



Regulatory Licensing Unit
EMS Certification & Licensing Group



**EMS Personnel Rule Exemption
 Request**

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

www.tdh.state.tx.us/hcqs/ems

When requesting an exemption to EMS rules, this form should be submitted with the EMS certification/licensure application and fee, if you are not an exempt volunteer. Mail to:

EMS Certification & Licensing
 Dept of State Health Services
 ATTN: ZZ100-160 EMS
 1100 West 49th Street
 Austin, TX 78756-3199

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
() _____	() _____	_____	() _____
(area code) Home phone	(area code) Business phone	Date of Birth (MM/DD/YY)	Driver License Number (include state)

Section 2 – Exemption Application Fee – Check one box. Make check or money order payment payable to Dept of State Health Services. Fees are NOT refundable or transferable. You may combine the EMS application fee with the rule exemption fee. Do not combine rule exemption fee with EMS Magazine fee.

<input type="checkbox"/> \$30 – For all levels	**Note: Your EMS administrator must complete Volunteer Sign-Off section on EMS certification/licensure application.
<input type="checkbox"/> I am not submitting a fee because I am fee exempt**	

Section 3 – Information and/or Attachments Required. At minimum, you must meet criteria listed in 1-3.

- Cite the rule number you are seeking to be exempted from [i.e. [25 TAC §157.34\(f\)\(4\)](#)]: _____ (see <http://www.tdh.state.tx.us/hcqs/ems/ruladopt.htm> for rules).
- Attach a letter explaining:
 - a specific alternative method of meeting the rule requirement
 - how patient care and/or the health and safety of the public affected will not be negatively impacted
 - the plan and time frame under which the applicable requirement(s) will be met
 - if appropriate, how barriers outside of your control prevented you from meeting rule requirements
- Attach a signed and dated letter of support from the medical director of the licensed EMS provider or registered First Responder Organization with which you are or will be affiliated.
- To request allowance to practice at a higher level prior to receiving certification at that level [see [25 TAC §157.5\(d\)](#)], in addition to 1-3 above, you must:
 - be currently certified as an ECA, EMT or EMT-Intermediate
 - submit a course completion certificate for the higher level of training
 - meet requirements of 25 TAC §157.5(a)(1)-(4)
 - practice in a rural area as described in §157.5(b)(1)(2)

Section 4 – 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:** _____