



# Regulatory Licensing Unit EMS Certification & Licensing Group

Texas Department of State  
Health Services

## EMS Certification/Licensure Downgrade Statement

All information given on this application is considered public record, with the exception of social security number\*. EMS rules allow you to voluntarily change your EMS certification/licensure to a lower level. You may downgrade the level of your current certification/licensure for the duration of this period or you may choose to renew your certification/licensure at a lower level. In either case, you must submit this form with the renewal application and fee, if not exempt. The required fee is the full fee amount for the lower certification as listed on the renewal application form. See renewal application form for correct fee amount.

### Section 1 – Personnel Data

TYPE OR PRINT IN BLACK INK

Last Name	First Name	Middle Name	Social Security Number*	
Mailing Address: Street, Apt Number or PO Box		City	State	Zip
Home Phone (area code)	Business Phone (area code)		Date of Birth	
Alternate home address**	City	State	Zip	

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

\*\* This may be desired by candidates whose employer mandates the business address as the mailing address. Disciplinary action proposals will be sent to both the mailing address and the alternate address. Certificates/licenses and renewal notices will only be sent to the mailing address.

### Section 2 – Downgrade Status Period

Check one status period

I am requesting downgrade of my certification/licensure for the remainder of this certification period. I am choosing to forfeit my higher level certification/licensure. I realize I have one year from the acceptance of the lower level application to regain certification/licensure at the higher level. I also understand, to regain certification/licensure at the higher level, I must meet reentry requirements which are listed as Option 1 AND Option 4 on the renewal application form along with the reentry fee, if not exempt.

I am requesting downgrade of my next certification period. I am choosing to forfeit my higher level certification/licensure at the end of this certification/licensure period. I have completed one of the renewal requirements as check marked on the renewal application form for this downgrade level. I realize I have one year from the acceptance of the lower level application to regain certification/licensure at the higher level. I also understand, to regain certification/licensure at the higher level, I must meet reentry requirements which are listed as Option 1 AND Option 4 on the renewal application form along with the reentry fee, if not exempt.

### Section 3 – Downgrade Level

Check the level of certification for which you are applying	ECA	EMT	Advanced EMT
	Paramedic	Basic EMS Coordinator	EMS Instructor

### Section 4 – Signature and Date

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 collect 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)