



Texas Department of State Health Services
EMS Certification & Licensing Group

Texas Department of State Health Services

Volunteer Sign-off

Section 1 – Personnel Data TYPE OR PRINT IN BLACK INK

Last Name First Name Middle name

Social Security Number* or Texas EMS ID *Disclosure of your social security number is mandatory under Family Code, Chapter 232. All information given on this application is considered public record, with the exception of social security number.

Address:

City State Zip
Home Phone Business Phone Date of Birth

We cannot process your certification/license due to the following deficiency.

You are claiming exempt status and we do not have a signed volunteer statement from the administrator of the licensed provider or registered first responder with which you volunteer. Please have your administrator complete the volunteer statement below.

To become eligible for certification you must correct all deficiencies and complete all certification/license requirements and return this completed form by mail or fax.

MAIL Texas Department of State Health Services, EMS Certification & Licensing
Cash Receipts Branch MC 2003, PO BOX 149347, Austin, TX 78714-93 47
FAX EMS Certification (512)834-6714

If you have recently submitted this information, please disregard this notice. You may contact certification staff at 512-834-6700 if you have questions regarding certification/license requirements.

Section 2-Volunteer Sign-off- This section MUST be completed by EMS Firm Administrator

This candidate is exempt from the payment of fees because he/she actively provides emergency medical care for our organization, which is a DSHS licensed emergency medical services provider or a DSHS registered first responder organization, and does not receive compensation*** for providing these services. Additionally, to the best of my knowledge, this candidate does not provide emergency care for any other organization in return for compensation***, other than reimbursement as described below. I have explained to the candidate that if during the certification period, they begin to receive compensation*** for providing emergency medical services, from any organization, the exemption is inapplicable and they are required to send a prorated fee to the department.

***Compensation does not include reimbursement for actual expenses for medical supplies, gasoline, clothing, meals and insurance incurred while volunteering.

Signature of Administrator Print name

FIRM/ORGANIZATION NAME/ CITY

TX DSHS FIRM/REGISTRATION NUMBER AND EXPIRATION DATE PHONE

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)