



Regulatory Licensing Unit
 EMS Certification & Licensing Group
 Department of State Health Services
 Cash Receipts Branch, MC 2003
 P.O. Box 149347
 Austin, Texas 78714-9347
 (512) 834-6700 FAX (512) 834-6714

For DSHS Use Only	
ZZ100-160	
Receipt #	_____
Date	_____
Amount	_____

INACTIVE/ACTIVE EMS Certification/Licensure Application

This application is intended for candidates who wish to change their status from ACTIVE or EXPIRED to INACTIVE, renew as INACTIVE or renew INACTIVE to ACTIVE status. Electronic application & fee submission are available at:
www.dshs.state.tx.us/emstraumasystems

APPLICATION SUBMISSION:

- Application processing takes approximately 4-6 weeks.
- Applicant is not considered certified/licensed until application is processed and approved.
- Check your application status at: <http://dshsregn.dshs.state.tx.us/ems/certquery.htm>

VISIT OUR WEBSITE FOR MORE INFORMATION: www.dshs.state.tx.us/emstraumasystems

SECTION 1 – PERSONNEL DATA

TYPE OR PRINT IN BLACK INK

Last Name	First Name	Middle Name	Social Security Number*
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List other names you have used (e.g. alias, married/maiden, etc.)

Address: Street, Apt. Number or PO Box

City	State	Zip
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Home Phone	Business Phone	E-mail
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Date of Birth	Driver License Number (include state)
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* Disclosure of your social security number is mandatory under Family Code, Chapter 231.302(c)(1)

Mark the level for which you are applying

ECA	EMT	EMT-Intermediate
EMT-Paramedic	Licensed Paramedic**	

**In order to achieve Licensed Paramedic (LP) status, an applicant must submit an official transcript indicating Associate Degree in EMS or a higher level degree in any other field.

SECTION 2 – Application Type

Check appropriate box(es). Complete this section ONLY if you wish to change your status from active or expired to inactive

CHANGE CURRENT, ACTIVE CERTIFICATION/LICENSURE*

- Your inactive status will have the same expiration date as your current certification/licensure.
- Submit this application and the administrative fee of \$30.
- NO renewal fees are required until submission of renewal application.

RENEW CURRENT, ACTIVE OR INACTIVE CERTIFICATION/LICENSURE**

- Submit this application, appropriate renewal fees and the \$30 administrative fee.

RENEW EXPIRED, ACTIVE OR INACTIVE CERTIFICATION/LICENSURE* ** ***

- Submit this application and appropriate renewal fees and the \$30 administrative fee.
- Include LATE FEE if renewing within 90 days after expiration date.
- Include REENTRY fee if renewing between 90 days and 1 year past expiration date.

* Inactive status is not allowable for ECA level.

** If renewing an expired inactive certification/licensure as inactive, you do not owe the \$30 administrative fee.

*** The inactive status period is effective for 4 years from the date of issuance. If expired more than 1 year, you must meet INITIAL certification/licensure or equivalency requirements.

I am hereby applying for inactive certification/licensure. I understand that while in inactive status I shall not provide patient care as that of certified or licensed personnel and may only act as a bystander. Performance in any capacity regulated under the Health and Safety Code, for compensation or as a volunteer, is prohibited and failure to comply shall be cause for certification or license revocation and may be cause for denial of future applications. I understand EMS §157.33-Certification and §157.34 Recertification and ALL REQUIREMENTS for reentry to active status.

SECTION 3 – RENEWAL OPTION

- **IN ALL CASES, CERTIFICATION DOES NOT EXTEND PAST YOUR EXPIRATION DATE.**
- **YOU CAN APPLY FOR ACTIVE STATUS ANYTIME DURING YOUR FOUR YEAR INACTIVE CERTIFICATION PERIOD.**

Check appropriate box(es). Complete this section only if you wish to change your status from inactive to active.

Option 1* Meet the normal 4 year continuing education requirement according to §157.38, for certification renewal, submit verification of skills proficiency from an approved education program and pass the National Registry assessment exam.

Option 2 Complete a department approved recertification course, and pass the National Registry assessment exam.

* By signature on this form, I affirm I have completed the CE hours as required. I understand I may be required to furnish proof of completion of CE if audited, and agree to retain documentation for a period of 5 years after completion of the CE course/program. I understand if I am unable to substantiate completion of CE hours, my certification may be revoked.

SECTION 4 – MILITARY PERSONEL

Please check one of the boxes below if it applies to you

Active Military Service Member

Military Veteran

Military Spouse

Please check this box for a request to expedite this application.

Request for expediting an application will be reviewed on a case by case basis.

SECTION 5 – APPLICATION FEE**Check the fee(s) you are submitting.**

- EMT within 12 mos. prior to expiration date- \$64
- EMT within 90 days after expiration date \$94
- EMT within 91 days to 1 year after expiration date \$124
- Advanced EMT or EMT-P within 12 mos. prior to expiration date \$96
- Advanced EMT or EMT-P within 90 days after expiration date \$141
- Advanced EMT or EMT-P within 91 days to 1 year after expiration date \$186
- Licensed Paramedic within 12 mos. prior to expiration date \$126
- Licensed Paramedic within 90 days after expiration date \$186
- Licensed Paramedic within 91 days to 1 year after expiration date \$246
- Other- Explain

Submit application and fee to:

Texas Department of State Health Services Cash Receipts Branch, MC 2003
P.O. Box 149347 1100 West 49th Street Austin, Texas 78714-9347

- **Make check or money order payable to Texas Department of State Health Services**
- **Fees are NOT refundable or transferable.**
- **Do not combine payments for Texas Department of State Health Services and National Registry**

SECTION 6 – CRIMINAL/DISCIPLINARY HISTORY – Everyone MUST answer “YES or NO” to ALL questions below

Failure to report any limitation, suspension and revocation of a license and/or any conviction(s) and/or deferred adjudication case information may result in disciplinary action and/or denial/decertification against your Texas EMS personnel certification or licensure.

Have you ever surrendered any type of license in any state or to a state agency that had issued you a license?

Yes No

Have you ever been subject to limitation, suspension, or revocation of a license, including your right to practice in a healthcare occupation?

Yes No

Have you ever been denied any type of license in any state or by a state agency?

Yes No

Have you ever received deferred adjudication for a felony or misdemeanor?

Yes No

Have you ever been convicted of a felony?

Yes No

Have you ever been convicted of a misdemeanor?

Yes No

• **DO NOT answer, “Yes” if you only have minor traffic violations, e.g. speeding tickets or minor parking violations. Driving while Intoxicated, Reckless Driving or Obstruction of a Highway Passageway are not minor traffic violations.**

Name

Social Security Number

• If you answered yes to ANY question above, provide the date of action, state and agency name, action taken and case number; you may provide an explanation on a separate sheet of paper.

Indicate offense(s) committed

Dates(s) of conviction(s) and/or deferred adjudication(s)

Court case/cause number(s)

Sentences(s)

Fine(s)

City, County and State where offense(s) committed

SECTION 7 – SIGNATURE AND DATE

I swear or affirm that all information on this application is true and correct. I further certify by signature hereon, that I am authorized to execute this document. I am not delinquent in the payment of any child support owed under Chapter 232, Family Code. I further certify that I have read, understood, and agree to abide to Chapter 773 of the Health and Safety Code and the applicable provisions of 25 TAC, Chapter 157, and agree to abide by them.

Signature of Applicant: _____

Date

If you are granted certification/licensure you will be responsible for reporting any changes to the information you provide on this form. The Name/Address Change form is available at the following website: www.dshs.state.tx.us/emstraumasystems/formsresources.shtml#EMS

PRIVACY NOTIFICATION

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 522.021, 522.023 and 559.004)