



**Regulatory Licensing Unit**  
**EMS Certification & Licensing Group**  
 Department of State Health Services  
 Cash Receipts Branch, MC 2003  
 1100 West 49<sup>th</sup> Street  
 Austin, Texas 78756-3119  
 (512) 834-6700 FAX (512) 834-6714

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

## EMS Personnel Certification/Licensure Application OUT-OF-STATE RECIPROCITY

This application is intended for use by candidates who currently hold or have held out-of-state certification and/or National Registry certification gained outside the State of Texas.

**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.
- You will be required to have an FBI background check (See section 4 for instructions).

**VISIT OUR WEBSITE FOR MORE INFORMATION ON TEXAS EMS CERTIFICATION:**

[www.dshs.state.tx.us/emstraumasystems](http://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 _____			
<p>✓ Have you attained a high school diploma or GED?</p> <p><input type="checkbox"/> Yes or <input type="checkbox"/> No</p> <p>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 equivalent is required.</p> <p>✓ Mark the level for which you are applying:</p> <div style="display: flex; justify-content: space-around;"> <span><input type="checkbox"/> EMT</span> <span><input type="checkbox"/> EMT-Intermediate</span> </div> <div style="display: flex; justify-content: space-around;"> <span><input type="checkbox"/> EMT-Paramedic</span> <span><input type="checkbox"/> Licensed Paramedic**</span> </div>			
<p>* Disclosure of your social security number is mandatory under Family Code, Chapter 231.302(c)(1)</p> <p>**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.</p>			

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

**SECTION 2 – APPLICATION FEE - \$126.00**

Submit application and fee to: **Texas Department of State Health Services**  
**Cash Receipts Branch, MC 2003**  
**1100 West 49<sup>th</sup> Street**  
**Austin, Texas 78756-3119**

- ✓ Submit money order made payable to Texas Department of State Health Services

*Fees are NOT refundable or transferable.*

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

**SECTION 3 – CERTIFICATION HISTORY**

List ALL out-of-state EMS Certification(s) Number: \_\_\_\_\_ State: \_\_\_\_\_

Level: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Certification Number: \_\_\_\_\_ State: \_\_\_\_\_

Level: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Certification Number: \_\_\_\_\_ State: \_\_\_\_\_

Level: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

- ✓ Submit photocopy of Current out-of-state Certification Card.

**Submit “Form A” attached, to every state you have ever held certification/licensure in.**  
**Photocopy as necessary.**

**SECTION 4 – FBI Fingerprint Background Check**

**You will be required to undergo an FBI fingerprint criminal history check using L-1 Identity Solutions. The enclosed FAST Pass form includes instructions for scheduling an appointment with them. Any fees associated with this process will be your responsibility.**

**If you are unable to go to the L-1 solution site please contact EMS Compliance and Quality Assurance to receive a hard copy fingerprint card. Please note this will delay our agency receiving your results up to several weeks and requires a law enforcement agency to process your prints.**

**SECTION 5- 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 of 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 6- SIGNATURE AND DATE**

I swear or affirm that all information 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 to Chapter 773 of the Health and Safety Code and 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 provide on this form. The Name/Address Change form is available at the following website: [www.dshs.state.tx.us/emstraumasystems/formsresources.shtm#EMS](http://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)



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### Reciprocity Verification Form A

TO STATE/ENTITY

EMS OFFICE: \_\_\_\_\_  
 FAX NUMBER: (\_\_\_\_) \_\_\_\_\_  
 # OF PAGES: \_\_\_\_\_ DATE: \_\_\_\_\_

State Seal Required

Applicant's Last Name, First Name Middle Name Social Security number Certificate/License number

*Please complete the following and return by mail or fax.*

Level of Certification: \_\_\_\_\_ Issuance Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
 Certification course taught in conformance with the U.S. Department of Transportation (DOT) Standards for:  
 Emergency Medical Technician (EMT) 1994 curriculum:  Yes  No  
 EMT-Intermediate\* 1985 curriculum:  Yes  No  
 EMT-Intermediate 1999 curriculum:  Yes  No  
 EMT-Paramedic (EMT-P):  Yes  No  
 Date of most recent training: \_\_\_\_\_ Type of recent training: \_\_\_\_\_

\* For EMT-Intermediate 1985 curriculum ONLY: If the applicant has EMT-Intermediate (EMT-I) certification please check which skills were included in the applicant's certification course (*please note, Texas recognizes EMT-I certification only if all skill boxes are checked*):  
 MAST  Endotracheal Intubation  EOA, EGTA, PTL or ETC \*\*  IV  Other:  
 [\*\* We will accept any of these alternative airway devices: esophageal obturator airway, esophageal gastric tube airway, pharyngotracheal lumen airway, combination esophageal-tracheal tube (Combitube)]

To the best of your knowledge, has the applicant ever been convicted of a felony or misdemeanor?

Yes  No

Has your state/entity ever taken disciplinary action against this individual's EMS personnel certification?

Yes  No

Does your state run Criminal History checks?

Yes  No

If so, has this person ever answered yes or disclosed a Criminal History?

Yes  No

*(If Yes to any question, please provide supplemental information on a separate sheet)*

Has your state/entity ever granted reciprocity to this applicant before?  Yes  No

If so, from \_\_\_\_\_ (state) or \_\_\_\_\_ National Registry, and when? \_\_\_\_\_ (date)

Do you recommend granting reciprocity to this applicant?  Yes  No If No, explain on separate sheet.

Name and title of person completing this questionnaire:

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Telephone Number: (\_\_\_\_) \_\_\_\_\_ Date: \_\_\_\_\_



# FAST

## Fingerprint Applicant Services of Texas

### Department of State Health Services- EMS Compliance and Quality Assurance

This document is your **FAST Pass** to be fingerprinted for a **Texas/FBI** criminal history record check. You must schedule a fingerprint appointment by visiting [www.L1id.com](http://www.L1id.com) or by calling 1-888-467-2080. You may pay for **FAST** services online with a credit card or onsite with a check or money order only. Your fingerprints will be submitted to the TxDPS/FBI with results delivered to this agency within 3-5 business days. One time processing fee: \$34.25 for TxDPS/FBI and \$9.95 for L-1 Identity Solutions (Total of \$44.20)

1. Logon to [www.iisfingerprint.com](http://www.iisfingerprint.com) and select "Texas"
2. Select "All Others".
3. Select Option A
4. Select "Yes I have a FAST Fingerprint Pass"
5. Enter **TX920390Z** when prompted for Agency Number/ORI
6. Enter your "Applicant Type" (listed below) if prompted
7. Follow the prompts to enter your personal information and select service location, date and time.
8. Bring this completed form with you to your appointment along with government issued identification.

### Agency Information

Agency ORI: **TX920390Z** Applicant Type: Initial or Renewal- EMS Certification/Licensure

Requesting Agency Name: **Dept. of State Health Services-EMS Compliance** Reason for fingerprinting: **GC 411. 110**

### Applicant Information (To be completed by Applicant)

Applicant Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_  
(please print)

Sex  Male  Female Race \_\_\_\_\_ Ethnicity \_\_\_\_\_ Skin Tone \_\_\_\_\_  
(W, B, A, I, O) (Hispanic or Non-Hispanic)

Date of Birth \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_  
(feet and inches)

Place of Birth \_\_\_\_\_ Citizenship \_\_\_\_\_ Social Security No. \_\_\_\_\_  
(state or country) (country)

DL / ID No. \_\_\_\_\_ State Issuing DL / ID No. \_\_\_\_\_

Home Address \_\_\_\_\_  
Street Address City State Zip

### Service Center Information (To be completed by FAST Live Scan Operator)

Date Prints Taken \_\_\_\_\_ Amount Charged For Service \_\_\_\_\_

Paid by:  Check  Money Order  Visa  MasterCard  Billing Acct \_\_\_\_\_  
 At time of scheduling  At time of appointment

TCN \_\_\_\_\_

I HAVE COMPARED THE GOVERNMENT-ISSUED IDENTIFICATION PRESENTED BY THE APPLICANT AND ATTEST THAT TO MY BEST DETERMINATION, I HAVE FINGERPRINTED THE SAME PERSON.

Printed Name of LSO: \_\_\_\_\_

Signature of LSO: \_\_\_\_\_