



Submit the completed form to the appropriate address and with the appropriate cover sheet, posted at: <http://www.dshs.state.tx.us/emstraumasystems/provfro.shtm>

Fax Number: 512-834-6714 Email: EMSProviderFRO@dshs.texas.gov

This form will provide information about the Administrator of Record (AOR) for an EMS Provider or Applicant for an EMS Provider license. In order to complete the Administrator of Record process the individual must complete the Texas Fingerprint Service Code Form for the Department of Public Safety's fingerprint based background check process in order for the Department to receive your criminal background check. In addition, you may be required to submit certified copies of court documents.

TYPE OR PRINT LEGILBLY IN BLACK INK

Section 1 – Administrator Information

| | | | | | |
|---|--|--------------------------|--|-------------|--|
| Name: | | | | | |
| Mailing Address: | | | | | |
| City: | | | | | |
| County: | | State: | | Zip: | |
| Telephone: | | Fax: | | | |
| 24/7 Contact Number: | | | | | |
| Email Address: | | | | | |
| Date of Birth: | | | | | |
| Social Security Number: | | EMS Personnel ID: | | | |
| <i>* Disclosure of your social security number is mandatory under Family Code, Chapter 231.302(c)(1).</i> | | | | | |

Section 2- Fingerprint/Background Check

Please **DO NOT** complete the fingerprint/background check process if you have completed this process in the last 5 years for EMS Certification & Licensing and/or EMS Compliance.

- AOR for government entity; exempt from fingerprinting.
- I previously completed the fingerprint/background check process for a previous EMS certification and/or license on _____ date.
- I will complete the fingerprint/background check process by _____ date.

Link to background check process:

[http://www.dshs.texas.gov/emstraumasystems/EMS/pdf/DPS-CHRI\).pdf](http://www.dshs.texas.gov/emstraumasystems/EMS/pdf/DPS-CHRI).pdf)

Section 3 – Criminal/Disciplinary History

You must answer each question below. Failure to report any limitation, suspension and revocation of a license and/or any conviction(s) and/or deferred adjudication and/or disciplinary action information may result in disciplinary action and/or denial of your agency's Texas EMS Provider License.

Have you ever:

- A. Been convicted of a misdemeanor?
Yes No
- B. Been convicted of a felony?
Yes No
- C. Received a deferred adjudication?
Yes No
- D. Received a pretrial diversion?
Yes No
- E. Received a deferred disposition?
Yes No
- F. Been placed on community supervision or court-ordered probation?
Yes No
- G. Been sentenced to serve jail or prison time or court-ordered confinement?
Yes No
- H. Been criminally charged or have any pending criminal charges?
Yes No
- I. Been or are currently the target or subject of a grand jury or governmental agency investigation?
Yes No
- J. Been excluded from participation with Medicare and/or Medicaid?
Yes No
- K. Been convicted of Medicare and/or Medicaid fraud?
Yes No
- L. Been subject of a court-martial or received any form of other military judgment, punishment or action?
Yes No
- M. Had any licensing/certification authority refuse to issue you a license or certification in Texas or another State?
Yes No
- N. Had any licensing/certification authority in Texas or another State revoke, annul, cancel, suspend, place on probation, refuse to renew, accept a surrender of a license or certificate held by you?
Yes No
- O. Had any licensing authority in Texas or another State fine, censure, and reprimand or otherwise discipline you?
Yes No

Please use the attached Criminal Offense/Criminal Conduct Explanation Form if you answered "YES" to any of the above questions.

Section 4 License

Must Choose One Answer. Do not list the EMS Provider License information in this section.

1. I hold a Texas EMS Personnel certification and/or license? (Must be EMT or Higher)

Level:

License #:

Expiration Date:

2. I hold a health care professional license issued by the state of Texas with a direct relationship to emergency medical services; or

License #:

Expiration Date:

Type:

3. Exempt – I have read the EMS rules at 25 TAC CH. 157.11(b)(F)(i-vii), I am exempt from section (ii) and (iv) because I have at least eight years of experience providing emergency medical services and the EMS Provider held the license on September 1, 2013.

Please submit a signed and dated affidavit with dates and a detailed description of your EMS experience along with the name of the EMS provider service(s) and contact information for each EMS provider service.

Section 5 – EMS Provider Information

Name of Legal Entity holding EMS Provider License

License #

Doing Business As Name if applicable (Assumed Name)

Mailing Address

City

State

Zip

Business Telephone (Include Area Code)

Business Fax (Include Area Code)

Signature of CEO/Owner**Printed Name of CEO/Owner****Date of Signature**

Section 6 - Course or Continuing Education

- I completed an Administrator of Record Course, the course completion certificate is attached.
- I understand that I must complete 8 hours of continuing education designed for administrator of record annually. (Government Entity AOR's are Exempt)

Section 7 – Attestation

I attest that I am AOR for only one for profit EMS Provider and I am not employed or receive compensation from another for profit EMS Provider. (Texas Health and Safety Code Section§ 773.05712 (1) The administrator of record is not employed or otherwise compensated by another private for-profit EMS provider.)

Are you an AOR for a government entity or non-profit EMS Provider? YES NO

I attest that the statements provided are true in every respect. I understand that no one else may submit this document on my behalf and that I am accountable and responsible for the accuracy of any answer or statement made on this document or supplemental documents. Further, I understand that it is a violation of Title 25 of the Texas Administrative Code Chapter 157 and the Texas Penal Code to submit a false statement to the Department. I consent to the release of confidential information to the Department and further authorize the Department to use and to release said information as needed for the evaluation and disposition of my eligibility. I will inform the Department of State Health Services of any changes to my disciplinary or criminal history to include, but not limited to, any new arrests, criminal charges or indictments, criminal investigations, motions to revoke probation/supervision that occur after the submission of this document. 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 document or other requested documents may result in revocation or denial of a 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.

Signature:

Date:

Print Name:

Date:

Privacy Notification: With a few exceptions, you have the right to request and be informed about information 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 552.021, 552.023 and 559.004)

Name:

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Criminal Offense/Conduct Explanation Form

| | | | |
|--|--|--------------|--|
| <input type="checkbox"/> Arrest <input type="checkbox"/> Indictment <input type="checkbox"/> Deferred adjudication | | | |
| <input type="checkbox"/> Conviction | | | |
| <input type="checkbox"/> Other: _____ | | | |
| Date: | | | |
| Offense/Charge: | | Case Number: | |
| City/County/State: | | | |

Explanation:

Signature of Administrator:

Date:

Name:

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Disciplinary Explanation Form

| | | | | | | | | | |
|------------------------------------|--|--|--|------------------------------------|--------------|-------------------------------------|--|-------------------------------------|--|
| <input type="checkbox"/> Reprimand | | | | <input type="checkbox"/> Probation | | <input type="checkbox"/> Suspension | | <input type="checkbox"/> Revocation | |
| <input type="checkbox"/> Exclusion | | | | | | | | | |
| <input type="checkbox"/> Other: | | | | | | | | | |
| Agency Name: | | | | | | | | | |
| Date: | | | | | Case Number: | | | | |
| City/County/State: | | | | | | | | | |

Explanation:

Signature of Administrator:

Date: