

EDUCATION PROGRAM MAILING COVERSHEET FOR OVERNIGHT/PARCELS/EXPRESS DELIVERY ONLY

SEND THIS FORM WITH MAILED FEE SUBMISSIONS

<p>INTERNAL DSHS DELIVERY: Patient Quality Care – EMS Compliance and QA Exchange Building – MC 1979</p>	<p>For DSHS Use Only – ZZ100-160</p> <p>Remit Date _____</p> <p>Remit No _____</p> <p>Amount Pd _____</p>
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Please Print Information Below

Legal Entity Name of applicant:	
Applicant's Assumed Name or DBA: <small>(IF APPLICABLE)</small>	
Education Program # <small>(IF APPLICABLE)</small>	
Date of Online Transaction: <small>(IF APPLICABLE)</small>	
Name of Contact Person:	
Contact Phone Number:	
Contact E-mail Address:	

<p>Mailing:</p> <p>Texas Department of State Health Services Cash Receipts Branch – MC 2003 1100 West 49th Street Austin, Texas 78756-3101</p> <p>Fax: 512-821-4510 Email: emscompliance_central@dshs.state.tx.us</p>	EDU
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