



Name of Legal Entity: _____ **Lic #:** _____

Legal Entity Assumed Name: _____

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

Unless submitting an initial application, provide only additions or deletions of your current personnel roster on file. Additions and deletions must be provided on a separate form. Additionally, do not list social security or national registry numbers. You may review your roster on file with DSHS by using our live online certification search.

Initial Applicants:	<input type="checkbox"/> Complete Roster	Renewals and Updates:	<input type="checkbox"/> Additions <input type="checkbox"/> Deletions
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Personnel on this list must be certified or licensed with the Texas Department of State Health Services (DSHS). If necessary, print multiple pages and number them appropriately (e.g. Page 1 of 3, Page 2 of 3, Page 3 of 3...).

TDSHS EMS Personnel Certification/License Identification # Do Not List SSN	Last Name, First Name In <i>Alphabetical Order</i>	Level	Paid or Volunteer
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			

Name of Legal Entity: _____ Lic #: _____

Legal Entity Assumed Name: _____

Current EMS Certification/License Identification # must be included for all personnel listed.

	TDSHS EMS Personnel Certification/License Identification # Do Not List SSN	Last Name, First Name In Alphabetical Order	Level	Paid or Volunteer
1.				
2.				
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PRIVACY NOTIFICATION

With a few exceptions, you have the right to request and be informed about information that the State of Texas collects 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 information on Privacy Notification. (Reference Government Code, Section 552.021, 552.023 and 559.004)