

## Texas Department of State Health Services

Texas Department of State Health Services EMS Certification &Licensing Group Cash Receipts Branch, MC 2003 P.O. Box 149347 Austin, Texas 78714-9347 PHONE (512) 834-6734 FAX (512) 834-6714

Reciprocity Verification Form A										Ctata C	1
NAME OF STATE AND AGENCY COMPLETING FORM									State Se	eai	
EMS OFFICE			#OF PAGES								
FAX NUMBER			Date								
Applicant'											
Last Name F			First Name Middle Name						lame		
Social Security Number			Certificate/License number								
CHECK	HERE IF YOU RECEIVED YO	UR EMS TRAIN	ING IN TI	HE MILITA	ARY, A	AND P	ROVID	E DOCUME	NTATION.		
State Offici	als ONLY: Please complete	the following	g and re	turn by r	nail c	or fax					
State:			Level of Certification								
Issuance Date			Expiration Date								
Certification	course taught in conformance	ce with the U.S.	Departn	nent of Tr	ansp	ortatio	on (DO	T) Standard	s for		
Emergency Medical Technician (EMT) 1994 curriculum		curriculum	Yes	No		EM	Γ-Intern	nediate* 198	Yes	No	
EMT-Intermediate 1999 curriculum			Yes	No		EM	Γ-Parar	medic (EMT-	P)	Yes	No
Advanced EMT			Yes	No							
Date of most recent training			Type of recent training								
	ermediate 1985 curriculum Ol ne applicant's certification cours										ere
MAST	Endotracheal Intubation	EOA, EGTA,	TLS OR I	ETC**	IV		Other				
	pt any of these alternative airwa			bturator a	irway,	, esop	hageal	gastric tube	airway, pharyn	gotracheal	
To the best of your knowledge, has the applicant ever been			convicted	of a felon	y or m	nisdem	neanor'	?	Yes	No	
Has your state/entity ever taken disciplinary action against the				ual's EMS	perso	onnel	certifica	ation?	Yes	No	
Does your state run Criminal History checks?									Yes	No	
If so, has this person ever answered yes or disclosed a Crie			inal Histo	ry?					Yes	No	
(If Yes to any	question, please provide sup	oplemental info	rmation	on a sepa	arate	sheet	)				
Has your state/entity ever granted reciprocity to this applica			t before?						Yes	No	
If so, from	National Registry Sta	te					V	Vhen			
Do you recom	mend granting reciprocity to this	s applicant?		Yes	3	No		If No, expla	ain on separate	e sheet.	
STATE EMS	CERTIFICATION PERSON	NELCOMPLET	ING TH	IS FORM	ı					_	
Name:							D	ate			

Telephone Number

State Agency

Title