



Regulatory Licensing Unit

EMS Coordinator, EMS Instructor and EMS Information Operator Instructor Certification Renewal Application



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

Electronic application & fee submission is available at:

<http://www.dshs.state.tx.us/emstraumasystems/Txonlinelinks.shtm>

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

APPLICATION SUBMISSION:

- Application processing takes approximately 4-6 weeks.
- Check application status at:
<http://www.dshs.state.tx.us/emstraumasystems/NewCert.shtm>
- Submit completed application with documents (if directed) and fee to →

Dept of State Health Services
Cash Receipts Branch, MC 2003
P.O. Box 149347
Austin, TX. 78714-9347

Section A: All Applicants Complete This Section

| | | | | | | | |
|---------------------------------------|--|------------------------|--|----------------------------|--|---------------------------------------|--|
| Last Name | | First Name | | Middle Name | | Social Security number* | |
| 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) | |

* Disclosure of your social security number is mandatory under Family Code, Chapter 232

Current level of active EMS certification/licensure: ECA EMT EMT-I EMT-P LP
EMS certification is not required for EMS Information Operator Instructor certification or recertification.

Section B: EMS Instructor Recertification: Check one box below.

- Recertification:** Prior to expiration date, submit application and applicable fee to DSHS at address listed above.
- Late Recertification:** Renewing certificate within 90 days after expiration date.
- Re-entry Recertification:** Renewing certification within 91 days to 1 year after expiration date.

Section C: EMS Information Operator Instructor Recertification: Check one box below.

- List the sponsoring agency or organization with which you are affiliated: _____
- Recertification:** Prior to expiration date, submit application and applicable fee to DSHS at address listed above.
 - Late Recertification:** Renewing certificate within 90 days after expiration date.
 - Re-entry Recertification:** Renewing certification within 91 days to 1 year after expiration date.

Section D: Coordinator Recertification, Basic & Advanced Levels

- Attach certificate(s) for region updates you attended during current coordinator certification.
- List the DSHS-approved post-secondary educational institution, health care institution or other entity(ies) with which you are affiliated:

- List the qualified entities for clinical and field internship with which you are affiliated:

Section E: All Applicants Complete This Section

| | | |
|---|---|--|
| Mark the level(s) for which you are applying: | | |
| <input type="checkbox"/> Coordinator | <input type="checkbox"/> EMS Instructor | <input type="checkbox"/> EMS Information Operator Instructor |
| Fees are not refundable or transferable. Make check or money order payable to: Texas Dept of State Health Services. Mark the application fee you are submitting: | | |
| <input type="checkbox"/> EMS Instructor renewal fee - \$34 | <input type="checkbox"/> None- Explain: _____ | |
| <input type="checkbox"/> EMS Instructor late renewal fee - \$49 | <input type="checkbox"/> Other fee- Explain: _____ | |
| <input type="checkbox"/> EMS Instructor late reentry fee- \$64 | | |
| <input type="checkbox"/> EMS Information Operator Instructor renewal fee - \$64 | <input type="checkbox"/> Coordinator renewal fee - \$66 | |
| <input type="checkbox"/> EMS Information Operator Instructor late renewal fee - \$94 | <input type="checkbox"/> Coordinator late renewal fee - \$96 | |
| <input type="checkbox"/> EMS Information Operator Instructor late reentry fee - \$124 | <input type="checkbox"/> Coordinator late reentry fee - \$126 | |
| <input type="checkbox"/> I am exempt from fee because I will neither charge nor accept compensation for the education or certification/licensure of EMS personnel. | | |
| Volunteer instructors, list name of DSHS-approved program(s) with which you are affiliated: _____ | | |

Section F: All Applicants Complete This Section

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|--|--------------------|
| 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.