



Texas Department of State Health Services

**Regulatory Licensing Unit
EMS Instructor, EMS Coordinator and
EMS Information Operator Instructor Certification
Initial Application**

For DSHS Use Only	
ZZ100-160	
Receipt #	_____
Date	_____
Amount	_____

See attached Privacy Notice. All information given on application is considered public record, with exception of social security number* and driver license number. Electronic application & fee submission is available at: <http://www.dshs.state.tx.us/emstraumasystems/txonline/links.shtml>

APPLICATION SUBMISSION:

- Expect application processing to take approximately 4-6 weeks.
- Submit completed application with documents (if directed) and fee, if not exempt, to

Texas Department of State Health Services
EMS Certification Section, Cash Receipts Branch
P.O. Box 149347, Austin, TX. 78714-9347

TESTING INSTRUCTIONS:

- IF you are required to pass the exam, you are responsible for scheduling exam seat.
- Schedule exam seat after application & course certificate is processed
- To schedule your exam, please contact your local regional office.

Section 1- Personnel Data, Please TYPE OR PRINT IN BLACK INK

Last Name	First Name	Middle Name	Social Security Number*	
Address: Street, Apt Number or PO Box		City	State	Zip
Home Phone	Business Phone	Date of Birth	Driver License Number (include state)	

* Disclosure of your social security number is mandatory under Family Code, Chapter 232

Current level of active EMS certification/licensure. EMS certification is not required for EMS Information Operator Instructor certification or recertification.

Section 2: Initial EMS Instructor

1. Must hold at least Texas EMT Basic certification.
2. Have you achieved a high school diploma or GED? Yes No
Texas Education Agency accredited public or private school or out-of-state equivalent is required.
3. Attach DSHS-approved instructor course completion certificate. If you completed a Methods of Teaching or similar non-EMS course, you must attach proof of completing a skills orientation session by a DSHS-approved EMS coordinator.
4. Pass EMS instructor exam. All requirements **MUST** be completed within one-year of course completion date.

Section 3: Initial EMS Information Operator Instructor

1. Have you achieved a high school diploma or GED? Yes No
Texas Education Agency accredited public or private school or out-of-state equivalent is required.
2. Attach copy of current EMS Information Operator (dispatch) card.
3. List the sponsoring agency or organization with which you are affiliated
4. Attach copy of DSHS-approved EMS Information Operator Instructor course certification or hold current EMS Instructor certification.
5. Pass EMS Information Operator Instructor written exam.

GRANDFATHER CLAUSE: Persons with current EMS Information Operator Instructor certification from a department-approved training program, attach a copy of current EMS Information Operator Instructor certification. Disregard 1-5 above.

Section 4-A: Basic Level, Initial Coordinator

1. EMS rules require you be an instructor for 2 consecutive years.
2. On a separate sheet, list course name(s), DSHS course number(s), course dates and hours for at least 120 hours of instruction for initial EMS certificants. The list must be verified by signature of a DSHS- approved EMS coordinator.
3. Attach documentation of positive instructor evaluations as a certified instructor. The evaluation must be verified by signature of a DSHS-approved EMS coordinator
4. List the DSHS-approved provider, medical director, hospital, post-secondary educational institution or health care institution with which you are affiliated
5. Attach letters of intent from qualified providers of clinical and field internship.
6. Attach coordinator course completion certificate.
7. Pass coordinator written exam. All requirements **MUST** be completed within one year of course end date

Section 4-B: Advanced Level, Initial Coordinator

- 1. Must have at least an associate degree. Attach copy of college/university diploma.
- 2. EMS rules require you be an instructor for at least 4 consecutive years or a basic coordinator for 2 consecutive years.
- 3. On a separate sheet, list course name(s), DSHS course number(s), course dates and hours for at least 120 hours of instruction for initial EMS certificants. The list must be verified by signature of a DSHS- approved EMS coordinator.
- 4. Attach documentation of positive instructor evaluations as a certified instructor or as a basic coordinator. The evaluation must be verified by signature of a DSHS-approved EMS coordinator.
- 5. List the DSHS-approved post-secondary educational institution, health care instruction or other entity(ies) with which you are affiliated:
- 6. Attach letters of intent from qualified providers of clinical and field internship.
- 7. Attach coordinator course completion certificate. Omit if you are currently certified as a basic coordinator.
- 8. Pass exam within one year of course completion. If currently certified as basic coordinator, omit exam.

SECTION 5 – MILITARY PERSONEL

Please check one of the boxes below if it applies to you

Active Military Service Member

 Military Veteran

 Military Spouse

Please check this box for a request to expedite this application. Request for expediting an application will be reviewed on a case by case basis for Active Military Service Members, Military Veterans, and Military Spouses.

Section 6: FEES - All Applicants Complete This Section

Mark the level(s) for which you are applying

Basic Coordinator

 Advanced Coordinator

 EMS Instructor

 EMS Information Operator Instructor

Fees are not refundable or transferable. Make check or money order payable to: Texas Department of State Health Services.

Mark the application fee you are submitting

- EMS Instructor application fee - \$34
- EMS Coordinator application fee - \$66
- EMS Information Operator Instructor application fee - \$64

I am exempt from fee because I will neither charge nor accept compensation for the education or certification/licensure of EMS personnel.

- None- Explain
- Other- Explain

Volunteer instructors, list name of DSHS-approved program(s) with which you are affiliated

Section 7: SIGNATURE - All Applicants Complete This Section

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 of Applicant: _____

Date

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)