



**Regulatory Licensing Unit  
 EMS Certification & Licensing Group  
 Department of State Health Services  
 1100 West 49<sup>th</sup> Street  
 Austin, Texas 78756-3119  
 (512) 834-6700 FAX (512) 834-6714**

For DSHS Use Only	
ZZ100-160	
Receipt #	_____
Date	_____
Amount	_____

**RENEWAL EMS Personnel Recertification/Re-Licensure Application  
 ECA, EMT, EMT-I, EMT-P, LP**

**APPLICATION SUBMISSION:**

- Application processing takes approximately 4-6 weeks.
- Applicant is not considered certified/licensed until the application is processed and approved.
- Check your application status at: <http://dshsreg.dshs.state.tx.us/ems/certquery.htm>

VISIT OUR WEBSITE FOR MORE INFORMATION: [www.dshs.state.tx.us/emstraumasystems](http://www.dshs.state.tx.us/emstraumasystems)

**SECTION 1 – PERSONNEL DATA**

**TYPE OR PRINT IN BLACK INK**

Last Name	First Name	Middle Name	Social Security Number*
List other names you have used (e.g. alias, married/maiden, etc.): _____			
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)
Email Address			
<input checked="" type="checkbox"/> <b>Check the level for which you are applying:</b>		<input type="checkbox"/> <b>ECA</b>	<input type="checkbox"/> <b>EMT-Paramedic</b>
		<input type="checkbox"/> <b>EMT</b>	<input type="checkbox"/> <b>Licensed Paramedic</b>
		<input type="checkbox"/> <b>EMT-Intermediate</b>	
* Disclosure of your social security number is mandatory under Family Code, Chapter 231.302(c)(1)			

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

**SECTION 2 – Application Type – Check appropriate box(es).**

**IN ALL CASES, CERTIFICATION DOES NOT EXTEND PAST YOUR EXPIRATION DATE. APPLY FOR RECERTIFICATION NO EARLIER THAN ONE YEAR PRIOR TO YOUR EXPIRATION DATE.**

**Option 1/Written Assessment Exam** – If you do not pass the exam, retesting is available, but you may not gain renewal by choosing another option nor may you apply for inactive status.

- Check test eligibility at: <http://dshsreg.dshs.state.tx.us/ems/certquery.htm>
- Testing Instructions: All levels can contact National Registry at: [www.nremt.org](http://www.nremt.org)
- In addition to state fee, you must pay all applicable National Registry fees.

**Option 2/Continuing Education** – By signature on this form, I affirm I have completed the CE hours as required in § 157.38. I understand I may be required to furnish proof of completion of CE and agree to retain documentation for a period of 5 years after completion of the CE course/program. I understand if I am unable to substantiate completion of CE hours, my certification may be revoked.

**Option 3/National Registry** – Current NR card number: \_\_\_\_\_ NR expiration date: \_\_\_\_\_

**Option 4/Recertification Course** – I have completed Texas Recertification course # : \_\_\_\_\_

Course Completion Date: \_\_\_\_\_ Course Coordinator Name: \_\_\_\_\_

**Late Recertification** – Completion of renewal requirements within 90 days after expiration date. Mark one of the options above. Submit verification of skills proficiency from an accredited education program, including late fee, if not exempt.

**Re-entry** – Completion of renewal requirements within 91 days to 1 year after expiration date. Mark one of the options above. Submit verification of skills proficiency from an accredited education program, including late fee, if not exempt.

**Downgrade** – Renewal at a lower level. Mark one option above. Submit with Downgrade Statement form available at: [www.dshs.state.tx.us/emstraumasystems](http://www.dshs.state.tx.us/emstraumasystems)

For inactive status information, visit our website at: [www.dshs.state.tx.us/emstraumasystems](http://www.dshs.state.tx.us/emstraumasystems)

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

**SECTION 3 – APPLICATION FEE - Check the fee(s) you are submitting.**

Submit application and fee to: **Texas Department of State Health Services**  
**ATTN: ZZ100-160 EMS**  
**1100 West 49<sup>th</sup> Street**  
**Austin, Texas 78756-3119**

✓	Level	Renewal Timeframe	Fee Owed
	ECA or EMT	Within 12 mos. prior to expiration date	\$64
	ECA or EMT	Within 90 days after expiration date	\$94
	ECA or EMT	Within 91 days to 1 year after expiration date	\$124
	EMT-I or EMT-P	Within 12 mos. prior to expiration date	\$96
	EMT-I or EMT-P	Within 90 days after expiration date	\$141
	EMT-I or EMT-P	Within 91 days to 1 year after expiration date	\$186
	Licensed Paramedic	Within 12 mos. prior to expiration date	\$126
	Licensed Paramedic	Within 90 days after expiration date	\$186
	Licensed Paramedic	Within 91 days to 1 year after expiration date	\$246
	Retest (all levels)		\$30
	Volunteer	I am not submitting a fee because I'm a volunteer	(Complete Volunteer Sign-Off Below)
	Other - Explain		

- ✓ Make check or money order payable to **Texas Department of State Health Services**  
*Fees are NOT refundable or transferable.*
- ✓ **Do not combine payments** for Texas Department of State Health Services, National Registry and EMS Magazine.

**SECTION 4 – 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 applicant 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 applicant does not provide emergency care for any organization, in return for compensation\*\*\*, other than reimbursement as described below. I have explained to the applicant that if during the certification period, he/she begins to receive compensation \*\*\* for providing emergency medical services from any organization, the exemption is nullified and he/she must 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 5 – CRIMINAL/DISCIPLINARY HISTORY – Everyone MUST answer “YES or NO” to ALL questions below.**

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.

- **Have you ever been subject to limitation, suspension, or revocation of a license, including your right to practice in a healthcare occupation?**  
 Yes or  No
- **Have you ever surrendered any type of license in any state or to a state agency that had issued you a license?**  
 Yes or  No
- **Have you ever been denied any type of license in any state or by a state agency?**  
 Yes or  No
- **Have you ever received deferred adjudication for a felony or misdemeanor?**  
 Yes or  No
- **Have you ever been convicted of a felony?**  
 Yes or  No
- **Have you ever been convicted of a misdemeanor?**  
 Yes or  No
- DO NOT answer, “Yes” if you only have minor traffic violations, e.g. speeding tickets or minor parking violations. **Driving while Intoxicated, Reckless Driving or Obstruction of a Highway Passageway are not minor traffic violations.**
- If you answered yes to ANY question above, provide the date of action, state and agency name, action taken and case number; you may provide an explanation on a separate sheet of paper.
- **Indicate offense(s) committed & court case/cause number(s):** \_\_\_\_\_
- Dates(s) of conviction(s) and/or deferred adjudication(s): \_\_\_\_\_
- **Court case/cause number(s):** \_\_\_\_\_ **Sentences(s):** \_\_\_\_\_
- **Fine(s):** \_\_\_\_\_ **City, County and State where offense(s) committed:** \_\_\_\_\_

Please note that it can take up to 12 weeks to complete the process of a criminal history investigation and make a final determination regarding eligibility for certification/licensure.

**SECTION 6 – SIGNATURE AND DATE**

I swear or affirm that all information on 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, understood, and agree to abide to Chapter 773 of the Health and Safety Code and the applicable provisions of 25 TAC, Chapter 157, and agree to abide by them.

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

If you are granted certification/licensure you will be responsible for reporting any changes to the information you provide on this form. The Name/Address Change form is available at the following website: [www.dshs.state.tx.us/emstraumasystems/formsresources.shtm#EMS](http://www.dshs.state.tx.us/emstraumasystems/formsresources.shtm#EMS)

**PRIVACY NOTIFICATION**

With a few exceptions, you have the right to request and be informed about information that the State of Texas collects 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 information on Privacy Notification. (Reference Government Code, Section 522.021, 522.023 and 559.004)