



Please use this checklist to renew your EMS Provider License.

All EMS Providers wishing to renew their license will use our online services electronic application, update vehicle information, update equipment information and pay the renewal fees.

Applicants may pay by electronic check (ACH) and will need your bank routing and account number to complete the renewal transaction. (A credit card is not accepted for EMS Provider payments.) If you need to pay by regular check or money order please choose the pay later option and submit your application online, then mail your payment. Applications without a payment are considered incomplete and insufficient for renewal.

A mailing cover pager is included at the end of this document with the mailing address. If you mail any information to DSHS, you should use a method to track and confirm delivery of your item to ensure DSHS receives it before you expire.

Fee Payment – Make payable to: Texas Department of State Health Services - EMS FUND ZZ100-160

The following items will be updated online, please gather this information before starting your application:

1. Mailing and Physical location address and telephone (*EMS providers must have approval from DSHS before relocating their physical headquarters location. Please do not try to do this at renewal time, it may cause a delay in processing your application.*);
2. Station location addresses and telephone;
3. Vehicle Information (*Only list vehicles you want to license.*);
4. EMS Equipment – You will need the serial numbers and manufactures name for each heart monitor/defibrillator and stretcher (primary cot); and,
5. You will list the organizations Federal Tax Number, Administrator's Name, and Medical Director's Name.

The next page of this document will your online account discuss the supplemental information that must be uploaded with your online application.

All DSHS EMS forms are available at:

<http://www.dshs.state.tx.us/emstraumasystems/provfro.shtm>

If you have a question about the online renewal process for EMS Providers please email: EMSPROVIDERFRO@dshs.texas.gov

Creating your online account:

If this is your first time using the online renewal application you will go to the following website, create a user account and link your account to the EMS provider license you want to renew. *DSHS recommends using a general email address for the agency and not a personal email address.* You will need the license holders name exactly how DSHS has it listed along with your mailing zip code. The best way to see how we have your name listed is by checking our public search first, then setting up your account.

<https://vo.ras.dshs.state.tx.us/>

If you already have an account:

You may log and link your license:

<https://vo.ras.dshs.state.tx.us/>

Once logged in you should see a dialog which states, "It's time to renew!" Press the select button and follow the instructions, reading the top portion of each section for specific instructions on that section of the application. If this section does not exist and you are renewing more than 90 days before your expiration, please contact us by emailing: EMSPROVIDERFRO@dshs.texas.gov

Not sure if the provider license is linked to an account:

If your organization is not sure about the account the license is linked to or personnel have changed since your last application, contact a licensing specialist by at:

EMSPROVIDERFRO@dshs.texas.gov

Please allow up to three days for a response to your email.

Next Steps:

Complete the online application with the information you gathered earlier.

The next page of this document will discuss the supplemental documents that are need to renew your EMS provider license. Applications without supplemental information uploaded are considered incomplete and insufficient for renewal.

All DSHS EMS forms are available at:

<http://www.dshs.state.tx.us/emstraumasystems/provfro.shtm>

Documents to be uploaded:

Please upload completed copies of the following items in a **PDF** document format. Other formats will not upload. Documents requiring signatures must be signed.

1. Declaration Form;
2. Renewal - Administrator of Record Form. (*Governmental entities are exempt from using this form, all other EMS Provider must submit this form.*);
3. Letter of Credit (*Please see Declaration form for amount of credit required.*);
4. Personnel Form - Please include a separate list of those that need to be added and deleted from the entire roster. If there are no changes, please submit a form stating "No Changes" on the first blank for personnel. You may obtain your current roster by using our online certification search.
5. Certificate of Insurance - (*Cards carried in the vehicle as proof of insurance are not accepted. Remember DSHS must be listed as the certificate holder.*);
6. Protocol Signature Page - with an effective date and signed by Medical Director.
7. Minimum Equipment, Supply and Medication List(s) - with an effective date and signed by your Medical Director. (*This is the medical director's minimum list, not a daily check off list.*);
8. Complete copy of protocols;
9. Subscription or Membership Program Information (If your organization has been approved to offer a subscription or membership program, include a copy of the current contract for subscription services, a copy of any advertising for the subscription service, evidence of a surety bond, and names and addresses of all subscribers/members. Air medical providers are excluded from this requirement.);
10. If you have Air Medical authorizations, submit a copy of current FAA Air Carrier Certificate and the FAA operations specifications that includes designation for air ambulance taxi and/or helicopter EMS operations.

Online Application Attachment Section – many common mistakes happen in this section:

1. Attachments must be in PDF format.
2. The maximum file size per attachment is 5MB with an overall upload limit of 30MB.
3. The maximum name length on a file is 16 characters.
4. Once a file is selected, use the notes field to add a brief description of the file before continuing. Doing so may help with the processing time of your application.
5. Each time you select a file you must press "Attach" to upload the file to our server. If the "Attach" button is not pressed the file will not be received and your application will be deficient. Once the "Attach" button is pressed a list of uploaded files can be seen on the screen.

If you have trouble uploading documents or your items are too large to upload, you may send the items to DSHS on a USB drive via mail. Please insure the USB drive is securely fastened to a letter address to EMS Certification and Licensing Group, in case it is separated from the envelop in the mail room.

Documents to be uploaded if they have CHANGED:

Only submit the items below if a change occurred during the last license period.

All EMS Providers:

1. Service Area Description
2. Staffing Plan
3. Quality Assurance Plan
4. Disaster Plan
5. List of Station Locations
6. Medical Director Information form and/or contract
7. Copies of any mutual aid or inter local agreements
8. Copies of any agreements with first responders

Trouble Uploading Documents:

If you have trouble uploading documents or your items are too large to upload you may send the items to DSHS on a USB drive via mail. Please insure the USB drive is securely fastened to a letter address to EMS Certification and Licensing Group, in case it is separated from the envelop in the mail room.

A mailing cover pager is included at the end of this document with the mailing address. If you mail any information to DSHS, you should use a method to track and confirm delivery of your item to ensure DSHS receives it before you expire.



**EMS PROVIDER RENEWAL
WITH FEE PAYMENT**
Revised 06/2017

For DSHS Use Only - ZZ100-160

Remit
Date _____

Remit
No. _____

Amount
Pd. _____

General Mail (US Mail):

Texas Department of State Health Services
(DSHS)
Cash Receipts Branch – MC 2003
PO Box 149347
Austin, Texas 78714-9347

Overnight/Express/Parcel:

Texas Department of State Health Services
(DSHS)
Cash Receipts Branch – MC 2003
1100 West 49th St.
Austin, Texas 78756-3101

Payment Submitted by (if different than applicant):	
Name of EMS Provider or FRO applicant:	
EMS Provider License Number:	
Applicant's Assumed Name or DBA (if applicable):	
Mailing Address:	
City, State, Zip:	
Payment Amount:	
Submission Date:	

If sending a USB drive, please insure the USB drive is securely fastened to a letter addressed to EMS Certification and Licensing Group, in case it is separated from the envelop in the mail room.

**INTERNAL DSHS DELIVERY:
EMS Certification
Exchange Building – MC 2835**