



For DSHS Use Only
ZZ100-160
Receipt #
Date
Amount

EMS Personnel Rule Exemption Request

All information given on this application is considered public record, with the exception of social security number. * When requesting an exemption to EMS rules, this form should be submitted with the EMS certification/licensure application and fee, if you are not an exempt volunteer.

With Fee Mail to: Cash Receipts MC2003, Department of State Health Services, P.O. Box 149347 Austin, Texas 78714-9347

No Fee Mail to: EMS Licensing Unit MC1876, Department of State Health Services, P.O. Box 149347 Austin, Texas . 78714-9347

SECTION 1 – Personnel Data TYPE OR PRINT IN BLACK INK

Last Name First Name Middle Name Social Security Number or EMS License Number

Mailing Address: Street, Apt Number or PO Box

City County State Zip

Telephone (Area ode) Email

SECTION 2 – Exemption Application Fee

Check one box. Make check or money order payment payable to Department of State Health Services. Fees are NOT refundable or transferable. You may combine the EMS application fee with the rule exemption fee. if fee exempt, your EMS administrator must complete Volunteer Sign-Off section on EMS certification/licensure application.

\$30 – For all levels

I am not submitting a fee because I am fee exempt

SECTION 3 – Information and/or Attachments Required.

- Attach a signed and dated letter of support from the medical director of the licensed EMS provider or registered First Responder Organization with which you are or will be affiliated.
Cite the rule number you are seeking to be exempted from [i.e. 25 TAC §157.34(f)(4)]: (see http://www.dshs.state.tx.us/emstraumasystems/ruldraft.shtm for rules).
Attach a letter explaining:
- a specific alternative method of meeting the rule requirement;
- how patient care and/or the health and safety of the public affected will not be negatively impacted;
- the plan and time frame under which the applicable requirement(s) will be met;
- if appropriate, how barriers outside of your control prevented you from meeting rule requirements.

Section 4 – Signature and Date

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