



MAIL , FAX, OR E-MAIL COMPLETED FORM TO:

EMS/TRAUMA SYSTEMS- MC 1876 TEXAS DEPT OF
STATE HEALTH SERVICES
P. O. BOX 149347
AUSTIN, TEXAS 78714-9347

FAX: 512/821-4510 or 512/834-6713

E-Mail: EMS_Complaint@dshs.texas.gov

This form is intended for EMS personnel currently certified/licensed to report an arrest, indictment, conviction, deferred adjudication community supervision, and/or deferred disposition for a criminal offense as required under the *Health and Safety Code Chapter 773*, and *Texas Administrative Code 157.36 and 157.37*. EMS statutes and rules are available to view on our website at <http://www.dshs.state.tx.us/emstraumasystems/>.

You are required to furnish the following additional documentation:

- **EXPLANATION STATEMENT:** Provide a detailed explanation statement describing the nature and circumstances for each criminal offense. (Who, What, Where, Why, When) **Be sure to include your signature and date on the letter.** (See page 4)

- **COURT RECORDS:**
 - Complaint/Information, Indictment
 - Judgment, Order of Deferred Adjudication and/or Pretrial agreement (if available)
 - Conditions of Probation/Parole (if applicable)

The EMS Certificant/Licensee may be required to provide more documentation such as a fingerprint based background check. They are also responsible for keeping the Department of State Health Services apprised of any upcoming court dates and outcomes.

TYPE OR PRINT IN BLACK INK

Name of Person/Agency Completing this form:	
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EMS Certificant/Licensee Name:	
DSHS ID No:	
Date of Birth:	
Email:	
Phone Number:	
Mailing Address: (include city, state and zip)	

EMPLOYER INFORMATION:

Provider and/or Agency Name:	
EMS Provider License Number (if applicable) :	
Agency phone number:	

EMS Certificant/Licensee Name:	
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PLEASE PROVIDE INFORMATION REGARDING ANY CRIMINAL OFFENSE(S):

	<input type="checkbox"/> Arrest <input type="checkbox"/> Indictment <input type="checkbox"/> Deferred adjudication <input type="checkbox"/> Conviction
Date:	
Offense/Charge:	
City/County/State:	

	<input type="checkbox"/> Arrest <input type="checkbox"/> Indictment <input type="checkbox"/> Deferred adjudication <input type="checkbox"/> Conviction
Date:	
Offense/Charge:	
City/County/State:	

	<input type="checkbox"/> Arrest <input type="checkbox"/> Indictment <input type="checkbox"/> Deferred adjudication <input type="checkbox"/> Conviction
Date:	
Offense/Charge:	
City/County/State:	

	<input type="checkbox"/> Arrest <input type="checkbox"/> Indictment <input type="checkbox"/> Deferred adjudication <input type="checkbox"/> Conviction
Date:	
Offense/Charge:	
City/County/State:	

DID ANY OF THESE ARRESTS OCCUR WHILE ON EMS DUTY? YES NO

DID ANY OF THESE ARRESTS OCCUR WHILE DRIVING AN EMS VEHICLE? YES NO

EMS Certificant/Licensee Name:	
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EXPLANATION STATEMENT

Signature: _____

Date: _____

Use separate sheets of paper if necessary. Please number, sign, and date each page.