



TEXAS
Department of
State Health Services

EMS Education Program Application

Program Approval Number:

Note: This form must be submitted to the appropriate regional office at least 90 days prior to proposed start of program activities. Upon approval of the Self Study, the program Director and/or Course Coordinator may begin activities.

Program Name: _____

<input type="checkbox"/> Initial Application <input type="checkbox"/> Renewal Application Program Level: <input type="checkbox"/> Basic <input type="checkbox"/> Advanced If Advanced, give date of Basic Program Approval: _____	Program Open to Public? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Check here if this program will not be ongoing
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Physical Location: _____

Program Director:
 Name: _____ Email: _____
 Mailing Address: _____ City/ State/ Zip _____
 Phone Contacts: #1 _____ #2 _____ Fax #: _____

Program Sponsor:
 Name: _____
 Mailing Address: _____ City/State/Zip _____

Course Coordinator: (FILL IN ONLY IF DIFFERENT FROM PROGRAM DIRECTOR)
 Name: _____
 Mailing Address: _____ City/ State/ Zip _____
 Phone Contacts: #1 _____ #2 _____

Medical Director: (MAILING ADDRESS CANNOT BE THE PROGRAM ADDRESS)
 Name: _____
 Mailing Address: _____ City/ State/ Zip _____
 Phone Contacts: #1 _____ #2 _____

Anticipated number of courses per year?	Anticipated number of students per course?
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Clinical Affiliates: _____

Field Internship Affiliates: _____

Fee attached: Basic Program: Self Study Evaluation Fee (\$30) Site Visit Fee (\$90) Total Fee \$120
 Advanced Program: Self Study Evaluation Fee (\$60) Site Visit Fee (\$250) Total Fee \$310

Course Coordinator Signature	Date	Program Director Signature (If different than the coordinator)	Date:
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- DSHS Use Only –
Do Not Write In This
Area**
- Summary
 - Approval Letter
 - Database Entry

Self Study Approved Date:		Receipt Number:	
Provisional Approval Date:		Fee Remit/Deposit Date:	
Site Visit Date(s):		Fee Postmark Date:	
Program Approved By:		Fee Received Date:	
Date Approved:		Expiration Date:	