
VARIANCE REQUEST GUIDELINES

This document has been prepared to serve as a guide in requesting a Variance from EMS standards with the Texas Department of State Health Services. Please read the instructions carefully. The necessary form(s) are enclosed for your convenience. Should you have any questions, please contact your respective EMS Program Specialist. The following Statute will be considered when reviewing a variance request.

- Sec. 773.052. VARIANCES. (a) An emergency medical services provider with a specific hardship may apply to the department for a variance from a rule adopted under this chapter. The executive commissioner by rule may adopt a fee of not more than \$30 for filing an application for a variance.
- (b) On receipt of a request for a variance, the department shall consider any relevant factors, including:
- (1) the nearest available service;
 - (2) geography; and
 - (3) demography.
- (c) The department shall grant to a sole provider for a service area a variance from the minimum standards for staffing and equipment for the provision of basic life-support emergency medical services if the provider is an emergency medical services provider exempt from the payment of fees under Section [773.0581](#).
- (d) An applicant for a variance under Subsection (c) must submit a letter to the department from the commissioners court of the county or the governing body of the municipality in which the provider intends to operate an emergency medical services vehicle. The letter must state that there is no other emergency medical services provider in the service area.
- (e) The department shall grant a variance under Subsection (c) if the department determines that the provider qualifies and may deny the variance if the department determines that the provider does not qualify. The department shall give a provider whose application is denied the opportunity for a contested case hearing under Chapter [2001](#), Government Code.
- (f) The department shall issue an emergency medical services license to a provider granted a variance under this section. The license is subject to annual review by the department. A provider is encouraged to upgrade staffing and equipment to meet the minimum standards set by the rules adopted under this chapter.

EMS Provider Personnel Variance Request

Name of EMS Provider:

EMS Provider License Number:

Address:

City:

State:

Zip:

Telephone:

Email address:

Specify the personnel variance requested and reason(s):

700 character max. If additional space is needed, please attach a Word document.

Submit a letter to the department from the commissioners court of the county or the governing body of the municipality in which the provider intends to operate.

There is no variance request fee. The need to continue an approved variance will be reevaluated every six months by the Department.

Signature and Printed Name of the Administrator of Record Date

Signature and Printed Name of the EMS Provider Medical Director Date

Please submit this request to your respective EMS Program Specialist to start the process.

Link to EMS Regional and Field Office Contacts:

<https://www.dshs.state.tx.us/emstraumasystems/regions.shtm>