



Regulatory Licensing Unit

EMS Coordinator, EMS Instructor and EMS Information Operator Instructor Certification Initial Application



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 is available at: www.tdh.state.tx.us/hcqs/ems/scertlic.htm

APPLICATION SUBMISSION:

- Expect application processing to take approximately 3 weeks.
- Check application status at: http://160.42.108.3/ems_web/blh_html_page1.htm
- Submit completed application with documents (if directed) and fee, if not exempt, to →

TESTING INSTRUCTIONS:

- IF you are required to pass the exam, you are responsible for scheduling exam seat.
- Schedule exam seat after application & course certificate is processed
- View exam schedule and submit exam request at: www.tdh.state.tx.us/hcqs/ems
- Check application status at: http://160.42.108.3/ems_web/blh_html_page1.htm

For DSHS Use Only

ZZ100-160

Receipt # _____

Date _____

Amount _____

Dept of State Health Serv

Attn: ZZ100-160 EMS

1100 West 49th St

Austin, TX 78756-3199

Section A- All Applicants Complete This Section

<hr/>	<hr/>	<hr/>	<hr/>
Print Last Name	First Name	Middle Name	Social Security number*
<hr/>		<hr/>	<hr/>
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)
<hr/>		<hr/>	<hr/>
Alternate home address**: Street, Apt number or PO Box		City	State Zip
<hr/>		<hr/>	<hr/>

** 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.

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

Current level of active EMS certification/licensure: ECA EMT EMT-I EMT-P LP

EMS certification is not required for EMS Information Operator Instructor certification or recertification.

Section B: Initial EMS Instructor

1. **Must hold at least Texas EMT basic certification.**
2. **Have you achieved a high school diploma or GED?** Yes or No
Texas Education Agency accredited public or private school or out-of-state equivalent is required.
3. **Attach DSHS-approved instructor course completion certificate.** If you completed a Methods of Teaching or similar non-EMS course, you must attach proof of completing a skills orientation session by a DSHS-approved EMS coordinator.
4. **Pass EMS instructor exam.** All requirements **MUST** be completed within one-year of course completion date.

Section C: Initial EMS Information Operator Instructor

1. **Have you achieved a high school diploma or GED?** Yes or No
Texas Education Agency accredited public or private school or out-of-state equivalent is required.
2. **Attach copy of current EMS Information Operator (dispatch) card.**
3. **List the sponsoring agency or organization with which you are affiliated:** _____
4. **Attach copy of DSHS-approved EMS Information Operator Instructor course certification or hold current EMS Instructor certification.**
5. **Pass EMS Information Operator Instructor written exam.**

GRANDFATHER CLAUSE: Persons with current EMS Information Operator Instructor certification from a department-approved training program, attach a copy of current EMS Information Operator Instructor certification. Disregard 1-5 above.

SECTION D - COORDINATOR

Section D-1: Basic Level, Initial Coordinator

1. EMS rules require you be an instructor for 2 consecutive years.
2. On a separate sheet, list course name(s), DSHS course number(s), course dates and hours for at least 120 hours of instruction for initial EMS certificants. The list must be verified by signature of a DSHS-approved EMS coordinator.
3. Attach documentation of positive instructor evaluations as a certified instructor. The evaluation must be verified by signature of a DSHS-approved EMS coordinator.
4. List the DSHS-approved provider, medical director, hospital, post-secondary educational institution or health care institution with which you are affiliated:

5. Attach letters of intent from qualified providers of clinical and field internship.
6. Attach coordinator course completion certificate.
7. Pass coordinator written exam. All requirements MUST be completed within one year of course end date.

Section D-2: Advanced Level, Initial Coordinator

1. Must have at least an associate degree. Attach copy of college/university diploma.
2. EMS rules require you be an instructor for at least 4 consecutive years or a basic coordinator for 2 consecutive years.
3. On a separate sheet, list course name(s), DSHS course number(s), course dates and hours for at least 120 hours of instruction for initial EMS certificants. The list must be verified by signature of a DSHS-approved EMS coordinator.
4. Attach documentation of positive instructor evaluations as a certified instructor or as a basic coordinator. The evaluation must be verified by signature of a DSHS-approved EMS coordinator.
5. List the DSHS-approved post-secondary educational institution, health care instruction or other entity(ies) with which you are affiliated:

6. Attach letters of intent from qualified providers of clinical and field internship.
7. Attach coordinator course completion certificate. Omit if you are currently certified as a basic coordinator.
8. Pass exam within one year of course completion. If currently certified as basic coordinator, omit exam.

Section E: All Applicants Complete This Section

Mark the level(s) for which you are applying:
 Coordinator EMS Instructor EMS Information Operator Instructor

Fees are not refundable or transferable. Make check or money order payable to: Department of State Health Services. Mark the application fee you are submitting:

<input type="checkbox"/> EMS Instructor application fee - \$34	<input type="checkbox"/> None- Explain: _____
<input type="checkbox"/> EMS Coordinator application fee - \$66	<input type="checkbox"/> Other – Explain: _____
<input type="checkbox"/> EMS Information Operator Instructor application fee - \$64	
<input type="checkbox"/> I am exempt from fee because I will neither charge nor accept compensation for the education or certification/licensure of EMS personnel.	

Volunteer instructors, list name of DSHS-approved program(s) with which you are affiliated: _____

Section F: All Applicants Complete This Section

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 49th 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 _____
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Texas EMS Magazine

Subscription Form

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ZZ100-008

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