



Regulatory Licensing Unit

EMS Coordinator, EMS Instructor and EMS Information Operator Instructor Certification Renewal Application

For DSHS Use Only
ZZ100-160
Receipt #
Date
Amount

See attached Privacy Notice. All information given on application is considered public record, with the exception of social security number* and driver license number.

Electronic application & fee submission is available at: http://www.dshs.state.tx.us/emstraumasystems/txonlinelinks.shtm.

APPLICATION SUBMISSION:

- Application processing takes approximately 4-6 weeks.
Submit completed application with documents (if directed) and fee to Dept of State Health Services, EMS Certification Cash Receipts Branch, P.O. Box 149347, Austin, TX. 78714-9347

Section 1: All Applicants Complete This Section

Form fields for personal information: Last Name, First Name, Middle Name, Social Security Number*, Address: Street, Apt Number or PO Box, City, State, Zip, Home Phone, Business Phone, Date of Birth, Driver License Number (include state)

* Disclosure of your social security number is mandatory under Family Code, Chapter 232

Current level of active EMS certification/licensure. certification is not required for EMS Information Operator Instructor certification or recertification.

Section 2: EMS Instructor Recertification

Check one below

- Recertification: Prior to expiration date, submit application and applicable fee to DSHS at address listed above.
Late Recertification: Renewing certificate within 90 days after expiration date.
Re-entry Recertification: Renewing certification within 91 days to 1 year after expiration date.

Section 3: EMS Information Operator Instructor Recertification

List the sponsoring agency or organization with which you are affiliated

Check one below

- Recertification: Prior to expiration date, submit application and applicable fee to DSHS at address listed above.
Check here if you HAVE completed the required Continuing Education requirements for Renewal.
Check here if hold a CURRENT CPR card.
Late Recertification: Renewing certificate within 90 days after expiration date.
Re-entry Recertification: Renewing certification within 91 days to 1 year after expiration date.

Section 4: Coordinator Recertification, Basic & Advanced Levels

- 1. Attach certificate(s) for region updates you attended during current coordinator certification.
- 2. List the DSHS-approved post-secondary educational institution, health care institution or other entity(ies) with which you are affiliated:
- 3. List the qualified entities for clinical and field internship with which you are affiliated:

SECTION 5 – Military Personnel

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 for Active Military Service Members, Military Veterans, and Military Spouses.

Section 6: All Applicants Complete This Section

Mark the level(s) for which you are applying Coordinator EMS Instructor EMS Information Operator Instructor

Fees are not refundable or transferable. Make check or money order payable to: Texas Dept of State Health Services.

Mark the application fee you are submitting

EMS Instructor renewal fee - \$34	EMS Instructor late renewal fee - \$49
EMS Instructor late reentry fee- \$64	EMS Information Operator Instructor renewal fee - \$64
EMS Information Operator Instructor late renewal fee - \$94	EMS Information Operator Instructor late reentry fee - \$124
Coordinator renewal fee - \$66	Coordinator late renewal fee - \$96
Coordinator late reentry fee - \$126	None- Explain
Other, Explain	

I am exempt from fee because I will neither charge nor accept compensation for the education or certification/licensure of EMS personnel.

Volunteer instructors, list name and Provider Number of the DSHS-approved program(s) with which you are affiliated

Section 7: All Applicants Complete This Section

I swear or affirm that all information in 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 and understood Chapter 773 of the Health and Safety Code, the applicable provisions of 25 TAC, Chapter 157, and agree to abide by them.

Signature of Applicant: _____

Date

Should you be granted certification/licensure, you will be responsible for reporting changes to the information you provide on this form. Name/Address Change form and Volunteer-to-Paid Status Change forms are available on our web site at: <http://www.dshs.state.tx.us/emstraumasystems/formsresources.shtm#EMS>

PRIVACY NOTIFICATION: With 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 more information on Privacy Notification. (Reference: Government Code, Section 522.021, 522.023 and 559.004)