantly different from certification reciprocity. See our web site for the application form and procedure to obtain Paramedic Licensure. [www.tdh.state.tx.us/hcqs/ems/sreciplp.htm](http://www.tdh.state.tx.us/hcqs/ems/sreciplp.htm)

If you need assistance, contact our office at 512/834-6700. Thank you for your interest in Texas EMS.

EMS Certification & Licensing Group  
Regulatory Licensing Unit

Revised 3/2005

*An Equal Employment Opportunity Employer*



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



**EMS Personnel Certification Application  
Out-of-State Reciprocity**

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

**APPLICATION SUBMISSION:**

- Expect application processing to take approximately 4-5 weeks.
- Check your application status on-line at:  
160.42.108.3/ems\_web/blh\_html\_page1.htm
- Submit application including fee payment in preprinted envelope or mail to →

Dept of State Health Serv  
Attn: ZZ100-160 EMS  
1100 West 49<sup>th</sup> St.  
Austin, TX 78756-3119

For DSHS Use Only  
**ZZ100-160**  
Receipt # \_\_\_\_\_  
Date \_\_\_\_\_  
Amount \_\_\_\_\_

**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

\*\* 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.

**Have you achieved a high school diploma or GED?**     Yes or     No  
Texas Education Agency accredited public or private school. Home schools must have accreditation from TEA or acceptance into a regionally accredited college. If out-of-state, state equivalent is required.

**Mark the level for which you are applying:**             EMT       EMT-Intermediate       Paramedic  
Applicants with current National Registry **do not** complete this application form. Use the Initial Application form available at [www.tdh.state.tx.us/hcqs/ems/filelib.htm#EMS](http://www.tdh.state.tx.us/hcqs/ems/filelib.htm#EMS) . **DO not** use this application if applying for Paramedic Licensure. See cover sheet for procedure to obtain paramedic licensure.

\* Disclosure of your social security number is mandatory under Family Code, Chapter 232

**Section 2 – Education and Training Information**

List out-of-state EMS certificate number\*\*\*: \_\_\_\_\_ State: \_\_\_\_\_ Level: \_\_\_\_\_

\*\*\*Attach copy of EMS wallet card certificate(s). Out-of-state EMS certificate expiration date: \_\_\_\_\_

In what state did you receive your initial training at this level: \_\_\_\_\_ Date: \_\_\_\_\_

In what state(s) did you renew your certification: \_\_\_\_\_ Date(s): \_\_\_\_\_

How many continuing education hours have you accumulated since your last certification renewal: \_\_\_\_\_

Reciprocity Application continued on next page

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### Section 3 – Certification History

Have you previously received reciprocity in any state? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, list the state(s) and date(s) you were granted reciprocity?      _____
_____

### Section 4 – Criminal/Disciplinary History – Everyone must answer “Yes or No” to questions A & B below.

<b>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.</b>
<b>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?    <input type="checkbox"/> Yes    or    <input type="checkbox"/> No</b> 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.
<b>B. Have you ever been given deferred adjudication or been convicted of a felony or misdemeanor?    <input type="checkbox"/> Yes    or    <input type="checkbox"/> No</b> 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.
<b>C. Indicate offense(s) committed &amp; court case/cause number(s):</b> _____
<b>D. Date(s) of conviction(s) and/or deferred adjudication(s):</b> _____ <b>Sentence(s):</b> _____
<b>E. Fine(s):</b> _____ <b>City, County and State where offense(s) committed:</b> _____
<b>F. List other names you have used (e.g. alias, married/maiden, etc.):</b> _____

### Section 5 – Fee

Make check or money order payment payable to: <b>Texas Department of State Health Services</b> . Fees are NOT refundable or transferable. <b>Do not combine payments</b> for Texas Dept of State Health Services, National Registry and EMS Magazine. <b>Reciprocity fee is \$126.00 for EMT, EMT-I and EMT-P levels.</b>
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### Section 6 – Signature and Date

<b>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.</b>
<b>Signature of Applicant:</b> _____ <b>Date:</b> _____

Should you be granted certification, you will be responsible for reporting changes to the information you provide on this form.  
Name/Address Change form is 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 0200**

**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)