



Texas Department of State
Health Services

TEXAS DEPARTMENT OF STATE HEALTH SERVICES
FIRST RESPONDER ORGANIZATION
NOTIFICATION / CHANGE FORM
Rev 20150821

Submit this form and all accompanying information to: EMS Certification - MC 1876, PO Box 149347, Austin, TX 78714-9347 For assistance you may contact EMS Certification at 512-834-6734 or contact the appropriate regional DSHS EMS staff. See <http://www.dshs.state.tx.us/emstraumasystems/regions.shtm> for contact information

First Responder Organization (FRO) Information

Name of Legal Entity

FRO Registration Number

Entity Assumed / Operating Name (dba)

Mailing Address

City

State

Zip

Phone

Fax:

E-mail

☐ **FRO Administrator Change**

Previous Administrator:

DSHS ID# (if applicable)

☐ Remove from roster?

New Administrator:

DSHS ID# (if applicable)

☐ Remove from roster?

Effective Date:

Reason for change:

Required Documents:-

1. DSHS – FRO Administrator Information Form

☐ **Medical Director Change**

Previous Medical Director

Medical License #

New Medical Director

Medical License #

Effective Date:

Reason for change:

Required Documents:-

1. DSHS – Medical Director Information Form
2. Electronic copy (CD or USB Flash Drive) of new protocols.
3. Electronic copy (CD or USB Flash Drive) of new equipment/medication/supply list.

☐ **Service Area Change**

Required Documents:-

1. Highlighted map or detailed description of service area.
2. FRO/Provider Transport Agreement – If a new provider responds to updated service area.
Does the service area change affect the medical director's address of service area in the protocols? If yes:
3. Electronic copy (CD or USB Flash Drive) of the change within the protocols.

PRIVACY NOTIFICATION

Publication #: F01-13067 - Electronic Publication #: EF01-13067

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With a 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 information on Privacy Notification. (Reference Government Code, Section 552.021, 552.023 and 559.004)

☐ Upgrade or Downgrade in Level of Service

Current level of service ☐ BLS ☐ ALS

Requested level of service ☐ BLS ☐ ALS

Required Documents:-

1. Electronic copy (CD or USB Flash Drive) of new protocols.
2. Electronic copy (CD or USB Flash Drive) of new equipment/medication/supply list.
3. New FRO/Provider Agreement

☐ Add or Remove EMS Personnel(s)

Status	Name	Certification Number
☐ Add ☐ Remove		
☐ Add ☐ Remove		
☐ Add ☐ Remove		
☐ Add ☐ Remove		
☐ Add ☐ Remove		

Required Documents:-

1. If more than 5 changes are needed, please submit a DSHS FRO Personnel Form.

☐ FRO/Provider Agreement Change

Required Documents:-

1. FRO/Provider Agreement – This must include the following information:
2. level(s) of certification/licensure of FRO personnel providing care
3. response, dispatch and treatment protocols including an equipment and supply list approved by the medical director of the licensed EMS provider
4. description of how the FRO receives notification of calls
5. patient care reporting procedures
6. process for the assessment of care provided by the FRO personnel
7. response code policies for FRO personnel
8. on-scene chain-of-command policies
9. policies regarding FRO personnel canceling en route EMS units
10. policies regarding FRO personnel accompanying patients in the EMS providers vehicles including when FRO personnel hold the highest certification or licensure on the scene and
11. patient confidentiality

☐ Replacement Vehicle Card or Wall Registration

Item(s) to Replace ☐ Wall Registration ☐ Vehicle Card – You only need one. FROs place copies of original in responding vehicles.

Fee: ☐ \$10 Processing Fee ☐ Fee Exempt (Must be 100% volunteer)

FRO Administrator Authorization

Print/Type Name of FRO Administrator

Signature of FRO Administrator _____

Date

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