



Regulatory Licensing Unit

EMS Certification & Licensing Group



EMS Personnel Recertification Application

RENEWAL ONLY

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

Electronic application & fee submission available at: www.tdh.state.tx.us/hcqs/ems/scertlic.htm

APPLICATION SUBMISSION:

- Expect application processing to take approximately 3 weeks.
- Check your application status at: 160.42.108.3/ems_web/blh_html_page1.htm
- IF you are required to pass exam, see Testing Instruction in Section 5, Option 1.
- Submit application including fee payment, if not exempt, and required Documentation (if directed in Section 5) to ➔
- Additional information at: <http://www.tdh.state.tx.us/hcqs/ems>

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 1 – Personnel Data

TYPE OR PRINT IN BLACK INK

<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

Section 2 – Volunteer Sign-Off – Complete if applicable

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

This candidate is exempt from the payment of fees because he/she actively provides emergency medical care for our organization, and does not receive compensation* for providing these services. Additionally, to the best of my knowledge, this candidate does not provide emergency care for any organization, in return for compensation***, other than reimbursement as described below. I have explained to the candidate that if during the certification period, they begin to receive compensation*** for providing emergency medical services from any organization, the exemption is inapplicable and they are required to send a prorated fee to the department.**

<hr/>	<hr/>
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:	Phone:

Section 3 – Application Level – Check the appropriate box.

Mark the level for which you are applying: ECA EMT EMT-Intermediate Paramedic

This application is not for License Paramedic renewal. Licensure application is available on our web site.

» OVER »

Print Last Name

First Name

Middle Name

Social Security number*

Section 4 – Criminal/Disciplinary History – Everyone must answer “Yes or No” to questions A & B 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. If you previously submitted court documentation with another Texas EMS application, there is no need to resubmit that documentation. You must attach documentation for any new offense/conviction related to a misdemeanor, felony or deferred adjudication, or for any license suspension or revocation since your last EMS application submission.

A. Have you ever been subject to limitation, suspension, or revocation of a license, including your right to practice in a healthcare occupation, voluntarily surrendered a license in any state or to a state agency that had issued you a license, or we re denied a license? Yes or No

If you answered yes to question A above, provide the date of action, state and agency name, action taken and case number; you may provide an explanation on an attached page.

B. Have you ever been given deferred adjudication or been convicted of a felony or misdemeanor? Yes or No
DO NOT answer “Yes” if you only have minor traffic violations, e.g. speeding tickets or minor parking violations.

If you answered yes to question B above, provide the following information below.

C. Indicate offense(s) committed & court case/cause number(s): _____

D. Date(s) of conviction(s) and/or deferred adjudication(s): _____ **Sentence(s):** _____

E. Fine(s): _____ **City, County and State where offense(s) committed:** _____

F. List other names you have used (e.g. alias, married/maiden, etc.): _____

Section 5 – Application Type – Check appropriate box(es).

In ALL cases, certification does NOT extend past your expiration date. Apply for recertification **no earlier than one year prior to your expiration date.**

Option 1/Written Assessment Exam – If you do not pass the exam, retesting is available, but you may not gain renewal by choosing another option nor may you apply for inactive status.

- Schedule your exam AFTER application & fee processing
- Check test eligibility at: 160.42.108.3/ems_web/blh_html_page1.htm
- Schedule exam on state web site at: <http://www.tdh.state.tx.us/hcqs/ems>
- In addition to state fee, you owe NR fee
- NR fee: ECA-\$20, EMT-\$20, EMT-I-\$45, EMT-P-\$50
- Submit NR fee at test site
- Volunteers NOT exempt from NR fee
- NR fee payable by money order
- NR app not required

Option 2/Continuing Education – By signature on this form, I affirm I have completed the CE hours as required in §157.38. I understand I may be required to furnish proof of my CE and agree to retain documentation of the CE for a period of 5 years from application date. I also understand if I am unable to substantiate these hours my certification may be revoked.

Option 3/National Registry – Current NR card number: _____ NR expiration date: _____

Option 4/Recertification Course – I have completed Texas Recertification course #: _____
Course completion date: _____ Course Coordinator name: _____

National Registry Reciprocity to Texas 4 yr Recertification – Submit with fee, if not exempt. Mark one of the options above. If renewing after expiration date, follow Late or Re-entry process below.

Out-of-State Reciprocity to Texas 4 yr Recertification - Submit with fee, if not exempt. You must pass written exam. Follow testing instructions under Option 1 above. If testing within 90 days after expiration date, include late fee. If testing within 91 days to one year of expiration date follow Re-entry steps below.

Late Recertification – Completing renewal requirements within 90 days after expiration date. Mark one of the options above. Submit with fee, including late fee, if not exempt.

Re-entry – Completing renewal requirements within 91 days to 1 yr after expiration date. Your only option for renewal is Option 1 AND Option 4 above. Course must be completed within 1 yr prior to this application date. Submit with fee, including reentry fee, if not exempt.

Downgrade – Change current certificate to lower level or pursuing renewal (mark one option above) at a lower level. Submit with *Downgrade Statement* form.

Change CURRENT, ACTIVE certification to inactive – Submit with *Inactive Statement* form, administrative fee and application fee. The expiration date of your inactive status will remain the same date as your current certification. Inactive status not allowable for ECAs.

Inactive Recertification – Change active, inactive or expired certification to inactive recertification. Submit *Inactive Statement* form, administrative fee and application fee. Include late fee if renewing within 90 days after expiration date. Include re-entry late fee if renewing after 90 days past expiration date. Inactive not allowable for ECAs.

Inactive to Active Certification – Your only option for renewal is Option 1 AND Option 4 above. Course must be completed within one yr prior to this application date. Include late fee if renewing within 90 days after expiration date. Include re-entry late fee if renewing between 91 days and one year after expiration date. Requirements must be completed no later than one yr after inactive expiration date.

Print Last Name

First Name

Middle Name

Social Security number*

Section 6 – Fees – Mark the fee(s) you are submitting. Make check or money order payment payable to: **Dept of State Health Services**. Fees are NOT refundable. **Do not combine payments** for Dept of State Health Services, National Registry and EMS Magazine. Volunteers are exempt from state fees, except when applying for inactive or magazine.

- | | |
|---|--|
| <input type="checkbox"/> Basic Level Application Fee (ECA or EMT - \$64) | <input type="checkbox"/> Advanced Level Application Fee (EMT-I or EMT-P - \$96) |
| <input type="checkbox"/> Basic Level Fee Including Late Fee - \$94 | <input type="checkbox"/> Advanced Level Fee Including Late Fee - \$141 |
| <input type="checkbox"/> Basic Level Fee Including Reentry Fee - \$124 | <input type="checkbox"/> Advanced Level Fee Including Reentry Fee - \$186 |
| <input type="checkbox"/> Inactive Administrative Fee (All Levels - \$30) | <input type="checkbox"/> Other: Explain - _____ |
| <input type="checkbox"/> I am not submitting a fee because I volunteer. | <input type="checkbox"/> None: Explain - _____ |

Section 7 – 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:** _____

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 0200

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