



Regulatory Licensing Unit

EMS Coordinator, EMS Instructor and EMS Information Operator Instructor Certification Renewal 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:

- Application processing takes approximately 3 weeks.
- Check application status at: http://160.42.108.3/ems_web/blh_html_page1.htm
- Additional information at: www.tdh.state.tx.us/hcqs/ems
- Submit completed application with documents (if directed) and fee to ➔

For DSHS Use Only

ZZ100-160

Receipt # _____

Date _____

Amount _____

Dept of State Health Serv
ATTN: ZZ100-160 EMS
1100 West 49th Street
Austin, TX 78756-3199

Section A: All Applicants Complete This Section

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)	Driver License Number (include state)
Alternate home address**: Street, Apt number or PO Box		City	State Zip
<p>** 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.</p> <p>* Disclosure of your social security number is mandatory under Family Code, Chapter 232</p>			
<p>Current level of active EMS certification/licensure: <input type="checkbox"/> ECA <input type="checkbox"/> EMT <input type="checkbox"/> EMT-I <input type="checkbox"/> EMT-P <input type="checkbox"/> LP</p> <p>EMS certification is not required for EMS Information Operator Instructor certification or recertification.</p>			

Section B: EMS Instructor Recertification: Check one box below.

<input type="checkbox"/> Recertification: Prior to expiration date, submit application and applicable fee to DSHS at address listed above. <input type="checkbox"/> Late Recertification: Renewing certificate within 90 days after expiration date. <input type="checkbox"/> Re-entry Recertification: Renewing certification within 91 days to 1 year after expiration date.

Section C: EMS Information Operator Instructor Recertification: Check one box below.

<p>List the sponsoring agency or organization with which you are affiliated: _____</p> <input type="checkbox"/> Recertification: Prior to expiration date, submit application and applicable fee to DSHS at address listed above. <input type="checkbox"/> Late Recertification: Renewing certificate within 90 days after expiration date. <input type="checkbox"/> Re-entry Recertification: Renewing certification within 91 days to 1 year after expiration date.
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Section D: Coordinator Recertification, Basic & Advanced Levels

<ol style="list-style-type: none"> 1. Attach certificate(s) for region updates you attended during current coordinator certification. 2. List the DSHS-approved post-secondary educational institution, health care institution or other entity(ies) with which you are affiliated: _____ 3. List the qualified entities for clinical and field internship with which you are affiliated: _____
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Section E: All Applicants Complete This Section

Mark the level(s) for which you are applying:	
<input type="checkbox"/> Coordinator	<input type="checkbox"/> EMS Instructor <input type="checkbox"/> EMS Information Operator Instructor
Fees are not refundable or transferable. Make check or money order payable to: Texas Dept of State Health Services. Mark the application fee you are submitting:	
<input type="checkbox"/> EMS Instructor renewal fee - \$34	<input type="checkbox"/> None - Explain: _____
<input type="checkbox"/> EMS Instructor late renewal fee - \$49	<input type="checkbox"/> Other fee- Explain: _____
<input type="checkbox"/> EMS Instructor late reentry fee- \$64	
<input type="checkbox"/> EMS Information Operator Instructor renewal fee - \$64	<input type="checkbox"/> Coordinator renewal fee - \$66
<input type="checkbox"/> EMS Information Operator Instructor late renewal fee - \$94	<input type="checkbox"/> Coordinator late renewal fee - \$96
<input type="checkbox"/> EMS Information Operator Instructor late reentry fee - \$124	<input type="checkbox"/> Coordinator late reentry fee - \$126
<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**

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Texas EMS Magazine

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ZZ100-008

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Texas Department of State Health Services – ZZ100-008
(Please write magazine budget number ZZ100-008 on check)