



Regulatory Licensing Unit
EMS Certification & Licensing Group



Volunteer to Paid EMS Status Change

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

If you were granted EMS certification/licensure as a fee exempt volunteer and are now receiving payment for providing EMS services, you are responsible for paying the certification/licensure fee. Submit completed form and payment to:

**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			
() _____ Home Phone (area code)	() _____ Business Phone (area code)	_____ Date of Birth (MM/DD/YY)	
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.
 * Disclosure of your social security number is mandatory under Family Code, Chapter 232

I am receiving or plan to receive payment for EMS services under the following level(s):

ECA
 EMT
 EMT-I
 EMT-P
 Lic-P
 Coordinator
 EMS Instructor
 EMS Information Operator Instructor

Section 2 – Fee

Use the following chart to determine the fee you owe. Your fee is based on the number of years remaining in your certification/licensure period when employment begins. Any portion of a year counts as a full year. Fees are not refundable or transferable. Make check or money order payable to Texas Dept of State Health Services.

<u>ECA or EMT levels:</u> <input type="checkbox"/> 48 – 37 months remaining: \$60 <input type="checkbox"/> 36 – 25 months remaining: \$45 <input type="checkbox"/> 24 – 13 months remaining: \$30 <input type="checkbox"/> 12 – 1 months remaining: \$15	<u>EMT-I or Paramedic levels:</u> <input type="checkbox"/> 48 – 37 months remaining: \$90 <input type="checkbox"/> 36 – 25 months remaining: \$67.50 <input type="checkbox"/> 24 – 13 months remaining: \$45 <input type="checkbox"/> 12 – 1 months remaining: \$22.50	<u>Paramedic Licensure level:</u> <input type="checkbox"/> 48 – 37 months remaining: \$120 <input type="checkbox"/> 36 – 25 months remaining: \$90 <input type="checkbox"/> 24 – 13 months remaining: \$60 <input type="checkbox"/> 12 – 1 months remaining: \$30
<u>EMS Coordinator level:</u> <input type="checkbox"/> 24 – 13 months remaining: \$60 <input type="checkbox"/> 12 – 1 months remaining: \$30	<u>EMS Instructor level:</u> <input type="checkbox"/> 24 – 13 months remaining: \$30 <input type="checkbox"/> <input type="checkbox"/> 12 – 1 months remaining: \$15	<u>EMS Info Operator Instructor level:</u> <input type="checkbox"/> 24 – 13 months remaining: \$60 <input type="checkbox"/> 12 – 1 months remaining: \$30

Section 3 – 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:** _____

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 _____
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)

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