TEXAS Department of State Health Services

**Regulatory Licensing Unit**

# EMS Personnel Certification Application Initial ECA or EMT

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

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

**On-line electronic application submission for initial applications will be available December 31, 2004, at: www.texas.gov.**

**APPLICATION SUBMISSION**: Application processing takes approx 3 weeks. You can check your application status on our web site at: http://160.42.108.3/ems_web/blh_html_page1.htm Initial state certification requires you pass the National Registry exam. See Testing Instructions under Section 6. We recommend you submit your application after you complete your course and prior to taking the exam. Submit this application and fee payment, if not exempt, to:

Dept of State Health Serv
**Attn: ZZ100-160 EMS**
1100 West 49th St.
Austin, TX 78756-3119

## Section 1 – Personnel Data **TYPE OR PRINT IN BLACK INK**

_____ _____
**Print Last Name** **First Name** **Middle Name** **SS#* or Texas EMS ID #**

_____
**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)**

**Have you achieved 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 equivalent is required.

*Disclosure of your social security number is voluntary. We recommend you provide your social security number to be used as a unique identifier to prevent confusion among applicants with similar or same name.

## Section 2 – Texas EMS Employment Information

List Texas licensed EMS firms or First Responder Organizations for which you work/volunteer, use additional sheets if needed:

| Name of Texas firm | Address | City, State, Zip | Volunteer or Paid** |
|---|---|---|---|
| | | | |
| | | | |

**Fee exemption is allowed ONLY if you volunteer exclusively. Complete Section 3- Volunteer Sign-off, if applicable.

## Section 3 – 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 should 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:** **Phone:**

## Section 4 – Criminal History Information – Everyone must check "Yes or No" box at question A below.

**Failure to report 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.**

**A. Have you ever been given deferred adjudication or been convicted of a felony or misdemeanor?** ☐ **Yes or** ☐ **No**

**If you answered yes to question A above, complete Section 4 continuation on next page.** DO NOT answer "Yes" if you only have minor traffic violations, e.g. speeding tickets or parking violations. DWI/DUI **must** be reported.

» OVER »

**Section 4 – Criminal History Information continued**

Provide the following information for all felony and/or misdemeanor offenses. Include any conviction(s) currently on appeal. For multiple offenses, use additional sheet(s). Attach additional information/documentation, e.g. court judgement(s), condition(s) of probation, if appropriate. If you submitted court documentation with your initial EMS application, no need to resubmit. You must attach documentation for any new offense since your last EMS application submission.

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

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

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

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

**Section 5 – Application Level – Check one**

☐ **ECA** ☐ **EMT**

**Section 6 – Application Type – Check appropriate box and list required information.**

☐ **Initial applicant who needs to take National Registry test**: Must have completed a DSHS-approved course. Follow application submission instructions on first page and complete the following:

**Texas course approval number**: _____ **Course completion date** (month/year): _____

Testing Instructions:

- Course certificate must be processed before you schedule for exam
- Check your test eligibility at: 160.42.108.3/ems_web/blh_html_page1.htm
- Schedule exam on-line at: www.dshs.state.tx.us/ems
- NR app & $20 money order collected at test site
- NR app & fee is required, in addition to state app & fee
- Volunteers not exempt from NR fee
- NR fee is repeated if retesting

☐ **Applicant for initial Texas certification with current NR credentials**: Follow application submission instructions on first page and complete the following:

**National Registry card number**: _____ **National Registry expiration date**: _____

**State course approval number**: _____ **Course completion date** (month/year): _____

**Course location** (city and state): _____

**Section 7 – 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 or transferable. **Do not combine payments** for DSHS, National Registry and EMS Magazine.

☐ **ECA or EMT - $64**

☐ I am not submitting a fee because I am a volunteer.

☐ **Other**: Explain- _____

☐ **None**: Explain- _____

**Section 8 – Signature and Date**

**I hereby affirm and declare that all information submitted on this form is true and correct. I understand that false statements or information on this application may be considered as sufficient cause for denial of certification or decertification.**

**Signature of Applicant: _____ Date: _____**

**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)

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**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**

Receipt # _____
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# *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 Department of State Health Services – ZZ100-008
(Please write magazine budget number ZZ100-008 on check)