



**TEXAS**  
Health and Human  
Services

**Texas Department of State  
Health Services**

EMS Licensing Unit MC 1876  
P.O. Box 149347  
Austin, Texas 78714-9347  
Main: (512) 834-6734 ~ Fax (512) 206-3779  
Email: EMSCert@dshs.texas.gov

This form is to be completed by the ECA candidate who is requesting an exemption from the high school/GED requirement and meets the volunteer criteria set forth by Health and Safety Code 773.058. Submit this form with the EMS Personnel Certification Application to:

**Return by Email or fax to: Email: emscert@dshs.texas.gov or Fax: (512) 206 - 3799**

**Information:**

Last Name	First Name	Middle Name		
Mailing Address				
City	County	State	Zip	
Social Security Number*				

\* Disclosure of your social security number is mandatory under Family Code, Chapter 232

I request exemption to the high school or GED requirement authorized under Health and Safety Code Section 773.046(b). I understand the law's requirements and verify that I will serve only as a volunteer ECA during my certification period. If I upgrade to a higher certification level or begin to receive compensation\*\* for providing emergency medical services, from any organization, the exemption is inapplicable and I must comply with the HS/GED requirement or surrender the ECA certificate.

Signature of ECA candidate \_\_\_\_\_ Date \_\_\_\_\_

**EMS Provider or First Responder Organization Verification**

This verification section is to be completed by the DSHS licensed EMS provider or DSHS registered first responder organization (FRO) administrator.

I recommend an exemption of the HS/GED requirement for the above named ECA candidate and verify that he/she has committed to actively provide emergency medical care for our organization, which is a DSHS licensed emergency medical services provider or a DSHS registered first responder organization (FRO), and will not receive compensation\*\* for providing these services. Additionally, to the best of my knowledge, this candidate does not provide emergency care for any other organization in return for compensation\*\*.

Signature of Administrator : \_\_\_\_\_ Date: \_\_\_\_\_

Print Name of Administrator:

Organization Name:

Organization License Number: \_\_\_\_\_ Telephone: \_\_\_\_\_

\*\*Compensation does not include reimbursement for actual expenses for medical supplies, gasoline, clothing, meals and insurance incurred while volunteering.  
 PRIVACY NOTIFICATION: With 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 more information on Privacy Notification. (Reference: Government Code, Section 522.021, 522.023 and 559.004)