

TEXAS DEPARTMENT OF STATE HEALTH SERVICES EMS EDUCATION COURSE

NOTIFICATION / CHANGE FORM 20151001

Submit this form with the appropriate supplemental documentation by fax or email to EMS Compliance. Email: EMSEducation@dshs.texas.gov

For assistance with this form, contact EMSEducation@dshs.texas.gov or (512) 834-6704.

Education Program Information						
Name of Legal Entity:					Course	Approval Number:
Entity Assumed / Operating Name (dba):						
Contact Phone Number:		Contact Email:				
☐ Change in Course Location						
Location Name:				Effective	Date:	
Physical Address:						
City, State, Zip				County:	:	
Phone Number:			Fax:		·	
Required Documents: 1. Equipment List and/or how equipment will be managed at the location. 2. Detailed Description and pictures of classroom 3. Classroom Agreement (if applicable)						
Other (Explain below)						
Principal Instructor / Coordinator Authorization						
On behalf of the above named legal entity, to the Texas Department of State Health Services, I hereby affirm and declare that all information submitted on this form and attached supplemental documents are true and correct. It is understood that any false information given or misrepresentation made in this application or other requested documents may result in revocation or denial of program approval/license. I have read, understand, and agree to abide by Chapter 773 of the Texas Health and Safety Code and Title 25 of the Texas Administrative Code, Chapter 157.						
Print Name of Instructor / Coordinator		Signature of I	of Instructor / Coordinator			Date