



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

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

INITIAL EMS Personnel Certification/Licensure Application ECA, EMT, EMT-I, EMT-P, LP

Electronic application & fee submission are available at: www.dshs.state.tx.us/emstraumasystems
This application form is intended for use by candidates that have completed a Texas DSHS-approved initial course and/or candidates that hold National Registry. This application is NOT intended for candidates who have ever held or currently hold out-of-state certification.

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://dshsregn.dshs.state.tx.us/ems/certquery.htm>
- You must pass the National Registry exam to gain initial certification in Texas.

VISIT OUR WEBSITE FOR MORE INFORMATION: 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

✓ **Have you attained a high school diploma or GED?**

Yes or No

Texas Education Agency accredited public or private school. Home schools must have accreditation from TEA or acceptance into a regionally accredited college. If out-of-state, state of Texas equivalency is required.

✓ **Mark the level for which you are applying:**

<input type="checkbox"/> ECA	<input type="checkbox"/> EMT-Paramedic
<input type="checkbox"/> EMT	<input type="checkbox"/> Licensed Paramedic**
<input type="checkbox"/> EMT-Intermediate	

* Disclosure of your social security number is mandatory under Family Code, Chapter 231.302(c)(1)

**In order to achieve Licensed Paramedic (LP) status, an applicant must submit an official transcript indicating Associate Degree in EMS or a higher level degree in any other field.

Name _____ Social Security Number _____

SECTION 2 – Application Type and Fee– Check appropriate box and list required information.

An initial applicant who has not passed the National Registry exam: Must have completed a DSHS-approved course.

Texas course approval number: _____ Course Completion Date : (month/year) _____

❖ Testing Instructions: All levels can contact National Registry at: www.nremt.org

Applicant for initial Texas certification with current NR credentials.

National Registry card number: _____ Expiration Date: _____

ECA /EMT - \$64.00

EMT-Intermediate - \$96.00

EMT-Paramedic - \$96.00

Licensed Paramedic - \$126.00

I am not submitting a fee because I am a volunteer. [\(Complete Volunteer Sign Off Below\)](#)

Other: Explain _____

✓ Make check or money order payable to: **Texas Department of State Health Services**

ATTN: ZZ100-160 EMS

1100 West 49th Street

Austin, Texas 78756-3119

Fees are NOT refundable or transferable.

Do not combine payments for Texas Department of State Health Services, National Registry and EMS Magazine.

Volunteer Sign Off

If you are claiming fee exempt status, this section should be completed by an approved EMS Provider or FRO Administrator.

*****This applicant is exempt from the payment of fees because he/she actively provides emergency medical care for this 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 the applicant 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 and expiration Date: _____ Phone: _____

SECTION 3 – 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 4 – SIGNATURE AND DATE

I swear or affirm that all information provided 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 by Chapter 773 of the Health and Safety Code, the applicable provisions of 25 TAC, Chapter 157.

Signature of Applicant: _____ Date: _____

If you are granted certification/licensure you will be responsible for reporting any changes to the information you provided on this form. The Name/Address Change form is available at the following website: 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)