



Texas Department of State Health Services

EDUCATOR FEE EXEMPTION

Section 1 – Personnel Data TYPE OR PRINT IN BLACK INK

Last Name First Name Middle Name

Social Security #* or Texas EMS ID #

*Disclosure of your social security number is mandatory under Family Code, Chapter 232. All information given on this application is considered public record, with the exception of social security number.

Address: Street, Apt Number or PO Box City State Zip

Home Phone Business Phone Date of Birth

To become eligible for certification you must correct all deficiencies and complete all certification/license requirements and return this completed form by mail or fax.

MAIL - Texas Department of State Health Services EMS Certification & Licensing Cash Receipts Branch MC 2003 PO BOX 149347 Austin, TX 78714-9347

FAX - EMS Certification (512)834-6714

If you have recently submitted this information, please disregard this notice. You may contact certification staff at 512-834-6700 if you have questions regarding certification/license requirements.

Section 2-FEE EXEMPTION DECLARATION

I am exempt from fee because I will neither charge nor accept compensation for the education or certification/licensure of EMS personnel. I agree to notify DSHS if I am compensated as an educator. 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 _____

EDUCATION PROGRAM NAME/ CITY

DSHS EDUCATION PROGRAM NUMBER

PHONE

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)