



# Texas Department of State Health Services

## ECA or EMT Course Completion Roster for students who are not yet 18 years of age

Submit names of students who have completed the **initial ECA or EMT-Basic course**. Do not combine ECA and EMT students on the same list. Email, Fax, or mail the completed form to the central office in Austin. Mailing address: DSHS, Attn: Emily Hyde, Mail Code 2835, PO Box 149347, Austin, TX 78714-9347, Fax: 512-834-6714, or email: [emily.hyde@dshs.texas.gov](mailto:emily.hyde@dshs.texas.gov).

Program Name		Course Location (City)
Course Number		N. R. Code No
Check one	<input type="checkbox"/> ECA	<input type="checkbox"/> EMT-Basic

### ALPHABETICAL LISTING OF CANDIDATES - Please type or print legibly

NAME: Last, First, M. I.	Social Security No	Date of Birth	Course Completion Date
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In compliance with the rules adopted under state law by the Texas Department of State Health Services (DSHS), I certify that the students listed above have successfully completed all requirements of the EMS training program approved by DSHS and are eligible for the certification examination. I further verify that the proficiency of each candidate has been examined and verified as competent in the application of all required skills.

I understand that by signing this document I am attesting that all of the information on this document is true and correct. I also understand that DSHS will take action against my EMS certification(s) if the information submitted is found to have been falsified.

EMS Coordinator Signature \_\_\_\_\_ Email

Print Coordinator Last Name, First Name, M.I.

Coordinator EMS ID No

Program Telephone No

Program Fax No

Number of Students Listed Above