TEXAS DEPARTMENT OF STATE HEALTH SERVICES
FIRST RESPONDER ORGANIZATION

Medical Director Information Form

Rev 20141016

Submit this form to:
EMS Certification – MC 2835, PO Box 149347, Austin, TX 78714-9347
For assistance you may contact EMS Certification at 512-834-6734 or contact the appropriate regional DSHS EMS staff.
See http://www.dshs.state.tx.us/emstraumasystems/EMSComplianceRegOfcList.pdf for contact information

Name of Physician:			
Mailing address of Medical Director:		Physical Address of Medical Director:	
City, State, Zip:		City, State, Zip:	
Medical License #		Office Phone:	( )
Expiration date:		Home/Cell Phone:	( )
Email:		Fax:	( )

List **all** Providers and First Responder Organizations currently under your medical direction.
You may use a separate signed spread sheet with the required information.

Name of Legal Entity and Assumed Name of Provider/First Responder Organization	Provider/FRO License #	Date began with Provider/FRO

I verify that I am a physician licensed in the State of Texas. I have read and am familiar with the Medical Practice Act and the Texas Medical Board rules regarding Emergency Medical Service at Title 22 of the Texas Administrative Code (TAC), Chapter 197, with the Department of State Health Services EMS statute at Chapter 773 of the Texas Health and Safety Code, and with EMS rules at Title 25 TAC, Chapter 157. I understand that I am responsible for all aspects of the operation of the above named legal entities concerning the provision of medical care.

Printed Name of Medical Director	Medical Director Signature	Date

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)