



TEXAS DEPARTMENT OF STATE HEALTH SERVICES  
 FIRST RESPONDER ORGANIZATION  
**Initial Registration Application**  
 Rev 20141105

This application and the appropriate fee should be submitted to EMS Certification – MC 2835. For the appropriate cover sheet and general mailing instructions, see <http://www.dshs.state.tx.us/emstraumasystems/fro.shtm>. If you have any questions, call EMS Certification (see <http://www.dshs.state.tx.us/emstraumasystems/fro.shtm> at bottom of page).

**This application is intended for INITIAL applicants only. Renewal applicants MUST use the online renewal process.**

Federal Tax ID (FEIN #): <small>(9 digits: XX-XXXXXXX)</small>		Level of Service Applying for:	<input type="checkbox"/> BLS <input type="checkbox"/> ALS
Name of Legal Entity:			
Entity Assumed / Operating Name (dba):			
Entity Mailing Address:		Entity Physical Address:	
City, State, Zip:		City, State, Zip:	
County:		County:	
Administrative Telephone:		Administrative Fax:	
FRO Administrator Name:		Medical Director Name:	
EMS Certification Number:		Medical License Number:	
Telephone:		Telephone:	
Fax:		Fax:	
Email Address:		Email Address:	
Dispatching Agency:		Dispatch Phone Number:	
Dispatch Physical Address:		Dispatch Emergency Number:	
City, State, Zip:		County:	

**Required documents for FRO Registration:**

- DSHS First Responder Organization Registration Application
- DSHS FRO Personnel Roster
- DSHS FRO Administrator Information Form
- DSHS FRO Medical Director Information Form
- FRO/Provider Agreement
- Description or highlighted map of service area
- Protocols signed and dated by Medical Director, with effective date.
- Medical equipment, supply and medication list (including amounts and concentrations); signed and dated by Medical Director
- Medical Direction Agreement: This documentation is only necessary if the Medical Directors for the Provider and the FRO are different.

**License Service Type:**

- |   |  |
|---|--|
| <input type="checkbox"/> Governmental Entity (City / County entity) | <input type="checkbox"/> Volunteer Fire Department                       |
| <input type="checkbox"/> Law Enforcement                            | <input type="checkbox"/> State Agency                                    |
| <input type="checkbox"/> Corporate / Industrial                     | <input type="checkbox"/> Emergency Medical Responder (none of the above) |

**Organization Type:**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> 501c3 Corporation          | <input type="checkbox"/> Association          | <input type="checkbox"/> City Health Department     |
| <input type="checkbox"/> Corporation                | <input type="checkbox"/> Governmental Entity  | <input type="checkbox"/> County Health Department   |
| <input type="checkbox"/> Hospital                   | <input type="checkbox"/> Hospital Authority   | <input type="checkbox"/> Hospital District          |
| <input type="checkbox"/> LLC                        | <input type="checkbox"/> LLP                  | <input type="checkbox"/> LP                         |
| <input type="checkbox"/> LTD                        | <input type="checkbox"/> Partnership          | <input type="checkbox"/> Partnership Unincorporated |
| <input type="checkbox"/> Unincorporated Association | <input type="checkbox"/> University / College |   |
| <input type="checkbox"/> Other (explain):           |   |   |

**Affiliation Agreement Instructions:**

You must submit a written affiliation agreement with *any and all* licensed EMS providers that routinely transport patients you provide care to in your service area. The EMS provider(s) must provide a letter attesting that the following items have been reviewed and approved by the director *and* medical director of the EMS provider (this requirement may be satisfied by all parties signing the affiliation agreement):

1. Level(s) of certification / licensure of FRO personnel providing care.
2. Response, dispatch and treatment protocols including an equipment and supply list approved by the medical director of the licensed EMS provider.
3. Description of how the FRO receives notification of calls.
4. Patient care reporting procedures.
5. Process for the assessment of care provided by the FRO personnel.
6. Response code policies for FRO personnel responding to the scene.
7. On-scene chain-of-command policies.
8. Policies regarding FRO personnel canceling en route EMS units.
9. Policies regarding FRO personnel accompanying patients in EMS providers' vehicles including when FRO personnel hold the highest certification or licensure on scene.
10. Patient confidentiality.

*For ALS First Responders:* If any of the providers are licensed as BLS or BLS with any level of capability then the agreement must specify how patient care will be continued if advanced procedures are initiated and a BLS transport crew arrives.

List all licensed EMS providers whom routinely respond (not mutual aid) within your service area. The name you supply must be the legal entity name which the provider is licensed under with the State of Texas.	Provider License Number

**REGISTRATION FEES – SUBMIT WITH APPROPRIATE COVER SHEET**

If any first responder employees or members are compensated by any entity for providing first responder service, the First Responder Organization shall pay the following nonrefundable application fee:

**Initial Application Fee: \$60**

**Total Amount: \$60**

**Fee Exempt** (First responder employees must NOT be compensated in any way for providing first responder services for your entity.)

**Make Payment to: TEXAS DEPARTMENT OF STATE HEALTH SERVICES**

NOTE: YOU MUST SUBMIT A DSHS COVER SHEET: See <http://www.dshs.state.tx.us/emstraumasystems/fro.shtm>.

*First Responder Administrator Statement:* I hereby affirm and declare that all information submitted on this application and documents are true and correct. I understand that false statements of information on this application and documents may be considered as sufficient cause for revocation or denial of registration. I agree to notify the Department of a change in organization name, ownership, administration, change in medical director, permanent or long-term change in level of service, and any other responsibility as defined by law (Chapter 773 of the Health and Safety Code) and rule (Chapter 157.14 of the Texas Administrative Code) during the registration period.

Printed Name of FRO Administrator	Signature of FRO Administrator

**PRIVACY NOTIFICATION**

Publication #: F01-13067 - Electronic Publication #: EF01-13067

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)