



# TEXAS DEPARTMENT OF STATE HEALTH SERVICES

MAIL, FAX, OR E-MAIL COMPLETED FORM TO:

MC 2822  
TEXAS DEPT OF STATE HEALTH SERVICES  
ATTN: EMS COMPLIANCE GROUP  
1100 W 49<sup>TH</sup> STREET  
AUSTIN, TEXAS 78756  
FAX: 512/834-6713  
E-Mail: EMS\_Complaint@dshs.state.tx.us

(DO NOT FILL IN, State office use only)
Date complaint form received:
_____
Tracking #:
_____

## SELF REPORT OF ARREST/CONVICTION FORM

EMS Rule 157.36 (b)(22) requires that an EMS Certificant/Licensee inform the Department within 30 days of final sentencing of any criminal offense that results in final conviction. EMS Rule 157.36 (b)(25) also requires the EMS Certificant/Licensee to notifying the Department within 10 days of any alcohol or drug related arrest. Please use the form below to record criminal offense(s) information:

**NAME OF PERSON/AGENCY REPORTING ARREST/CONVICTION:**

\_\_\_\_\_  
(Please Print or Type)

**EMS CERTIFICANT/LICENSEE  
NAME:**

**ADDRESS (of certificant/licensee):**

\_\_\_\_\_  
(Please Print or Type)

\_\_\_\_\_  
(Street address, PO Box, City, State, Zip)

**TELEPHONE NUMBER:** (\_\_\_\_) \_\_\_\_\_

**EMS ID:** \_\_\_\_\_  
(Please Print or Type)

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**EMS LEVEL:** \_\_\_\_\_

(Please Print or Type) Arrest and/or Conviction Date	Offense/Charge	City/County/State	Final Outcome (Write pending if there has been no outcome)
____/____/____			
____/____/____			

**Self Report Arrest/Conviction Form (continued)**

Did the criminal offense occur in an EMS Vehicle? \_\_\_\_\_ Yes \_\_\_\_\_ No

Did the criminal offense occur while on duty or on EMS business? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Explanation of Offense:** The EMS Certificant/Licensee needs to provide an explanation describing the nature and circumstances for each criminal offense. **(Who, What, Where, Why, When)**

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The EMS Certificant/Licensee may be required to provide more documentation such as a fingerprint based background check and/or court documents. They are also responsible for keeping the Department apprised of any upcoming court dates and outcomes.

I attest the information provided on this document is true and accurate.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_