



EMS CRIMINAL HISTORY FORM

Please return the completed form to: **Texas Department of State Health Services, EMS Compliance and Quality Assurance, Mail Code 1979, PO Box 149347, Austin, TX 78714-9347** or fax to: **512-834-6713**. Use additional sheets if necessary.

(PLEASE PRINT)

Name:	Social Security #:		
Address:			
City:	County:	State:	Zip Code:
Telephone Number:		Email:	

CRIMINAL HISTORY: Please include all criminal offenses/charges/arrests below:

1. <u>Circle One</u>:	Arrest	Deferred Adjudication	Conviction	Deferred Disposition
Offense/Charge Type: _____		Cause Number: _____		
City/County/State: _____		Date: _____		
2. <u>Circle One</u>:	Arrest	Deferred Adjudication	Conviction	Deferred Disposition
Offense/Charge Type: _____		Cause Number: _____		
City/County/State: _____		Date: _____		
3. <u>Circle One</u>:	Arrest	Deferred Adjudication	Conviction	Deferred Disposition
Offense/Charge Type: _____		Cause Number: _____		
City/County/State: _____		Date: _____		
4. <u>Circle One</u>:	Arrest	Deferred Adjudication	Conviction	Deferred Disposition
Offense/Charge Type: _____		Cause Number: _____		
City/County/State: _____		Date: _____		
5. <u>Circle One</u>:	Arrest	Deferred Adjudication	Conviction	Deferred Disposition
Offense/Charge Type: _____		Cause Number: _____		
City/County/State: _____		Date: _____		

Signature: _____	Date: _____
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