

Regulatory Licensing Unit

EMS Certification & Licensing Group

EMS Retest Application



See Privacy Notice below. All information given on this application is considered public record, with the exception of social security number*.

APPLICATION SUBMISSION:

- Expect application processing to take approximately 3 weeks.
- Check your status at: http://160.42.108.3/ems_web/blh_html_page1.htm
- When your status reads "Failed", and your deficiencies are removed schedule your exam appointment at: www.tdh.state.tx.us/hcqs/ems
- Submit application and fee, if not exempt, to:
 Dept of State Health Services, ATTN: ZZ100-160 EMS
 1100 West 49th St., Austin, TX 78756-3199

FEE: Make check or money order payable to the Texas Dept State Health Services

 \square \$30.00 retest fee

☐ I am exempt from fee because I meet the department's definition of exempt volunteer personnel.

TESTING INSTRUCTIONS:

- Schedule exam AFTER application & fee processing
- Check test eligibility at: 160.42.108.3/ems_web/blh_html_page1.htm
- Schedule exam on-line at: www.tdh.state.tx.us/hcqs/ems

- In addition to state fee, you owe National Registry fee
- NR fees: ECA- \$20, EMT- \$20, EMT-I- \$45, EMT-P-\$50
- No NR fee for Coord or Inst
- Volunteers not exempt from NR fee

vices

For DSHS Use Only

ZZ100-160

Receipt #

Date Amount

- Submit NR fee at test site
- NR fee payable by money order only
- NR app not required
- NR & state fee required if retest is necessary

TYPE OR PRINT IN BLACK INK

Print Last Name	First Name	Middle Name	Social Security	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)			
* Disclosure of your social security number is mandatory under Family Code, Chapter 232					
Are you associated with a DSHS licensed or registered EMS Provider or 1 st Responder? Yes or No					
If yes, are you: □ Salaried – Employment date: □ Volunteer**					
**If you paid the initial application fee and are now claiming exempt status, you must complete a volunteer sign-off form. Contact our					
office for form and assistance	ce.				
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.					
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Signature of Applicant	t:	Date:			

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)