



TEXAS DEPARTMENT OF STATE HEALTH SERVICES
EMERGENCY MEDICAL SERVICES
First Responder Organization Registration Application
Rev 20120417

This application and the appropriate fee should be submitted to EMS Compliance & QA - Central Group in Austin. For the appropriate cover sheet and general mailing instructions, see <http://www.dshs.state.tx.us/emstraumasystems/fro.shtm>. If you have any questions, call the appropriate EMS Compliance & QA office (see <http://www.dshs.state.tx.us/emstraumasystems/fro.shtm> at bottom of page).

Unless otherwise instructed renewal applicants should use online renewal process only.

Type of license being requested:	<input type="checkbox"/> Initial Registration	<input type="checkbox"/> Renewal	FRO Registration #
Name of Legal Entity:			
Entity Assumed/Operating Name:		Federal Tax ID:	
Mailing Address:		Physical Address:	
City, State, Zip:		City, State, Zip:	
County:		County:	
Administrative Telephone:	()	Dispatching Agency Name:	
Administrative Fax:	()	Dispatch Telephone:	()
Administrator Name:		Medical Director's Name:	
Administrator License#		Medical Director's License#	
Telephone:	()	Telephone:	()
Fax:	()	Fax:	()
E-mail Address:		E-mail Address:	

All applicable DSHS forms and online renewal information may be found at:
<http://www.dshs.state.tx.us/emstraumasystems/fro.shtm>

Required documents for FRO Registration:

- DSHS First Responder Organization Registration Application
- DSHS Personnel Roster
- DSHS Medical Director Form
- FRO/Provider Agreement
- Description or highlighted map of service area
- Protocols, signed and dated by Medical Director, with expiration date
- Medical equipment, supply and medication list (including amounts and concentrations); signed and dated by Medical Director
- Medical Direction Agreement: This documentation is only necessary if the Medical Directors for the Provider and the FRO are different.

License Service Type:

- Governmental Entity
- Volunteer Fire Department
- Law Enforcement
- State Agency
- Corporate / Industrial

Level of care applying for:

- BLS
- ALS

Name of Legal Entity or Person Applying for Registration:	
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EMS provider information: You must identify each EMS provider firm that you will be associated, and you **must provide a copy of an agreement with each firm.** The name you supply must be the legal entity name which the provider is licensed under with the State of Texas. You may use a separate spread sheet to if needed.

For ALS First Responders: If any of the providers are licensed as BLS or BLS with any level of capability then the agreement must specify how patient care will be continued if advanced procedures are initiated and a BLS transport crew arrives.

Name of EMS Provider(s)	Provider License Number

REGISTRATION FEES – SUBMIT WITH APPROPRIATE COVER SHEET

If any First Responder employees or members are compensated by any entity for providing first responder service, the First Responder Organization shall pay the following nonrefundable application fee:

Application Fee-Initial: \$60 Application Fee-Renewal: \$70

- Total Amount: \$ _____**
- Fee Exempt** (Must be 100% volunteer and **not** meet the above statement)

Make Payment to: TEXAS DEPARTMENT OF STATE HEALTH SERVICES

NOTE: YOU MUST SUBMIT A DSHS COVER SHEET: See <http://www.dshs.state.tx.us/emtraumasystems/fro.shtm>.

First Responder Administrator Statement: I hereby affirm and declare that all information submitted on this application and documents are true and correct. I understand that false statements of information on this application and documents may be considered as sufficient cause for revocation or denial of registration. I agree to notify the Department of a change in organization name, ownership, change in medical director, permanent or long-term change in level of service, and any other responsibility as defined by law and rule during the license period.

Printed Name of FRO Administrator	FRO Administrator Signature

PRIVACY NOTIFICATION

Publication #: F01-13067 - Electronic Publication #: EF01-13067

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)