



TEXAS DEPARTMENT OF
STATE HEALTH SERVICES
EMERGENCY MEDICAL SERVICES
PROVIDER & FRO LICENSE – PERSONNEL



Revised 8/27/2015

Fax: 512-834-6714 Email: EMSCert@dshs.state.tx.us

Name of Legal Entity: _____ Lic #: _____

Legal Entity Assumed Name: _____

Initial Applicants:	<input type="checkbox"/> Complete Roster	Renewals and Updates:	Additions	Deletions
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Current EMS Certification/License Identification # must be included for all personnel listed.

TDSHS EMS Personnel Certification/License Identification # Do Not List SSN	Last Name, First Name In <i>Alphabetical Order</i>	Level	Paid or Volunteer
1.			
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18.			

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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 552.021, 552.023 and 559.004)