TITLE 25 HEALTH SERVICES
PART 1 DEPARTMENT OF STATE HEALTH SERVICES
CHAPTER 157 EMERGENCY MEDICAL CARE
SUBCHAPTER B EMERGENCY MEDICAL SERVICES PROVIDER LICENSES

§157.11. Requirements for an Emergency Medical Services (EMS) Provider License.

(a) The purpose of this section is to outline the procedures for obtaining, issuing, and maintaining an EMS provider license.

(b) In Texas, EMS operates as a delegated practice pursuant to Texas Occupations Code §157.003.

(c) Initial or renewal application requirements for an EMS provider license:

(1) Applicants seeking to apply or renew an EMS provider license must submit a completed application using official department forms in accordance with departmental procedures.

(2) Applications must be accompanied by a non-refundable fee of $500 per provider and an additional $180 for each EMS vehicle to be operated under the license.

(3) The department processes EMS provider license applications as specified in §157.3 of this chapter (relating to Processing EMS Provider Licenses and Applications for EMS Personnel Certification and Licensure).

(4) An EMS provider with a current license or authorization from another state is not required to hold a Texas EMS provider license if the provider:

(A) serves an area adjacent to Texas;

(B) has a written mutual aid agreement with a licensed Texas EMS provider;

(C) responds at the request of a licensed Texas EMS provider;

(D) provides emergency mutual aid assistance within Texas; and

(E) complies with the medical standards of care set forth by the provider’s home state.

(5) Fixed-wing or rotor-wing air ambulance providers licensed by New Mexico, Oklahoma, Arkansas, Kansas, Colorado, or Louisiana may apply for a reciprocal provider license. These applications do not require staffing by Texas EMS-certified or licensed personnel. A non-refundable administrative fee of $500 per provider and $180 for each EMS aircraft intended for operation in Texas under the reciprocal license must accompany the application.

(6) An applicant providing emergency prehospital care is exempt from department licensing and authorization fees if staffed by at least 75 percent volunteer personnel, employs no more than five full-time staff or equivalent, and holds recognition as a §501(c)(3) nonprofit corporation by the Internal Revenue Service. Providers compensating a physician for medical supervision are also exempt from these fees if all other criteria for exemption are satisfied.

(7) The following documents must accompany a license application:

(A) Verification of volunteer status, if applicable.

(B) Map and description of the service area, listing counties and cities where primary emergency services are proposed, and a list of station locations including addresses and contact numbers.

(C) Declaration of organization type and profit status.

(D) Declaration of provider name.

(i) The legal name of the EMS provider must not contain the name of a city, county, or regional advisory council (RAC), in whole or part, unless specific written approval is given by the respective entity; and

(ii) a proposed provider name is considered identical to a currently licensed EMS provider if it meets conditions in 1 Texas Administrative Code (TAC) §79.39 (relating to Same Defined); such names are unavailable if there is no difference upon comparison.

(E) Declaration of ownership.

(F) Controlling person. In addition to the ownership declaration outlined in subparagraph (E) of this paragraph, the applicant is required to identify any controlling person associated with the EMS provider.

(i) A controlling person refers to an individual who independently or in collaboration with others, can directly or indirectly influence, direct, or determine the management, financial decisions, or policies of the EMS provider.

(ii) Examples of a controlling person include:

(I) the administrator of record, a management company or business entity responsible for operating or contracting the operation of an EMS provider, or any other individual who has actual control or authority over the provider’s operations; and

(II) an employee, lender, secured creditor, or other individual who does not exert formal or actual influence or control over EMS provider operations is not considered a controlling person.

(iii) The department may initiate enforcement action against a controlling person under §157.16 of this subchapter (concerning Emergency Suspension,

Suspension, Probation, Revocation, Denial of a Provider License, or Administrative Penalties) if it is determined that the controlling person has violated this chapter or relevant statute.

(iv) Suspension or revocation. The department may suspend or revoke an EMS provider license if the license holder, controlling person, administrator of record, or affiliate:

(I) does not comply with rules under this chapter or Texas Health and Safety Code (HSC) Chapter 773;

(II) does not comply with statutes, rules, or departmental orders governing emergency medical services; or

(III) has been convicted of or engaged in actions related to patient solicitation, deceptive or fraudulent practices, or other conduct that does not meet professional standards regarding emergency medical services, as specified in HSC Chapter 773 or other applicable law.

(G) Declaration of the main business location address, normal business hours, and proof of ownership or lease for the location.

(i) Normal business hours must be posted for public access;

(ii) a service area map must be included;

(iii) only one EMS provider license will be issued for each fixed address;

(iv) applicants must confirm that no other licensed EMS provider is located at the submitted business address; and

(v) the EMS provider must remain at the stated physical location throughout the licensure period unless approved by the department for relocation.

(H) An administrator of record statement. The statement, under HSC §773.0571 or §773.05712, must indicate that the individual:

(i) is not employed by or otherwise compensated by another private for-profit EMS provider;

(ii) meets the qualifications for emergency medical technician certification or a relevant health care professional license related to EMS and currently holds such certification or license issued by the State of Texas;

(iii) has completed a criminal history record check at the applicant's expense as outlined in §157.37 of this chapter (concerning Certification or Licensure of Persons With Criminal Backgrounds); and

(iv) has successfully finished an initial education course approved by the department on state and federal laws and rules affecting EMS, including:

(I) HSC Chapter 773 and 25 TAC Chapter 157;

(II) EMS dispatch procedures;

(III) EMS billing procedures;

(IV) Medical control accountability; and

(V) Quality improvement procedures for EMS operations.

(I) Completion of at least eight hours of annual continuing education on Texas and federal EMS laws and regulations.

(J) If the EMS provider held a license on September 1, 2013, and the administrator of record has at least eight years of EMS experience, the administrator of record statement does not need to meet the requirements in subparagraph (H)(ii) and (iii) of this paragraph.

(K) EMS providers operated by governmental entities are not subject to subparagraph (H) of this paragraph except for the administrator of record declaration.

(L) Copies of Doing Business As (DBA) or Assumed Name Certificate.

(M) Completed EMS personnel form.

(N) Staffing Plan detailing how the EMS provider maintains ongoing coverage for the service area specified in documents submitted with the EMS provider application. The plan must address service area coverage or provide a formal system to manage communication when services are unavailable outside regular business hours.

(O) Completed EMS vehicle form.

(P) Declaration of an employed medical director and a copy of the signed agreement or contract with a physician who is currently licensed in Texas, in good standing with the Texas Medical Board, and in compliance with applicable board rules, 22 TAC Chapter 169, and Texas Occupations Code Title 3.

(Q) Completed medical director information form.

(R) Treatment and transport protocols and policies for care provided to adult, pediatric, and neonatal patients, as referenced in HSC §773.112, approved and signed by the medical director.

(S) A list of equipment required on the EMS provider initial and renewal application, including supplies and medications, approved and signed by the medical director.

(T) Documentation that all required equipment is authorized for use by the EMS provider and proof of ownership or long-term lease for equipment necessary for safe operation.

(U) Documentation showing each authorized vehicle has its own set of equipment necessary to operate at the level of service for which the provider is authorized.

(V) Description of the EMS provider's quality assurance practices in collaboration with the medical director.

(W) Documentation that the applicant or the applicant's management staff participates, or will begin to participate, in the local RAC, and:

(i) includes a communication plan with the receiving facility prior to transport; and

(ii) EMS provider protocols under this section may prioritize transportation of patients experiencing acute emergency conditions over transportation for dialysis patients.

(I) "Disaster" as defined by Texas Government Code §418.004 and 10 §418.014.

(II) "End-stage renal disease facility" as defined by HSC §251.001(7).

(X) Copies of written Mutual Aid or Inter-local Agreements with other EMS providers.

(Y) Documentation as required for subscription or membership programs, if applicable.

(Z) Certificate of Insurance from the insurer identifying the department as the certificate holder, indicating at least minimum motor vehicle liability coverage for each operated vehicle, and professional liability coverage. If the applicant is a government subdivision, evidence of financial responsibility via self-insurance to the limits set by tort claims provisions in the Texas Civil Practice and Remedies Code is required:

(i) the applicant must maintain motor vehicle liability insurance per Texas Transportation Code requirements;

(ii) the applicant must maintain professional liability insurance coverage with minimums of $500,000 per occurrence for bodily injury or death and $100,000 per occurrence for property injury or destruction, as specified in Texas Civil Practice and Remedies Code §101.023(c), or as required by state law, through a company licensed or eligible by the Texas Department of Insurance, or provide acceptable proof of self-insurance or captive insurance for payment of losses or damages resulting from any occurrence related to patient care; and

(iii) liability of a unit of local government under this chapter is limited to money damages up to $100,000 per person and $300,000 per occurrence for bodily injury or death, and $100,000 per occurrence for property injury or destruction, as described in Texas Civil Practice and Remedies Code §101.023(d).

(AA) Copies of vehicle titles, lease agreements, exempt registrations for government subdivisions, or affidavits verifying the applicant’s ownership, lease, or authorized operation of each vehicle to be used under the license.

(BB) Documentation confirming the applicant and management staff have sufficient EMS professional experience and qualifications:

(i) attestation that management staff have read the Texas Emergency Healthcare Act and the department’s EMS rules in this chapter; and

(ii) evidence of one year of experience or education provided by a nationally recognized organization in:

(I) emergency medical dispatch processes;

(II) EMS billing procedures;

(III) medical control accountability; and

(IV) quality improvement processes for EMS operations.

(CC) Submission of a letter of credit from a federally insured bank or savings institution is required for obtaining or renewing an EMS provider license. The amounts are as follows:

(i) in the amount of:

(I) $100,000 for the initial license and renewal on the second anniversary of issuance;

(II) $75,000 for renewal on the fourth anniversary;

(III) $50,000 for renewal on the sixth anniversary; and

(IV) $25,000 for renewal on the eighth anniversary;

(ii) the letter of credit must include:

(I) names of all parties involved in the transaction;

(II) the owner of the EMS provider operation and recipient of the bank's letter of credit;

(III) the person or entity receiving the letter of credit; and

(IV) an EMS provider directly operated by a governmental entity is exempt from this subsection.

(DD) Submission of a copy of the surety bond in the amount of $50,000 issued to and provided to the Health and Human Services Commission by the applicant participating in the medical assistance program operated under Texas Human Resources Code Chapter 32, the Medicaid Managed Care Program operated under Texas Government Code Chapter 540, or the child health plan program operated under HSC Chapter 62. An EMS provider directly operated by a governmental entity is exempt from this subparagraph.

(EE) Documentation showing that neither the applicant nor the management team has been excluded from participation in the state Medicaid program must be provided.

(FF) A governmental entity letter of approval must be submitted:

(i) from the governing body of the municipality where the applicant is located and applying to provide EMS;

(ii) from the county commissioner's court if the applicant is not within a municipality;

(iii) attesting that the addition of another licensed EMS provider will not interfere with or adversely affect existing services;

(iv) attesting, if relevant, that the addition of another licensed EMS provider will address a shortage that cannot be resolved by current licensed providers; and

(v) attesting that the addition of another licensed EMS provider will not result in an oversupply of licensed EMS providers in the area.

(GG) An EMS provider must have a policy and process to disclose to a patient when artificial intelligence (AI) was used to provide treatment or diagnosis of a patient. This information must be provided to the patient in an emergency as soon as possible after the response.

(8) paragraph (7)(FF) of this subsection does not apply to EMS provider license renewals or to municipalities, counties, emergency services districts, hospitals, or volunteer EMS organizations in the state applying for licenses.

(9) EMS providers cannot expand or station vehicles outside their original municipality or county for two years after their initial license, unless:

(A) they have a contract with another municipality or county for EMS services;

(B) they respond to emergencies under an existing mutual aid agreement; or

(C) the department activates a statewide emergency or disaster response.

(10) This restriction does not apply to EMS license renewals, or to municipalities, counties, emergency services districts, hospitals, or EMS volunteer provider organizations applying for a license in Texas.

(11) The restriction also does not apply to fixed or rotor-wing EMS providers.

(d) EMS Provider License Issuance.

(1) License.

(A) Applicants who meet all criteria and submit required documents will receive a provider license valid for two years, issued in their name and displayed at the business's primary location.

(B) For administrative purposes, license periods may be shortened.

(C) Licenses are non-transferable, and applications may be denied to those involved with sanctioned or disciplinary actions against any EMS provider service.

(2) Vehicle Authorization.

(A) Each approved EMS vehicle receives an authorization, designating its level of care (e.g., Basic Life Support (BLS), Advanced Life Support (ALS), Mobile Intensive Care Unit (MICU), Air Medical). Providers may upgrade service levels upon departmental approval and payment of a $30 fee per new authorization. Vehicles must not operate until authorized.

(B) Vehicle authorizations may be reassigned between vehicles owned by the same provider but may not be transferred to another provider. The authorization must be prominently displayed in the patient compartment.

(3) Business Name and Administration.

(A) Applicants must submit all operational business names and certified assumed name certificates if operating under different names than licensed; changing the operational name requires a new application, prorated fee, and issuance of a new provider number.

(B) The name of administrator of record must be declared.

(C) The applicant must submit a notarized document declaring the full name, mailing address, email address, and telephone number of the chief administrator to whom the department addresses all official communications regarding the license.

(e) Vehicle requirements.

(1) EMS vehicles must be constructed, equipped, maintained, and operated to ensure safe patient care and transport for adults, pediatrics, and neonates. Required equipment must be carried in compliance with national standards and the medical director requirements.

(2) Vehicles must support safe storage and use of required equipment, supplies, and medications, and enable procedures to be carried out safely and effectively.

(3) Vehicles must meet national standards for ambulance design and safety as approved by the department.

(4) Vehicles placed in service must be equipped with environmental systems capable of maintaining appropriate temperature control to protect patients, personnel, and medications.

(5) EMS providers must maintain written pharmaceutical policies, including documented medication storage practices. All medications must be stored in accordance with manufacturer specifications and recommendations from the U.S. Food and Drug Administration (FDA). Compliance with these policies must be monitored through a quality assurance program authorized by the medical director.

(6) All EMS vehicles require two-way communication as specified in the current Texas interoperability plan unless declared out of service with the form provided by the department.

(7) Vehicles must comply with all relevant federal, state, and local regulations unless officially out of service with the form provided by the department.

(8) Each vehicle must prominently display the provider name and current EMS license number on both sides of the vehicle in at least 2-inch lettering and in contrasting color. The license number must have the letters TX prior to the license number. This requirement does not apply to aircraft.

(f) Substitution, replacement, and additional EMS vehicles.

(1) The EMS provider must notify the department within five business days if a vehicle is substituted or replaced. No fee applies for vehicle substitution or replacement.

(2) The EMS provider must notify the department before placing an added vehicle into service by submitting a vehicle authorization request and non-refundable vehicle fee before the vehicle is response-ready.

(g) Staffing plan required.

(1) Applicants must submit a completed EMS Personnel Form identifying each

response staff member assigned to EMS vehicles, including personnel name, certification level, and department-issued certification or license identification number.

(2) An EMS provider responsible for an emergency response area that cannot offer continuous coverage within its declared service areas must publish public notices in local media, including social platforms, detailing the days and hours when coverage is unavailable. The EMS provider must alert all public safety answering points and dispatch centers regarding times of insufficient coverage and provide evidence of efforts to obtain coverage from other EMS providers.

(3) Applicants must demonstrate at license initiation and renewal that all licensed or certified personnel have completed a jurisprudence examination approved by the department concerning state and federal laws and regulations affecting EMS.

(h) Minimum staffing required.

(1) BLS-Vehicles operating at the BLS level must be staffed with at least two emergency care attendants (ECAs) or individuals with higher certification or licensure when response-ready or in-service.

(2) BLS with ALS Capability--Vehicles operating below the ALS level must be staffed, when response-ready or in-service, by a minimum of two personnel, each certified at least at the emergency care attendant (ECA) level or higher. Full ALS status requires staffing by an advanced emergency medical technician (AEMT) and an emergency medical technician (EMT), or personnel with higher certification or licensure.

(3) BLS with MICU Capability--Vehicles operating below the MICU level must be staffed, when response-ready or in-service, by a minimum of two personnel, each certified at least at the emergency care attendant (ECA) level or higher. Full MICU status requires a certified or licensed paramedic and an EMT, or personnel with higher certification or licensure.

(4) ALS--Vehicles operating at the ALS level must have one AEMT and one EMT or personnel with higher certification or licensure when response-ready or in-service.

(5) ALS with MICU Capability--Vehicles operating below the MICU level must be staffed with one AEMT and one EMT when response-ready or in-service. Achieving full MICU status requires a certified or licensed paramedic and an EMT or personnel with higher certification or licensure.

(6) MICU--Vehicles operating at the MICU level must have a minimum of one certified or licensed paramedic and one EMT or personnel with higher certification or licensure when response-ready or in-service.

(7) Specialized--EMS vehicles authorized for specialized purposes must be staffed with at least two appropriately licensed or certified personnel, as determined by the nature and use of the specialized purpose, subject to approval by the medical director and department.

(8) Refer to §157.12(f) of this subchapter for rotor-wing air ambulance staffing requirements and §157.13(g) of this subchapter for fixed-wing air ambulance operations.

(9) Authorized EMS vehicles may operate at a lower level than licensed when response-ready or in-service. If operating at the BLS level with an ALS MICU ambulance, the EMS provider must maintain a security plan for ALS MICU medication, as approved by the medical director's protocol and policy.

(10) Providers may engage appropriately certified or licensed medical personnel beyond those required at specific designation levels to meet patient needs. The provider remains responsible for care delivered by both required and additional personnel.

(i) Treatment and transport protocols required. Protocols must cover:

(1) written patient care policies and delegated standing orders for treatment and transport, authorized and signed by the provider’s medical director;

(2) an effective date;

(3) procedures regarding non-EMS certified or licensed medical personnel who may provide patient care alongside EMS staff, either on behalf of the provider or within the provider’s EMS vehicles;

(4) utilization of all mandated, supplementary, or specialized medical equipment, supplies, and pharmaceuticals maintained in each EMS vehicle within the provider’s fleet;

(5) delegated procedures relevant to each EMS certification or license level employed by the provider; and

(6) medical protocols, approved by the EMS medical director, which on-duty EMS personnel are expected to follow within the provider’s operational area unless otherwise specified.

(j) EMS equipment, supplies, medical devices, parenteral solutions, and pharmaceuticals.

(1) The EMS provider must submit an itemized list, approved and signed by the medical director and aligned with the treatment and transport protocols, that details all medical equipment, supplies, devices, parenteral solutions, and pharmaceuticals to be carried. This list must specify the quantities as well as the

sizes and types of items necessary for providing appropriate care for all age groups, appropriate to the needs of the patient. The listed quantities, sizes, and types must be appropriate to the provider's call volume, transport duration, and restocking capacity.

(2) All patient care equipment and medical devices must be functioning, securely fastened in the vehicle during patient care, and ready for use. Supplies must be maintained in a clean and fully operating condition. Powered patient care equipment must feature manual mechanical operation, spare batteries, or alternative power sources as backup.

(3) All solutions and pharmaceuticals must be current and stored according to manufacturer specifications and U.S. FDA guidance.

(4) Equipment and supply requirements for air ambulance services are outlined in §157.12(h) and §157.13(h) of this subchapter.

(k) Each in-service EMS vehicle and each response-ready vehicle must be equipped, as specified by the medical director's approved equipment list, with all state-mandated equipment. The equipment list must include items necessary for the treatment and transport of adult, pediatric, and neonatal patients.

(1) Basic life support (BLS).

(A) Required equipment supporting the BLS scope of practice that incorporates the expertise, competencies, and essential skills of EMTs or ECAs, as well as any additional skills authorized by the EMS provider medical director. All BLS ambulances must facilitate patient transport and provide the following treatments:

(i) airway management, ventilation, and oxygenation;

(ii) cardiovascular circulation support;

(iii) immobilization techniques;

(iv) medication administration via appropriate routes; and

(v) care for single and multi-system trauma patients;

(B) oropharyngeal airway devices;

(C) portable and vehicle-mounted suction apparatuses;

(D) bag valve-mask units compatible with oxygen delivery;

(E) portable and vehicle-mounted oxygen supplies;

(F) oxygen delivery apparatus;

(G) dressing and bandaging materials;

(H) commercial tourniquets;

(I) rigid cervical immobilization devices;

(J) spinal immobilization equipment;

(K) extremity splints;

(L) equipment designed to address special patient needs;

(M) devices for monitoring and determining patient vital signs, condition, or response to treatment;

(N) pharmaceuticals as required by medical director protocols;

(O) an external cardiac defibrillator suitable for the staffing level, with two sets of adult pads and two sets of pediatric pads;

(P) a patient transport device that can be securely fastened within the vehicle; patients must be fully restrained according to manufacturer guidelines; and

(Q) an epinephrine auto-injector or comparable device capable of treating anaphylaxis.

(2) Advanced life support (ALS).

(A) Equipment necessary for the ALS scope of practice, including AEMT skills and additional abilities authorized by the EMS provider medical director; ALS ambulances must be equipped to transport patients and perform:

(i) airway, ventilation, oxygenation;

(ii) cardiovascular circulation;

(iii) immobilization;

(iv) medication administration via specified routes;

(v) intravenous (IV) fluid initiation and maintenance; and

(vi) treatment of single and multi-system trauma patients;

(B) all required Basic Life Support (BLS) equipment; and

(C) advanced airway equipment.

(3) Mobile intensive care unit (MICU).

(A) equipment required for administration of paramedic-level knowledge and advanced skills as authorized by the EMS provider medical director; MICU ambulances must be able to transport patients and provide the following treatments:

(i) airway, ventilation, oxygenation;

(ii) cardiovascular circulation;

(iii) immobilization;

(iv) medication administration via specified routes; and

(v) IV fluid initiation and maintenance;

(B) all BLS and ALS required equipment;

(C) cardiac monitor-defibrillator with transmitting 12-lead capability; and

(D) pharmaceuticals as directed by medical protocols.

(4) BLS with ALS capability.

(A) All required BLS equipment, regardless of service status at the ALS level; and

(B) all required ALS equipment when ready for ALS-level response.

(5) BLS with MICU capability.

(A) All required BLS equipment, regardless of service status at the MICU level; and

(B) all required MICU equipment when ready for MICU-level response.

(6) ALS with MICU capability.

(A) All required ALS equipment, regardless of service status at the MICU level; and

(B) all required MICU equipment when ready for MICU-level response.

(7) Use of waveform capnography or carbon dioxide detection equipment is required for performing or monitoring endotracheal intubation.

(8) In addition to the medical supplies and equipment specified in this subsection, EMS vehicles are required to have the following:

(A) a complete and up-to-date copy of written or electronically formatted protocols, approved and signed by the medical director, along with a current and comprehensive list of equipment, supplies, and medications accessible to the crew;

(B) fully functional emergency warning devices;

(C) personal protective equipment for EMS vehicle staff, including at minimum:

(i) protective, non-porous gloves;

(ii) medical grade eye protection;

(iii) National Institute for Occupational Safety and Health (NIOSH)-approved N95 or higher respiratory protection for each crew member;

(iv) medical protective gowns or equivalent alternatives; and

(v) personal cleansing supplies;

(D) an appropriate sharps container;

(E) biohazard disposal bags;

(F) a portable, battery-operated flashlight (excluding pen-lights);

(G) a mounted, currently inspected 5-pound ABC fire extinguisher (not applicable to air ambulances);

(H) "No Smoking" signage displayed in both the patient compartment and the cab of the vehicle;

(I) a current emergency response guidebook, or an accessible electronic version for hazardous materials incidents;

(J) at least twenty-five triage tags, or demonstrated participation in the RAC triage plan; and

(K) wristbands used for patient tracking according to the RAC wristband tracking program.

(9) Based on specific patient requirements and the availability of qualified personnel, EMS providers may utilize additional equipment beyond what is mandated by authorization levels. Such supplemental equipment must comply with established protocols and patient-specific directives and align with the qualifications

of attending personnel.

(l) National accreditation. Providers accredited by a national accrediting organization recognized by the department, and who meet Texas staffing level standards, may be exempted from certain components of the licensing process. Accredited providers must submit the following documentation in addition to standard licensing requirements:

(1) an accreditation self-study;

(2) a copy of the formal accreditation certificate; and

(3) any correspondence or updates issued by or sent to the accrediting organization that affect the provider's accreditation status.

(m) Subscription or membership services. An EMS provider operating or planning to operate a subscription or membership program within its service area must comply with all licensing requirements under HSC Chapter 773 and associated rules. Department approval must be obtained prior to soliciting, advertising, or collecting subscription or membership fees. The following steps are required for department approval:

(1) Obtain written authorization from the highest elected official (county judge or mayor) of the relevant political subdivision where subscriptions will be sold. Written authorization is required from each county judge if selling in multiple counties.

(A) County judge authorization is needed for sales throughout a county.

(B) Mayor authorization applies to sales exclusively within an incorporated town or city.

(C) If the EMS provider is not the primary emergency provider in an area where a subscription plan is being sold, participants must be notified in writing, and this documentation must be sent to the primary emergency provider and the department within 30 days before any enrollment period begins. The EMS provider must:

(2) submit a copy of the contract used for participant enrollment;

(3) maintain an updated file of all program advertising and submit copies within 30 days before any enrollment period;

(4) follow all applicable state and federal billing and reimbursement regulations for program participants;

(5) demonstrate financial responsibility by:

(A) obtaining a surety bond payable to the department equivalent to the subscribed funds, using the department's bond form and issued by a company authorized to operate in Texas; or

(B) providing satisfactory evidence of self-insurance for governmental entities in an amount equal to the subscribed funds;

(6) not deny emergency medical services to individuals who are non-subscribers or those whose status is not current;

(7) undergo review at least annually; the department may review the program at any time;

(8) after each enrollment period, submit, upon request from the department, a list including subscriber names, addresses, enrollment dates, and paid fees;

(9) provide enrollment period start and end dates to the department. The subscription service period cannot exceed one year, and fees for partial periods must be prorated;

(10) report the total annual funds collected to the department; and

(11) not offer memberships or accept Medicaid clients into the program.

(n) Responsibilities of the EMS provider. Throughout the license period, the EMS provider must:

(1) ensure all response-ready and in-service vehicles are available 24 hours a day, seven days a week, and are maintained, operated, equipped, and staffed according to the requirements of the provider's license. This includes staffing, equipment, supplies, required insurance, and any additional requirements specified by the provider’s current medical director-approved protocols and policies;

(2) develop, implement, maintain, and evaluate a quality assessment and performance improvement program that is system-wide, data-driven, interdisciplinary, and tailored to the provider; the program must cover:

(A) standards of patient care as directed by medical director protocols and medical director input into the provider's policies and standard operating procedures;

(B) a complaint management system;

(C) monitoring the quality of care provided by personnel, with prompt corrective action to ensure quality of care is maintained in accordance with the existing national standards of care; and

(D) an ongoing program that achieves measurable improvements in patient

care outcomes and reduces medical errors;

(3) provide attestation or documentation confirming management staff participation in the local RAC;

(4) when an air ambulance is initiated by methods other than the local 9-1-1 system, require the air service to notify the local 9-1-1 center or relevant local responders about the location of the response upon launch; this requirement does not apply to interfacility or scheduled transports;

(5) ensure all personnel possess current certification or licensure from the department and are authorized to practice as delegated by the medical director;

(6) ensure all personnel, when on an in-service vehicle or at the scene of an emergency, are clearly identified by last name, first initial, certification or license level, and the EMS provider's name. Alternative identification may be used in incident-specific situations where name disclosure could pose a risk;

(7) protect the confidentiality of patient information in accordance with federal and state laws;

(8) ensure informed treatment or transport refusal forms are signed by individuals refusing service or document cases where such forms cannot be obtained;

(9) ensure patient care reports are accurately completed and meet the standards outlined in 25 TAC Chapter 103;

(10) ensure patient care reports are provided to facilities receiving patients:

(A) when operationally possible, the report must be provided to the receiving facility at the time the patient is delivered, or a full written or computer-generated report delivered to the facility within 24 hours of the delivery of the patient;

(B) if in response-pending status, an abbreviated documented report must be provided at the time the patient is delivered and a completed written or computer-generated report delivered to the facility within 24 hours of the delivery of the patient;

(C) the abbreviated report must include the patient's name and condition upon arrival at the scene; prehospital care details; patient condition during transport (including signs, symptoms, and treatment responses); call initiation time; dispatch time; scene arrival time; scene departure time; hospital arrival time; and ambulance staff identification; and

(D) instead of subparagraph (C) of this paragraph, personnel may follow the RAC process for providing abbreviated documentation to the receiving facility;

(11) store all pharmaceuticals under the conditions specified in the pharmaceutical storage policy approved by the EMS provider's medical director;

(12) conduct staff readiness inspections per the EMS provider's written policy;

(13) maintain a preventive maintenance plan for vehicles and equipment;

(14) ensure staff review EMS provider and medical director-approved policies and procedures;

(15) maintain medical reports:

(A) licensed EMS providers must retain adequate medical records of patients for at least seven years from the anniversary date of last treatment by the EMS provider;

(B) for patients under 18 years of age at last treatment, keeping records until the patient reaches 21 years of age or seven years from last treatment, whichever period is longer;

(C) medical records related to civil, criminal, or administrative proceedings may be destroyed only after the proceedings have reached final disposition;

(D) retain medical records for a longer period of time than the requirements of paragraph (15)(A) - (C) of this subsection if mandated by other federal or state statutes or regulations; and

(E) transfer record ownership to another licensed EMS provider only if written assumption of ownership of the record is made by the receiving EMS provider and records are maintained according to this chapter;

(16) ensure all requested patient records are made promptly available to the medical director, hospital, or department;

(17) ensure current protocols, equipment, supply and medication lists, and the correct original vehicle authorization at the appropriate level are maintained on each response-ready vehicle;

(18) monitor and enforce compliance with all policies and protocols;

(19) ensure provisions for the appropriate disposal of medical or biohazardous waste materials;

(20) ensure ongoing compliance with the terms of first responder agreements;

(21) ensure that all documents, reports, or information provided to the department and hospital are current, accurate, and complete;

(22) ensure compliance with all federal and state laws and regulations and all local ordinances, policies, and codes, at all times;

(23) ensure all response data required by the department are submitted in accordance with §103.5 of this title (relating to Reporting Requirements for EMS Providers);

(24) ensure that, when there is a change in the EMS provider's name or the service's operational assumed name, the printed name on the vehicles is changed accordingly within 30 days of the change;

(25) ensure the department is notified within 30 business days whenever:

(A) a vehicle is sold, substituted, or replaced;

(B) there is a change in the level of service;

(C) there is a change in the declared service area as written on an initial or renewal application;

(D) there is a change in the official business mailing address;

(E) there is a change in the physical location of the business or substations;

(F) there is a change in the physical location of patient report file storage, to assure the department has access to these records at all times; or

(G) there is a change of the administrator of record;

(26) notify the department within one business day of any change in the medical director;

(27) develop, implement, and enforce written operating policies and procedures required under this chapter or adopted by the licensee, ensure each employee (including volunteers) is provided a copy upon employment and whenever such policies or procedures are changed. A copy of the written operating policies and procedures must be made available to the department on request, and policies at a minimum must adequately address:

(A) personal protective equipment;

(B) immunizations available to staff;

(C) infection control procedures;

(D) communicable disease exposure management;

(E) emergency vehicle operation;

(F) contact information for the designated infection control officer who has documentation of education under U.S. Code Title 42, Chapter 6A, Subchapter XXIV, Part G, §300ff-136;

(G) credentialing of new response personnel before being assigned primary care responsibilities, which must include at a minimum:

(i) a comprehensive orientation session of the services, policies, procedures, treatment and transport protocols, safety precautions, and the quality management process; and

(ii) an internship period in which all new personnel practice under the supervision of, and are evaluated by, another more experienced person;

(H) appropriate patient care documentation;

(I) vehicle, equipment, and readiness checks; and

(J) security of medications, fluids, and controlled substances in compliance with local, state, and federal laws or rules;

(28) provide manufacturers' instructions for all critical patient care electronic and technical equipment utilized by the provider to response personnel;

(29) notify the department within five business days of vehicle collisions that leave the vehicle disabled or occur with a patient onboard;

(30) ensure the department is notified within one business day of a collision involving an in-service or response-ready EMS vehicle that results in vehicle damage whenever there is personal injury or death to any person;

(31) maintain required motor vehicle liability insurance as required under the Texas Transportation Code and the professional liability insurance, as specified in this subchapter;

(32) ensure continuous coverage for the service area defined in documents submitted with the EMS provider application;

(33) respond to requests for assistance from the highest elected official of a political subdivision or from the department during a declared emergency or mass casualty situation according to national, state, regional, or local plans, when authorized;

(34) provide written notice to the department, RAC, and Emergency Medical Task Force, if the EMS provider will make staff and equipment available during a declared emergency or mass casualty situation, for a state or national mission, when authorized;

(35) ensure all EMS personnel receive continuing education on the provider's anaphylaxis treatment protocols, and the provider must maintain education and training records to include date, time, and location of such education or training for all its EMS personnel;

(36) notify the department, in writing, within twenty-four hours when operations cease in any service area;

(37) ensure all patients transported by stretcher are in a department-authorized EMS vehicle;

(38) develop or adopt and then implement policies, procedures, and protocols necessary for its operations as an EMS provider, and enforcing all such policies, procedures, and protocols;

(39) participate in tabletop exercises at schools in odd years and in-person exercises in even years;

(40) within 45 days after a school incident, participate in a formal EMS response evaluation with relevant parties;

(41) within 90 days, submit a final report to Texas Department of Public Safety and Texas Division of Emergency Management detailing the provider's role, challenges, lessons learned, and planned procedural updates; and

(42) ensure readiness for school-based active shooter and mass casualty incidents:

(A) providing annual training for response personnel;

(B) keeping detailed training records; and

(C) integrating tactical EMS considerations into protocols as approved by the medical director.

(o) License renewal process.

(1) Providers must request license renewal application information.

(2) EMS providers must submit a completed application, all required documentation, and a non-refundable license renewal fee at least 90 days before the current license expiration date.

(A) If the department receives a complete renewal application 90 or more days prior to the license's expiration date, the applicant must pay a non-refundable application fee of $400 per provider plus $180 for each EMS vehicle.

(B) If the department receives a complete renewal application between 60

and 89 days before the license's expiration date, the applicant must pay a non-refundable fee of $450 per provider plus $180 for each EMS vehicle.

(C) If the department receives a complete renewal application less than 60 calendar days before the license expires, the applicant must pay a non-refundable fee of $500 per provider plus $180 for each EMS vehicle.

(D) If the department receives an application for renewal after the license has expired, the license will expire on its stated expiration date. The EMS provider will be required to submit a new initial application and comply with the initial application process.

(E) EMS providers must not operate after their license has expired.

(p) Provisional License. The department may issue an EMS provisional license if there is an urgent need in a service area and the applicant is found to be in substantial compliance with this section, provided it serves the public interest. A provisional license is valid for no more than 30 days from the date of issuance.

(1) An EMS provider may apply for a provisional license by submitting a written request and a non-refundable fee of $30.

(2) The department may revoke a provisional license at any time, with written notice to the provider, if it finds that the provider is not delivering appropriate service according to this section or is in violation of any requirements of this chapter.

(q) Advertisements.

(1) EMS providers must ensure that their advertisements are accurate and not misleading, false, or deceptive. Providers who advertise in Texas or operate by transporting patients from or within Texas are required to possess a Texas EMS provider license.

(2) An EMS provider must not advertise levels of patient care that it cannot provide. The provider must not use a name, logo, artwork, phrase, or language that could mislead the public to believe a higher level of care is being provided.

(3) EMS providers with more than five paid staff members, and with at least 75 percent volunteer EMS personnel, are permitted to advertise as a volunteer service.

(r) Surveys, Inspections, and Investigations.

(1) The department may conduct scheduled or unannounced on-site inspections or investigations of a provider's vehicles, offices, headquarters, and stations (hereinafter referred to as operations) at any reasonable time, including while services are underway, to verify compliance with HSC Chapter 773 and this chapter.

(2) By applying for or holding a license, an applicant or licensee consents to entry and inspection or investigation of its operations by the department, as provided under HSC Chapter 773 and this chapter.

(3) Department inspections or investigations to evaluate an EMS provider's compliance with these requirements must include:

(A) initial, prelicensure, and change in status inspections for new licenses;

(B) routine inspections conducted at the discretion of the department or prior to renewal;

(C) follow-up on-site inspections to assess implementation of corrective action plans addressing deficiencies cited during previous investigations or inspections;

(D) complaint investigations initiated in response to reports or complaints, as described in subsection (u) of this section; and

(E) inspections to determine if entities are offering or providing EMS services without a license, or to confirm that EMS vehicles are staffed by individuals holding Texas EMS certification or licensure.

(4) Providers and medical directors must cooperate with departmental investigations or inspections. They must allow examination of grounds, buildings, books, records, and other documents necessary to assess compliance with statutes, rules, correction plans, and orders. Providers must also permit, consistent with applicable law, interviews with governing authority members, personnel, and patients.

(5) Providers must, consistent with applicable law, allow the department to copy or reproduce, or provide photocopies of requested records or documents. If records or information (other than photocopies) need to be removed from the premises, the department must provide the provider's governing authority or designee with a written statement specifying the items removed and the expected return date. The department should make reasonable efforts to return records the same day when possible.

(6) The department conducts an entrance conference with the provider, governing authority, or designee prior to beginning the inspection or investigation, explaining the nature, scope, and estimated schedule of the process as required by law.

(7) Except for complaint investigations or follow-up visits, inspections include assessments of compliance with HSC Chapter 773 and related rules. During inspections preliminary findings are shared with the provider's governing authority or designee, who is given the opportunity to submit additional facts or information

in response.

(8) Upon completion of the inspection, the department holds an exit conference with the provider, unless otherwise specified by law, to communicate preliminary findings and allow the provider to present additional information regarding any cited deficiencies. If no deficiencies are identified during inspection, a statement to that effect may be provided to the provider's governing authority or designee. This statement does not represent a finding or certification of compliance by the department.

(9) If deficiencies are identified, the department must provide a written deficiency report to the EMS provider’s administrator of record and medical director within 30 calendar days following the exit conference.

(A) The EMS provider’s governing authority, their designee, or the individual in charge at the time is required to sign an acknowledgment of the inspection and receipt of the written deficiency report, returning it to the department. This signature serves only as confirmation of receipt and does not constitute agreement with, or admission to, any cited deficiencies unless expressly stated.

(B) Within 30 calendar days of receiving the deficiency report, the EMS provider must submit a written plan of correction to the department for each cited deficiency. This submission must include implementation timelines and may also contain additional evidence of compliance regarding any deficiencies noted. The department will assess the adequacy of the plan and the proposed implementation schedule. If the plan is deemed unacceptable, the department must notify the provider in writing within 30 days of receipt and request a revised plan. The EMS provider must then modify and resubmit the plan of correction no later than 30 calendar days after receiving the department’s request. All identified deficiencies must be corrected, and supporting documentation verifying completion of corrective actions must be provided to the department within the timeframes established by the accepted plan of correction or as otherwise specified by the department. For correspondence mailed under this subparagraph, the provider is considered to have received documents when the department receives postal delivery notification.

(C) Regardless of the EMS provider’s compliance to this subsection, acceptance of the plan of correction by the department, or use of an informal compliance group review as outlined in paragraph (10) of this subsection, the department reserves the right to take appropriate action as specified in §157.16 of this subchapter (pertaining to Emergency Suspension, Suspension, Probation, Revocation, Denial of Provider License, or Administrative Penalties).

(10) The department inspector must inform the chief executive officer, designee, or individual in charge at the time of inspection of the provider’s right to request an informal compliance group review. This option is available in instances where there is disagreement regarding deficiencies cited by the inspector or investigator that could not be resolved through additional information or clarification.

(11) Issues and complaints concerning the conduct or actions of licensed

professionals are referred by the department to the appropriate licensing boards.

(12) All initial applicants, as well as the medical director, must undergo an initial compliance survey conducted by the department. This survey evaluates all components of the applicant's proposed operations, including clinical care and vehicle inspections, prior to issuance of a license.

(13) At renewal, randomly, or in response to a complaint, the department retains the authority to conduct an unannounced compliance survey. This may include inspection of provider vehicles, operations, or records to verify compliance with statutory requirements at any time, including nights and weekends.

(14) If a re-survey or follow-up inspection is necessary to validate deficiency correction, the provider is required to pay a non-refundable fee of $30 per vehicle subject to re-inspection.

(s) Specialty Care Transports. Specialty Care Transport refers to the interfacility transfer conducted by a department-licensed EMS provider for patients who are critically ill or injured and require specialized interventions, monitoring, or staffing. The following minimum requirements apply for functioning as a Specialty Care Transport.

(1) Qualifying Interventions:

(A) patients receiving one or more of the following intravenous infusions: vasopressors, vasoactive compounds, antiarrhythmics, fibrinolytics, tocolytics, blood, blood products, or other parenteral pharmaceuticals specific to the patient's health care needs; and

(B) one or more of the following monitors or procedures: mechanical ventilation, multiple monitors, cardiac balloon pump, external cardiac support (such as ventricular assist devices), or any additional specialized devices, vehicles, or procedures required for the patient's health care.

(2) Equipment. All necessary specialized equipment and supplies that correspond to the required interventions must be available at the time of transport.

(3) Minimum Required Staffing:

(A) one currently certified EMT-Basic and one currently certified or licensed paramedic with the additional training as defined in paragraph (4) of this subsection; or

(B) a currently certified EMT-Basic and a currently certified or licensed paramedic accompanied by at least one of the following:

(i) a registered nurse with special knowledge of the patient's care needs;

(ii) a certified respiratory therapist;

(iii) a licensed physician; or

(iv) any other licensed health care professional designated by the transferring physician.

(4) Additional Required Education and Training for Paramedics:

(A) verification of successful completion of post-paramedic education;

(B) training and periodic skills verification in ventilator management;

(C) training and periodic skills verification in 12-lead EKG interpretation or operation of other critical care monitoring equipment;

(D) training and periodic skills verification in drug infusion pumps and administration of cardiac or other critical care medications; and

(E) training in any additional specialized procedures or devices as determined by the medical director of the EMS provider.

(t) The department may collect subscription and convenience fees for both initial and renewal applications. Fee amounts are established under Texas Government Code §2054.252 regarding the State Electronic Internet Portal Project, and the fees serve to recover processing costs related to applications.

(u) Complaint Investigations.

(1) Upon request, licensed EMS providers must supply a written statement--provided by the department--to patients or legal guardians. This statement identifies the department as the agency responsible for investigating complaints regarding EMS providers and personnel and informs individuals about how to submit complaints to the Department of State Health Services, EMS Compliance Unit, via phone or email. The statement should include current contact details such as department group, address, relevant telephone numbers, and email address for filing a complaint.

(2) The department reviews all complaints submitted regarding EMS providers or personnel. Complaints may be filed by telephone, electronically, or in writing using the contact information outlined in paragraph (1) of this subsection.

(3) The department systematically documents, evaluates, and prioritizes complaints and information received, considering both the seriousness of the alleged violation and the potential risk to patients, personnel, and the public.

(A) Allegations that fall within the department's regulatory authority regarding emergency medical services are authorized for investigation under this

chapter. Complaints outside the department's jurisdiction may be referred to an appropriate external agency for response.

(B) Investigations are carried out through site visits, telephone interviews, and written correspondence.

(4) The department promptly and thoroughly investigates all reports or complaint allegations that could pose a threat to the health and safety of patients or participants. Reports or complaints concerning alleged abuse, neglect, or exploitation are addressed in compliance with Texas Human Resources Code Chapter 48 and Texas Family Code §261.101.

(5) The department assesses complaint allegations that present no significant risk of harm to patients. Depending on the nature and severity of the incident, the department determines whether to directly investigate the complaint or instruct the provider to conduct an internal investigation and submit its findings and supporting documentation.

(A) The department reviews the results of the EMS provider's internal investigation and may conduct further investigation if necessary. The department may require the provider to develop a corrective action plan in accordance with subsection (r) of this section (pertaining to Inspections and Investigations) and may propose further action against the provider under §157.16 of this subchapter.

(B) The EMS provider undergoing investigation must grant department staff access to all relevant documents, evidence, and individuals associated with the alleged violation, including materials related to any internal investigations.

(6) Upon completion of either an internal EMS provider investigation or a departmental investigation, the department reviews all evidence to determine whether the complaint is substantiated and to decide what corrective actions, if any, are warranted.

§157.32. Emergency Medical Services Education Program and Course Approval.

(a) Standards for Emergency Medical Services (EMS) education programs. EMS education programs must comply with national education and training standards, covering the following components:

(1) program sponsorship;

(2) program leadership and administration;

(3) medical oversight;

(4) instructor qualifications;

(5) financial support;

(6) physical resources, which include classrooms, laboratory facilities, equipment, supplies, and learning materials;

(7) clinical and field internship resources;

(8) academic and administrative policies, as well as procedures and recordkeeping requirements;

(9) program evaluation mechanisms;

(10) curriculum development; and

(11) instructional delivery via distance learning technologies.

(b) Consideration of training standards. The department must use relevant national standards and guidelines established by recognized accrediting organizations to evaluate and approve EMS education programs.

(c) Curriculum.

(1) Emergency Care Attendant (ECA).

(A) The curriculum must, at a minimum, cover all content stipulated by the current national Emergency Medical Responder (EMR) educational standards and competencies, as defined by the United States Department of Transportation (DOT) within the National EMS Education Standards.

(B) In addition to the core curriculum referenced in subparagraph (A), the program must also address the following subject areas:

(i) recognition and identification of hazardous materials, as outlined in the Federal Emergency Management Agency curriculum, "Recognizing and Identifying Hazardous Materials";

(ii) airway and ventilation adjuncts, including use of the bag-valve mask, administration of oxygen, and oral suctioning;

(iii) measurement of baseline vital signs, covering pulse, respirations, and blood pressure assessment by palpation and auscultation;

(iv) spinal motion restriction, which includes appropriate sizing and application of cervical collars and spinal motion restriction devices for patients in supine, seated, and standing positions;

(v) patient assessment procedures;

(vi) techniques for bandaging, splinting, and traction splinting;

(vii) cardiac arrest management, including semi-automatic external defibrillator usage;

(viii) operation and use of equipment for lifting and transporting patients;

(ix) communication protocols and documentation practices;

(x) ambulance operations, including knowledge of emergency vehicle laws; and

(xi) completion of approved training on human trafficking prevention.

(C) The program must provide a minimum of 60 clock hours of classroom and laboratory instruction, according to the approved curriculum.

(2) Emergency Medical Technician (EMT).

(A) The curriculum must include:

(i) all content required by the current national EMT educational standards and competencies specified in the National EMS Education Standards by DOT;

(ii) at least 150 clock hours of classroom, laboratory, clinical, and field instruction. This must involve supervised experiences in the emergency department, or with a licensed EMS provider, or in other healthcare settings necessary to achieve the defined competencies; and

(iii) approved training courses on human trafficking.

(3) Advanced Emergency Medical Technician (AEMT).

(A) The curriculum must include all content required by the current national AEMT standards and competencies as outlined in the National EMS Education Standards by DOT. These areas include:

(i) roles and responsibilities of an AEMT;

(ii) well-being of the AEMT;

(iii) illness and injury prevention;

(iv) medical/legal issues;

(v) ethics;

(vi) general principles of pathophysiology;

(vii) pharmacology;

(viii) venous access and medication administration;

(ix) therapeutic communications;

(x) lifespan development;

(xi) patient assessment;

(xii) airway management and ventilation, including endotracheal intubation;

(xiii) trauma; and

(xiv) approved training courses on human trafficking.

(B) The course must include at least 250 clock hours of classroom, laboratory, clinical, and field instruction. This must involve supervised experiences in the emergency department, or with a licensed EMS provider, or in any other healthcare settings needed to develop competencies in line with the AEMT national educational standards.

(C) Students are required to have a current EMT certification from the department or the National Registry before starting and throughout their field and clinical rotations in an AEMT course.

(4) Emergency Medical Technician-Paramedic (EMT-P).

(A) The curriculum must cover all subject matter as mandated by the current national paramedic education standards and competencies outlined in the National EMS Education Standards by the DOT

(B) The program must provide a minimum of 1,000 clock hours, integrating classroom, laboratory, clinical, and field instruction. This must include supervised experiences within emergency departments, with licensed EMS providers, and in additional healthcare settings as necessary to achieve the competencies specified in the curriculum.

(C) Prior to starting and throughout participation in field and clinical rotations within an EMT-P course, students are required to hold a current EMT or AEMT certification issued by the department, or a valid EMT or AEMT certification from the National Registry.

(d) Sponsorship.

(1) EMS education programs must be sponsored by organizations or individuals

possessing sufficient resources and commitment to support successful educational initiatives.

(2) Sponsors are required to provide adequate oversight and supervision to ensure programs:

(A) maintain both educational and fiscal integrity;

(B) fulfill the responsibilities described in subsection (p) of this section; and

(C) possess the necessary equipment and resources for program operation.

(e) Levels of program approval.

(1) Programs may receive approval as either basic EMS training programs or advanced training programs.

(2) ECA and EMT instruction must be delivered by a basic program and may also be offered by an advanced program.

(3) AEMT and EMT-P instruction must be provided exclusively by an advanced program.

(4) Advanced programs must satisfy the requirements for approval as basic programs.

(5) Educational programs must hold the proper authority or ownership to deliver the program.

(6) Departmental approval of a program is non-transferable.

(f) Currently approved programs. Programs that received approval as of the effective date of this rule have met the requirements outlined in subsections (g) or (h) of this section, according to their current level of approval. Paramedic programs must supply proof of accreditation by the Commission on Accreditation of Allied Health Education Programs (CAAHEP)/Committee on Accreditation of Emergency Medical Services Professions (CoAEMSP), or a national accrediting body recognized by the department. Alternatively, a letter of review from CAAHEP/CoAEMSP or a nationally recognized accrediting organization confirming the submission of appropriate documentation and pursuit of accreditation may be provided as defined by that organization.

(g) Basic approval requirements. To obtain approval for a basic program, applicants must comply with the following criteria:

(1) submit a letter of sponsorship;

(2) provide letters of intent from qualified providers of clinical and field

internship experiences that align with the required level of training;

(3) employ at least one course coordinator certified as an EMT or higher;

(4) appoint a program director who dedicates sufficient time to ensure program success. The program director is responsible for developing, organizing, administering, periodically reviewing, and evaluating program effectiveness. Additionally, if appropriately certified, the program director may serve as a course coordinator and must:

(A) regularly assess student performance to confirm adequate progress toward program completion;

(B) oversee and evaluate the quality of instruction provided; and

(C) ensure documentation each graduating student has attained the necessary level of competence prior to graduation;

(5) assign a medical director commensurate with the level and content of training. The medical director must be a licensed physician approved by the department and possess both experience and current expertise in emergency care, as well as knowledge of educational programs for EMS personnel. In addition to fulfilling other assigned duties, the medical director must:

(A) approve the educational content of the curriculum;

(B) evaluate and endorse the quality of medical instruction; and

(C) certify all graduates have achieved the requisite competency prior to graduation;

(6) establish an advisory committee representing the program's communities of interest. The advisory committee must include individuals, groups, or institutions affected by the program. The advisory committee must assist the program director and medical director in setting goals and standards, monitoring needs and expectations, and ensuring the program adapts appropriately to change;

(7) submit a completed application to the designated regional office;

(8) demonstrate substantial compliance with EMS education standards by successfully passing the self-study or onsite review process; and

(9) provide the name and contact details for the designated infection control officer and verify the officer has received training consistent with U.S. Code, Title 42, Chapter 6A, Subchapter XXIV, Part G, §300ff-136.

(h) Advanced approval requirements. To approve an advanced program, the applicant must:

(1) operate a basic program successfully;

(2) provide documentation of sponsorship by a qualifying educational or healthcare institution;

(3) submit letters from qualified providers for clinical and field internships appropriate to the training level;

(4) have at least one certified advanced course coordinator at the highest training level offered;

(5) employ a program director responsible for developing, organizing, administering, reviewing, and ensuring program effectiveness, including:

(A) monitoring student progress;

(B) supervising instruction quality; and

(C) verifying graduate competence;

(6) appoint a licensed medical director with emergency care experience approved by the department, who will:

(A) review and approve curriculum content;

(B) confirm quality of medical instruction; and

(C) attest to graduate competence;

(7) establish an advisory committee representing stakeholders to assist with goals, standards, monitoring needs, and responsiveness;

(8) submit a completed application to the regional office;

(9) demonstrate compliance with EMS education standards through self-study and on-site review; and

(10) provide contact details and documented education for the infection control officer as required by federal law.

(i) Self-study requirements.

(1) A self-study is a structured self-assessment and compilation of documents that outline the overall processes of the proposed or existing program. This document must clearly explain and demonstrate the program's organizational framework, available resources, facilities, record-keeping procedures, personnel qualifications, policies and protocols, instructional materials, course delivery

methods, clinical and field affiliations, student-to-patient contact matrix, psychomotor competency evaluations, copies of all advertisements, documents distributed to students, and requirements for successful program completion.

(2) All proposed or existing programs are required to submit a self-study at both the basic (ECA and EMT) and advanced (AEMT and Paramedic) levels. Paramedic education programs may fulfill this requirement by submitting a copy of a self-study provided to national accrediting bodies; however, supplemental documentation must be supplied to verify substantial compliance with the EMS education standards described herein.

(A) Each applicant for an EMS Program must include the following components in the self-study:

(i) organizational chart;

(ii) description of ownership and sponsorship of the program;

(iii) details regarding financial resources;

(iv) explanation of the process for maintaining program, course, and student records;

(v) overview of facilities;

(vi) information on learning resources;

(vii) description of equipment and supplies;

(viii) outline of faculty and staff qualifications;

(ix) description of instructor and faculty credentialing, evaluation, and continuing education procedures;

(x) information about clinical and field internship affiliations;

(xi) student-to-patient contact ratio tracking and monitoring process; existing programs at renewal should provide a contact ratio report;

(xii) details of textbooks and curriculum;

(xiii) overview of the psychomotor competency evaluation process;

(xiv) copies of policies and procedures pertaining to faculty, staff, and students, covering areas such as:

(I) attendance, tardiness, and participation;

(II) changes to program medical director;

(III) cheating;

(IV) clinical and field internships;

(V) complaint resolution;

(VI) conduct, safety, and healthy practices;

(VII) counseling and coaching of students;

(VIII) dress and hygiene requirements;

(IX) grading;

(X) grievance and appeals;

(XI) immunizations;

(XII) sexual harassment prevention policies;

(XIII) discrimination prevention policies (including race, sex, creed, national origin, sexual preference, age, disability, or medical conditions);

(XIV) psychomotor competency evaluation;

(XV) record keeping and access to records;

(XVI) student-faculty relationships;

(XVII) student screening and enrollment;

(XVIII) test review and makeup;

(XIX) tuition and fee reimbursement;

(XX) name and contact information for the designated infection control officer, including documentation of relevant training in accordance with U.S. Code, Title 42, Chapter 6A, Subchapter XXIV, Part G, §300ff-136;

(xv) documentation of approved human trafficking training;

(xvi) sample advertisements and all documents provided to prospective, and current, students; and

(xvii) comprehensive description of all requirements necessary for

successful course completion.

(j) Provisional approval. If the department finds the applicant in substantial compliance with national EMS education standards after reviewing the self-study, provisional approval will be issued.

(k) Lack of substantial compliance. If the applicant does not substantially comply with EMS standards, the program director and sponsor will receive a written report outlining deficiencies and required improvements before provisional approval can be granted.

(l) On-site review. After a program's first course under provisional approval, an on-site review of records, plans, equipment, facilities, internships, and student-patient ratios will be conducted.

(1) If substantial compliance and all fees are paid, the department grants four-year approval and provides a written report detailing strengths, weaknesses, and recommendations.

(2) If not in substantial compliance, a written report specifies deficiencies and requirements. The department, with program officials, develops a remedial plan. Training activities may be suspended depending on the severity of the deficiency.

(3) After completing the remedial plan, the program receives four-year approval.

(m) Exception to sponsorship requirements for advanced EMT programs.

(1) If there is an urgent need for an advanced EMT program or EMS operator instructor program in an area that cannot be addressed by an entity meeting the sponsorship requirements outlined in subsection (d) of this section, a licensed EMS provider may request permission from the department to sponsor an advanced EMT program.

(2) The request must be submitted in writing and include:

(A) documentation demonstrating the need for an advanced EMT program and the urgency of the situation;

(B) documentation showing the EMS provider has successfully operated a basic program;

(C) documentation of efforts made by the EMS provider to affiliate with an entity that meets the requirements of subsection (h)(2) of this section;

(D) a letter from the EMS provider agreeing to assume all responsibilities of advanced EMT program sponsorship;

(E) letters of intent from qualified providers offering clinical and field internship experiences appropriate to the training level; and

(F) a letter of intent from a medical director who agrees to perform the responsibilities listed in subsection (h)(6) of this section.

(3) In evaluating requests for exception, the department must consider, but is not limited to, the following factors:

(A) the quality of the basic program previously operated by the EMS provider;

(B) evidence the EMS provider possesses resources and commitment necessary to operate an advanced program in compliance with EMS education standards;

(C) the provider's efforts to affiliate with an entity as required in subsection (h)(2);

(D) the availability of approved advanced EMT programs within a reasonable distance of the affected area;

(E) availability of approved advanced EMT programs that offer training to the affected area via outreach or distance learning technologies;

(F) likely impact on existing approved advanced EMT programs if the exception is granted;

(G) possible adverse consequences to public health or safety if the exception is not granted; and

(H) written support from the program's medical director.

(4) Upon completion of evaluation, the department notifies the EMS provider in writing regarding approval or denial of the request.

(5) Any exception to subsection (h)(2) of this section must comply with all other requirements of subsection (h) of this section, including completion of the self-study and on-site review process, and demonstrate substantial alignment with EMS education standards before receiving approval.

(n) National accreditation for paramedic education/training programs.

(1) In addition to meeting the requirements in subsection (h) of this section, all EMS education/training programs conducting paramedic education and training must fulfill the following requirements for program approval:

(A) provide proof of accreditation by CAAHEP/CoAEMSP, or another national

accrediting organization recognized by the department; or

(B) provide documentation from CAAHEP/CoAEMSP or another recognized accrediting organization stating the program has submitted the necessary documentation toward pursuing accreditation. Such programs may receive temporary approval by the department while seeking accreditation. To maintain program approval, programs must obtain and provide proof of accreditation to the department.

(2) Programs lacking accreditation or having accreditation revoked by the national accrediting organization are not permitted to conduct paramedic courses until accreditation is obtained or the program is recognized as actively pursuing accreditation.

(3) Initial or current education programs without accreditation intending to offer paramedic education or training after January 1, 2013, must:

(A) be approved by the department as an EMS basic education program under subsection (g) of this section;

(B) submit the required application and fees to the department;

(C) meet accreditation standards set by CAAHEP/CoAEMSP or another recognized accrediting organization to receive temporary approval for paramedic courses; and

(D) provide proof of accreditation. If accreditation is not attained, the program may not conduct further paramedic courses until accreditation is achieved or recognition of pursuit from the accrediting organization is received by the department.

(4) Accredited programs may be exempted by the department from the program approval or re-approval process.

(5) Programs accredited by CAAHEP/CoAEMSP or a recognized accrediting organization must provide the department with copies of:

(A) the accreditation self-study;

(B) the accreditation letter or certificate; and

(C) any correspondence or updates affecting program status.

(6) Upon departmental request, programs must allow department representatives to participate in site visits conducted by the accrediting organizations.

(7) If disciplinary action is taken against an accredited program due to violations

that allege noncompliance with national standards, the department will inform the accrediting organization, provide supporting evidence and post final disciplinary action on the department's public website.

(8) If a program's national accreditation lapses or is withdrawn, the program must meet all related requirements within a timeframe established by the department.

(o) Denial of program approval. Program approval, provisional approval, or re-approval may be denied for various reasons, including but not limited to:

(1) not meeting the requirements outlined in subsection (g), (h), or (m) of this section;

(2) failing to fulfill, or previously failing to fulfill, program responsibilities as defined in subsection (p) of this section;

(3) conduct, or previous conduct, that creates grounds for suspending or revoking program approval as specified in subsection (u) of this section;

(4) providing false information, records, or documents required for program approval, provisional approval, or re-approval;

(5) misrepresenting requirements for program approval, provisional approval, or re-approval;

(6) not submitting a self-study or required report of progress toward remediation of documented program weaknesses or areas of non-compliance within a reasonable timeframe as determined by the department;

(7) declining or not accepting an on-site program review by a scheduled date determined by the department;

(8) issuing an unpaid check to the department;

(9) being charged with or convicted of criminal activity while approved to provide EMS training;

(10) receiving disciplinary action from the department on the provider license, personnel certification or licensure, or program due to violations of Health and Safety Code Chapter 773, or 25 Texas Administrative Code (TAC) Chapter 157; or

(11) failing to obtain or maintain accreditation by CAAHEP/CoAEMSP or another national accrediting organization recognized by the department.

(p) Responsibilities. An education program must:

(1) plan and evaluate overall program operations;

(2) supervise and oversee all courses for which the program is accountable;

(3) act as a liaison among students, the sponsoring organization, and the department;

(4) submit course notifications and approval applications, along with applicable nonrefundable fees, to the department;

(5) ensure availability of classrooms and other facilities necessary for instruction and student convenience;

(6) screen student applications, verify prerequisite certifications if applicable, and select students;

(7) schedule classes and assign course coordinators and instructors;

(8) verify certifications, licenses, or other credentials of all personnel teaching program courses;

(9) maintain adequate inventory of training equipment, supplies, and audiovisual resources per National EMS Education Standards and course medical director;

(10) ensure training equipment and supplies are available and operational for each laboratory session;

(11) secure and maintain affiliations with clinical and field internship facilities needed to meet instructional objectives for all relevant courses;

(12) develop field internships and clinical objectives for all applicable courses;

(13) train and evaluate internship preceptors;

(14) obtain written acknowledgment from field internship EMS provider medical director if students are conducting advanced-level skills as part of their internship;

(15) retain all course records for a minimum of five years;

(16) with the course coordinator, develop and use valid and reliable written exams, skills proficiency verifications, and student evaluations;

(17) with the course coordinator and medical director, supervise and evaluate effectiveness of personnel instructing program courses;

(18) with the course coordinator and medical director, supervise and evaluate the quality of clinical and EMS field internship training;

(19) with the course coordinator, attest to successful completion of all students who meet program requirements;

(20) provide the department with information and reports needed for planning, administrative, regulatory, or investigative purposes;

(21) submit any information that affects the program’s interaction with the department, including changes in:

(A) program director;

(B) course coordinators;

(C) medical director;

(D) classroom training facilities;

(E) clinical or field internship facilities; and

(F) program's physical and mailing address;

(22) provide proof of accreditation by CAAHEP/CoAEMSP or another nationally recognized accrediting organization;

(23) submit a roster of all enrolled students when requested by the department;

(24) submit a final student roster when requested by the department; and

(25) ensure online or distance learning classes, programs, and courses comply with standards outlined in this section.

(q) Program re-approval.

(1) Before the expiration of a program’s approval period, the program must notify the department of the impending expiration and submit a request for re-approval using the address listed in the program’s current records. The program must submit the request for re-approval at least 45 days prior to expiration. A program’s failure to submit the request for re-approval according to this paragraph will cause the program’s approval to expire.

(2) Programs approved as of the effective date of this rule are deemed to have met the requirements set forth in subsection (g) or (h) of this section, as applicable to their approval level.

(3) To qualify for re-approval, programs must comply with all requirements specified in subsections (g), (h), or (m) of this section, corresponding to the requested approval level, and:

(A) submit an updated self-study addressing major changes in personnel, structure, curriculum, resources, policies, or procedures;

(B) provide documentation demonstrating progress toward correcting any deficiencies identified through the self-study or on-site review process;

(C) accommodate an on-site review if required by the department or requested by the program; and

(D) for paramedic programs, provide evidence of current accreditation from CoAEMSP or another nationally recognized accrediting body approved by the department.

(r) Fees.

(1) The following non-refundable fees apply:

(A) $30 for basic self-study review, with waiver possible if the program does not receive compensation for training;

(B) $90 for a basic site visit;

(C) $60 for advanced self-study review, with waiver possible if the program does not receive compensation for training;

(D) $250 for an advanced site visit;

(E) $30 for processing a basic course notification or approval application, with waiver possible if the program does not receive compensation for training; and

(F) $60 for processing an advanced course notification or approval. application, with waiver possible if the program does not receive compensation for training.

(2) Approvals will be issued only upon payment of all required non-refundable fees.

(s) Course notification and approval.

(1) Each course offered by an approved program must have prior approval from the department, indicated by issuance of a designated course number. Courses may not commence, be advertised, or collect tuition and fees from prospective students until approval and course number assignment are complete.

(2) The director of an approved program must submit notice of intent and the requisite fee, when applicable, to the department on prescribed forms at least 30 days before the proposed course start date. Notification must include:

(A) course training level;

(B) class dates and times;

(C) classroom location;

(D) clinical sites and internship providers, if applicable;

(E) principal instructor’s name;

(F) enrollment status;

(G) anticipated student count;

(H) contact hours;

(I) tuition amount;

(J) proposed course end date; and

(K) program director’s signature.

(3) A non-refundable course fee, unless the program receives no compensation, must be submitted as follows:

(A) $30 for Basic Courses (ECA or EMT);

(B) $60 for Advanced Courses (AEMT or Paramedic);

(C) $30 for EMS Instructor Courses; and

(D) $60 for Emergency Medical Information Operator Instructor Courses.

(4) The department may require submission of a written course approval application, per educational and training standards guidelines, instead of standard notification, for programs that:

(A) have not successfully completed a site visit review;

(B) propose courses outside approved program parameters;

(C) have not conducted a course of equivalent level within the previous year; or

(D) are suspected to be noncompliant with chapter provisions, based on probable cause.

(t) A course may be denied for reasons including incomplete applications, not meeting requirements, lacking approval for the proposed course level, failure to follow submission guidelines, falsifying information, or unpaid checks.

(u) Disciplinary actions:

(1) Emergency suspension. The department can immediately suspend a program if it poses a threat to public health or safety. Notice is effective when sent to the program's recorded address. The program may request a hearing in accordance with Government Code Chapter 2001.

(2) Non-emergency suspension or revocation. A program's approval may be suspended or revoked for, but not limited to, the following reasons:

(A) failing to comply with the responsibilities of a program as defined in subsection (o) of this section;

(B) failing to maintain sponsorship as identified in the program application and self-study;

(C) failing to maintain employment of at least one course coordinator whose current certifications are appropriate for the level of the program;

(D) falsifying a program approval application, a self-study, a course notification or course approval application, or any supporting documentation;

(E) falsifying a course completion certificate or any other document that verifies course activity and/or is a part of the course record;

(F) assisting another to obtain or to attempt to obtain personnel certification or recertification by fraud, forgery, deception, or misrepresentation;

(G) failing to complete and submit course notifications or course approval applications and student documents within established time frames;

(H) offering or attempting to offer courses above the program's level of approval;

(I) compromising or failing to maintain the integrity of a department-approved training course or program;

(J) failing to maintain professionalism in a department-approved training course or program;

(K) demonstrating a lack of supervision of course coordinators or personnel instructing in the program's courses;

(L) compromising an examination or examination process administered or approved by the department;

(M) accepting any benefit to which there is no entitlement or benefitting in any manner through fraud, deception, misrepresentation, theft, misappropriation, or coercion;

(N) failing to maintain appropriate policies, procedures, and safeguards to ensure the safety of students, instructors, or other course participants;

(O) allowing recurrent use of inadequate, inoperable, or malfunctioning equipment;

(P) maintaining a passing rate on the examinations for certification or licensure that is statistically and significantly lower than the state average;

(Q) failing to maintain the fiscal integrity of the program;

(R) issuing a check to the department which is returned unpaid;

(S) failing to maintain records for initial or continuing education courses;

(T) demonstrating unwillingness or inability to comply with the Health and Safety Code and/or rules adopted thereunder;

(U) failing to give the department true and complete information when asked regarding any alleged or actual violation of the Health and Safety Code or the rules adopted thereunder;

(V) committing a violation within 24 months of being placed on probation;

(W) offering or attempting to offer courses during a period when the program's approval is suspended;

(3) Notification. Programs facing suspension or revocation will be notified and may request a hearing within 30 days. If no hearing is requested, the action takes effect.

(4) Probation. Disciplinary actions may be probated with terms set by the department.

(5) Re-application. Programs may petition to reapply two years after denial or revocation. The department considers repeat violations, the program’s record, letters of support or protest, and community need. The decision is issued within 60 days.

(6) Programs with expired approval during suspension or revocation cannot reapply until the suspension or revocation ends.

(v) Application processing fees may be collected to cover costs through Texas Online.

(w) Posting of disciplinary actions and surrenders.

(1) Posting of surrenders. When a disciplinary action is pending or imminent, the department will post notice of a voluntary surrender on the department's public website. The posting will remain until the final resolution of the disciplinary matter.

(2) Posting of final orders. In accordance with 25 TAC, Chapter 1, Subchapter X, §1.551 (Relating to Posting of Sanctions and Corrective Actions), the department will post on its public website final disciplinary orders issued under this section. Settlement agreements or informal resolutions that do not result in a final order will not be posted.

§157.33. Certification.

(a) Certification requirements. Applicants seeking emergency medical services (EMS) certification must meet the following criteria:

(1) be at least 18 years of age;

(2) possess a high school diploma or General Educational Development (GED) certificate;

(A) the diploma must be issued by a school accredited by the Texas Education Agency (TEA) or an equivalent agency from another state. Applicants educated abroad must provide transcripts evaluated by a recognized foreign credential service confirming equivalency. Home school diplomas are also acceptable;

(B) emergency care attendants (ECAs) who volunteer exclusively for a licensed provider or registered first responder organization are exempt from this educational requirement;

(3) successfully complete a Department of State Health Services-approved course;

(4) complete a state-approved jurisprudence examination assessing knowledge of EMS laws, regulations, and policies;

(5) successfully complete an approved course on human trafficking;

(6) submit a completed application, fulfill all requirements outlined in §157.3 of this chapter (Pertaining to Processing EMS Provider Licenses and Applications for EMS Personnel Certification and Licensing), and pay the applicable non-refundable fees as applicable:

(A) $60 for emergency care attendant (ECA) or emergency medical technician (EMT);

(B) $90 for advanced emergency medical technician (AEMT) or EMT-paramedic (EMT-P); and

(C) no fee for EMS volunteers; however, if a volunteer is compensated during the certification period, the fee exemption ends, and a prorated fee is required based on the length of time remaining in the certification period. The non-refundable fee for ECA or EMT is $15 per year remaining in the certification period, and $22.50 per year remaining in the certification for AEMT or EMT-P; any portion of a year will be considered one full year;

(7) provide evidence of current active or inactive National Registry of Emergency Medical Technicians (NREMT) certification at the appropriate level. NREMT First Responder certification is considered the appropriate corresponding certification level for ECAs; and

(8) submit fingerprints via the state-approved fingerprinting service to undergo a Federal Bureau of Investigations (FBI) criminal history background check.

(b) Certification period. Applicants meeting the requirements in subsection (a) of this section will receive certification valid for four years from the date of issuance. Individuals must verify their certification prior to staffing any EMS vehicle. Certification may be verified by the applicant's receipt of the official department identification card or by using the department's certification website.

(c) Examination scheduling.

(1) Examinations are held regularly at various locations throughout the state.

(2) Applicants are responsible for making their own arrangements to sit for the examination.

(d) Time constraints for completion.

(1) Initial applicants must fulfill all certification requirements no later than two years after the date of their course completion. Applications will expire two years from the postmarked date of mailing or the date received by the department via fax, online submission, or hand delivery.

(A) NREMT certification specified in subsection (a)(5) of this section must remain current until all state certification requirements are completed successfully.

(B) Applicants must update their application if changes occur between the initial submission of the application and the successful completion of requirements.

(2) Applicants failing to complete all requirements within two years of the initial course completion date must satisfy the requirements listed in subsection (a) of this section again, including taking another initial course to achieve certification.

(3) Late Renewal and Reentry.

(A) Individuals whose certification has been expired for 90 days or less may renew by paying 1.5 times the standard renewal fee to the department.

(B) Individuals whose certification has been expired for more than 90 days but less than one year may renew by paying twice the standard renewal fee.

(C) Individuals whose certification has been expired for one year or more, but less than four years, may regain certification by passing the current NREMT examination at the applicable certification level and paying a reinstatement fee equal to twice the standard renewal fee.

(D) Individuals whose certification has been expired for four years or more are required to complete the requirements outlined in subsection (j) of this section (relating to Equivalency).

(E) The department may accept a current and active NREMT certification for reinstatement at the corresponding level of Texas certification if all other criteria are met.

(F) Skills verification is not required for renewal or reentry. Employers and medical directors maintain responsibility for verifying the clinical competence of their personnel.

(e) Non-transferability of certificate. Certificates cannot be transferred.

(f) Applicants may apply for certification at a lower level than their current NREMT certification.

(g) Voluntary downgrades.

(1) Individuals with a valid Texas EMS certification or paramedic license may voluntarily obtain certification at a lower level for the remainder of the certification period by submitting an application and the required non-refundable fee specified in subsection (a)(4) of this section.

(2) When the downgrade becomes effective, the prior higher-level certification/license must be surrendered. To regain the original certification level, applicants are required to follow late recertification procedures outlined in §157.34(e) of this subchapter.

(h) Inactive certification. Certified EMTs, AEMTs, or EMT-Ps can apply for inactive certification at any time during the certification period or up to one year after expiration of the certification.

(1) Requests for inactive certification require a non-refundable fee of $30 plus the regular fees listed in subsection (a)(4)(A) and (B) of this section. If final

requirements are met within one year of certificate expiration, the fees in §157.34(e) of this subchapter will apply. Volunteers are subject to inactive certification fees.

(2) Period of inactive certification.

(A) Inactive status begins when the notice of inactive certification is issued and lasts through the end of the original active certification period for currently certified individuals. Active certification ends when the notice of inactive certification is issued.

(B) If the applicant is within the final year of active certification and chooses to renew with inactive certification, the inactive certification begins on the first day after the first day after the current active certificate expires and remains in effect for four years.

(C) If an applicant applies for inactive certification, or satisfies all requirements for inactive certification, within one year after the expiration of their active certification, the inactive certification is valid for four years from the date the notice of inactive certification is issued.

(3) While on inactive certification, a person will not practice other than to act as a bystander rendering first aid or cardiopulmonary resuscitation (CPR) or use an automated external defibrillator in the capacity of a layperson. Practicing in any other capacity for compensation or as a volunteer will be cause for denial of reentry and decertification.

(4) Individuals may not hold both inactive and active certification simultaneously.

(i) Reciprocity.

(1) A person who is currently certified by the NREMT but did not complete a department-approved course may apply for the equal or lower-level Texas certification by submitting a reciprocity application and a non-refundable fee of $120.

(2) NREMT AEMT applicants must provide written AEMT skills verification from an approved program.

(3) NREMT first responder certification is not eligible for ECA level reciprocity.

(4) Expiration of an applicant’s NREMT certification prior to completion of all requirements for certification as listed in this section disqualifies the applicant for reciprocity.

(5) Qualified applicants for reciprocity under this section receive a four-year certification beginning on the date of issuance by the department.

(6) Applicants for reciprocity must complete a state-approved jurisprudence exam to determine their knowledge of state EMS laws, rules, and policies.

(7) Individuals certified by another state may apply for equal or at a lower level Texas certification with a reciprocity application and a $120 fee.

(8) All individuals certified by another state must pass the NREMT exam.

(9) Out-of-state AEMT applicants must submit proof of AEMT skills proficiency signed by a Texas EMS coordinator or instructor.

(10) All applicants certified by another state must submit fingerprints for an FBI background check.

(11) Completing a state-approved jurisprudence exam to determine the knowledge of state EMS laws, rules, and policies is required for all individuals certified by another state. The department will verify successful completion of the examination and the individual's prior certification are similar in scope of practice to those required in Texas.

(12) Applicants must complete an approved course on human trafficking.

(13) Reciprocity is not available for ECA level certification.

(14) An applicant whose out of state certification expires before completing all required steps will not be eligible for reciprocity.

(15) Qualified applicants for reciprocity under this section receive a four-year certification beginning on the date of issuance by the department.

(16) Personnel certified through reciprocity must recertify according to the procedures detailed in §157.34 of this subchapter before their certification expires.

(j) Equivalency.

(1) Applicants meeting the following criteria may apply for certification only through the equivalency process as described in this subsection:

(A) those trained outside the US or its territories;

(B) those certified or licensed in other healthcare disciplines;

(C) those whose Texas EMS certification or license has expired for one year or more; or

(D) those who have held inactive Texas certification for four years or more.

(2) To apply by equivalency, applicants must:

(A) submit a copy of the curriculum and work history completed by the applicants to a regionally accredited post-secondary institution approved by the department to sponsor an EMS education program;

(B) obtain a course completion document that verifies the program satisfied all curriculum requirements. Evaluations of curricula conducted by post-secondary educational institutions under this subsection must be consistent with the institution's established policies and procedures for awarding credit by transfer or advanced placement;

(C) apply for initial certification with the department as described in subsection (a) of this section;

(D) have completed a state-approved jurisprudence examination to determine the knowledge of state EMS laws, rules, and policies; and

(E) have completed an approved course on human trafficking.

(k) The department may collect subscription and convenience fees as set by the Texas Online authority to offset online application processing costs.

(l) Applicant immunization history.

(1) If the applicant's immunization history is available in the immunization registry as defined by Health and Safety Code (HSC) §161.007, the department will provide notice to the applicant using information from the registry.

(2) If the applicant's immunization history is not in the immunization registry, the department will provide:

(A) details regarding the program established under HSC §161.00707; and

(B) the specific risks to EMS personnel when responding rapidly to an emergency. Personnel may be exposed to a serious or deadly communicable disease that an immunization may prevent.

(m) Responsibilities of EMS personnel. Throughout the license period, EMS personnel must:

(1) prepare accurate, complete, and clearly written patient care reports, including documenting patient condition at arrival at the scene, status during transport, observed signs and symptoms, and responses during duration of transport, in accordance with the EMS provider's approved policy;

(2) report incidents of abuse or injury involving a patient or the public to the employer, appropriate legal authority, or the department within 24 hours or by the next business day following the date of the event;

(3) comply with the approved medical director's protocols and policies;

(4) take necessary measures to prevent misuse of medications, supplies, equipment, personal items, or money belonging to patients, employers, or other persons or entities;

(5) maintain the skills and knowledge required to perform the duties of their current EMS certification level; and

(6) notify the department of changes to their valid mailing address and email address within 30 days.

(n) Military service member, spouse, and veteran licensing.

(1) Military service members, veterans, and spouses can receive expedited application processing under Occupations Code §55.005 and §1.81 and §1.91 of this title.

(2) Service members formerly certified in Texas whose certification expired during active duty may renew or reinstate it without penalty within two years of discharge, upon submitting service documentation and completing renewal requirements per HSC §773.050.

(3) The department will prioritize all applications under this subsection.

(o) Posting of surrender. If disciplinary action is pending or likely, the department will post notice of voluntary surrender on its public website until the issue is resolved.

§157.34. Recertification.

(a) Recertification requirements.

(1) It is the applicant’s responsibility to complete their renewal by submitting an application for recertification on the department’s website.

(2) To maintain certification status without interruption, applicants must submit a completed recertification application and meet all renewal requirements before the expiration date on the certification but not earlier than one year before expiration.

(3) Applicants are required to pay non-refundable application fees as follows:

(A) $60 for Emergency Care Attendant (ECA) or Emergency Medical Technician (EMT);

(B) $90 for Advanced EMT (AEMT) or EMT-Paramedic (EMT-P); or

(C) Emergency Medical Services (EMS) volunteers are exempt from fees unless they are compensated during the certification period. If compensation is received, the exemption ends, and a prorated fee must be paid based on the number of years remaining in the certification period. The fee for ECA or EMT certification is $15 per year remaining; for AEMT or EMT-P, the fee is $22.50 per year remaining. Any fractional portion of a year counts as a full year.

(4) Recertification by voluntary downgrade. Individuals holding Texas EMS certification or paramedic licenses may renew at a lower certification level by meeting the applicable requirements outlined in subsection (b), (f), or (g) of this section. On the date the downgrade is final, the previous higher-level certification becomes invalid. Regaining the original higher-level certification requires meeting the late recertification requirements in subsection (g) of this section within one year after the previous higher-level certification is deemed expired.

(A) An applicant cannot downgrade certification during pending or ongoing disciplinary action under §157.36(f) of this subchapter.

(B) Eligibility for recertification and downgrade also depends upon completion of certification requirements found in §157.33 of this subchapter, including conditions for denial or disqualification in §157.36 of this subchapter.

(5) Certificates are non-transferable.

(6) Military personnel. A person certified by the department who is deployed in support of military, security, or other action by the United Nations Security Council, a national emergency declared by the President of the United States, or a declaration of war by the United States Congress is eligible for recertification. The person may apply for recertification beginning on the date of demobilization until one calendar year after the date of demobilization. The person is not authorized to practice until they complete the renewal process.

(A) Applicants under this section must provide copies of deployment and demobilization orders as part of the requirements.

(B) Four-year certifications begin on the issue date of the certificate.

(b) Recertification options. Upon submission of a completed recertification application, the applicant must fulfill requirements under one of the options outlined in paragraphs (1) through (5) of this subsection.

(1) Option 1--Written Examination Recertification Process.

(A) The applicant is required to pass the National Registry of Emergency Medical Technicians (NREMT) examination.

(B) If the applicant does not pass the initial NREMT examination, the person

must follow the NREMT process for additional attempts. After passing the NREMT examination, the person must submit an application.

(C) The applicant must submit documentation of completion of an approved course on human trafficking.

(D) For subsequent retests, applicants may apply for and test at a lower level, in accordance with paragraph (1)(B) of this subsection, if applicable.

(E) Applicants selecting option 1 who do not pass the NREMT assessment examination may not pursue recertification via alternative options, nor do they qualify for inactive certification as referenced in §157.33(h) of this subsection or subsections (f) or (g) of this section.

(F) Should the applicant fail to complete the examination recertification process as described above, their certification will expire on the date indicated on the current certificate.

(G) The applicant is required to complete a state-approved jurisprudence examination that assesses knowledge of state EMS laws, rules, and policies.

(2) Option 2--Continuing Education Recertification Process. The applicant must:

(A) attest to accrual of department-approved EMS continuing education as specified in §157.38 of this subchapter;

(B) submit documentation confirming completion of a state-approved jurisprudence examination; and

(C) submit documentation confirming completion of an approved human trafficking training course.

(3) Option 3--NREMT Recertification Process. The applicant must:

(A) attest to and must hold current NREMT certification at the time of recertification application;

(B) submit documentation confirming completion of a state-approved jurisprudence examination; and

(C) submit documentation confirming completion of an approved human trafficking training course.

(4) Option 4--Formal Course Recertification Process. The applicant must:

(A) complete a department-approved recertification course and successfully pass any required examination;

(i) the course must be a formal, structured, interactive training program approved by the department and completed within the four-year certification period; and

(ii) the recertification course must include contact hours required by the department for the applicable certification level, as published on the department's website;

(B) submit documentation confirming completion of a state-approved jurisprudence examination; and

(C) submit documentation demonstrating completion of an approved human trafficking training course.

(5) Option 5--CCMP Recertification Process.

(A) An applicant affiliated with an EMS provider participating in a department-approved Comprehensive Clinical Management Program (CCMP) may be recertified if:

(i) they are currently credentialed in the provider's CCMP;

(ii) they have maintained enrollment in the CCMP for a minimum of six continuous months; and

(iii) the department receives a signed statement from the CCMP Medical Director confirming the applicant's participation and completion of the CCMP;

(iv) they submit documentation confirming completion of a state-approved jurisprudence examination; and

(v) they submit documentation confirming completion of an approved human trafficking training course.

(6) To change options (excluding option 1 under paragraph (1) of this subsection), the applicant must submit a new application form. No additional fee is required, provided all requirements are met within the original submission timeframe.

(c) Verification. The department verifies the information provided by the applicant is accurate, complete, and meets recertification requirements before the certification expiration date. The department then recertifies the applicant for a four-year period, starting from the day after the day after the most recent certificate expires. Applicants must verify current certification prior to staffing an EMS vehicle. Certification can be verified via the official department identification card, the department's certification website, or by direct contact with the department.

(d) Applicant immunization history.

(1) If the applicant's immunization history is included in the immunization registry as defined by Health and Safety Code (HSC) §161.007, the department may provide notice of this history using information from the registry.

(2) If the applicant's immunization history is not in the immunization registry, the department may provide:

(A) details about the immunization program developed under HSC §161.00707; and

(B) information on specific risks to EMS personnel when responding quickly to emergencies involving exposure to and infection by communicable diseases preventable by immunization.

(e) Late recertification.

(1) Applicants whose certification has expired are considered late and non-certified and may not serve as EMS or represent themselves as certified until recertification is granted.

(2) An individual whose certificate has been expired for 90 days or less may renew the certificate by:

(A) submitting a completed renewal application in the manner prescribed by the department;

(B) submitting a non-refundable renewal fee equal to 1.5 times the standard renewal fee for the applicable certification level, as specified in subsection (a)(4) of this section;

(C) satisfying one of the recertification options specified in subsection (b)(1)–

(5) of this section;

(D) submitting documentation verifying skills proficiency from an education program approved by the department;

(E) completing all recertification requirements within 90 days after expiration; and

(F) resulting in a certification under this paragraph is valid for a four-year period beginning on the date of issuance.

(3) An individual whose certificate has been expired for more than 90 days but less than one year may renew the certificate by:

(A) submitting a completed renewal application to the department;

(B) submitting a non-refundable renewal fee equal to twice the standard renewal fee for the applicable certification level, as specified in subsection (a)(4) of this section;

(C) satisfying one of the recertification options specified in subsection (b)(1)-(5) or (b)(6) of this section; and

(D) submitting documentation verifying skills proficiency from an education program approved by the department.

(E) completing any remaining recertification requirements and paying any additional amount needed to equal twice the standard renewal fee, if the renewal application and fee were already submitted. (4) An individual whose certificate has been expired for one year or longer may not renew the certificate and may obtain certification only by meeting the requirements in §157.33(a) or (j) of this subsection.

(5) An applicant who was previously certified in this state and has practiced continuously for at least two years in another state may obtain certification without reexamination by:

(A) submitting a non-refundable fee to the department, equal to twice the standard renewal fee indicated in subsection (a)(4) of this section; and

(B) providing attestation of consistent emergency medical care practice in the other state for the two years preceding the date of application.

(f) Renewal of inactive certification.

(1) To renew an inactive certification, applicants must submit the appropriate application and non-refundable fee as specified in §157.33(a)(4) of this subchapter. The $30 inactive fee is waived during renewal of inactive certification. Applicants who fulfill the requirements for inactive renewal will be granted inactive certification for a four-year period beginning the day after the previous certification expires.

(2) Individuals whose inactive certification has been expired for 90 days or less may renew within this 90-day period by submitting a fee equal to 1.5 times the standard renewal fee outlined in subsection (a)(4) of this section. If an application and fee have previously been submitted but all requirements were not met before expiration, no new application is required. The total fee paid must equal 1.5 times the regular amount. Upon meeting these criteria, the applicant will be recertified inactive for four years from the date of issuance.

(3) Applicants whose inactive certification has been expired for more than 90 days but less than one year may renew by providing a fee double the standard renewal fee described in subsection (a)(4) of this section. If an application and fee

were submitted but requirements were unmet by the 90th day after expiration, a new application is not necessary. Inactive recertification will be granted for a four-year term beginning on the date of issuance.

(4) Those whose inactive certification has been expired for over one year must first obtain active certification before reapplying for inactive status, as detailed in subsection (g).

(g) Transition from inactive to active certification.

(1) Applicants may reactivate their certification prior to the expiration of the initial four-year inactive period by submitting an application and the non-refundable fee to the department, as described in subsection (a)(4) of this section, and completing one of the following options:

(A) Option 1:

(i) fulfilling the continuing education requirement for certification renewal as listed in subsection (b)(2);

(ii) providing verification of skills proficiency from an approved educational program or a department-recognized physician; and

(iii) passing the NREMT exam.

(B) Option 2:

(i) completing a department-approved recertification course; and

(ii) passing the NREMT exam.

(2) Applicants who have held inactive status for more than four years may only regain active certification by meeting the requirements specified in §157.33(a) or (j) of this subchapter.

(h) Posting of surrender. If a certificant voluntarily surrenders their certification or license while a disciplinary action is pending, the department will post a voluntary surrender notice on its public and the National EMS Compact's websites. The notice must remain until the pending action is resolved.

(i) Application. For all applications and renewals, the department reserves the right to collect subscription and convenience fees, as determined by the Texas Online authority, to cover costs associated with processing applications and renewals through Texas Online.

§157.36. Criteria for Denial and Disciplinary Actions for EMS Personnel and Applicants and Voluntary Surrender of a Certificate or License.

(a) Emergency suspension. The commissioner or designated representative is required to issue an emergency suspension order to any emergency medical services (EMS) certificant or licensee if there is reasonable cause to believe the conduct of any certificate or license holder creates an imminent danger to public health or safety.

(1) An emergency suspension is effective immediately as issued by the commissioner or designee without a hearing on notice to the certificate or license holder. Notice must also be given to the sponsoring governmental entity if the holder is exempt from payment of fees under Health and Safety Code (HSC) §773.0581.

(2) A copy of the emergency suspension order will be sent to any licensed EMS provider, first responder organization, medical director, institution, or facility with which the certificant or licensee is affiliated, using the address listed in the department's current records.

(3) If the suspended individual submits a written request for a hearing within 15 days from the suspension date, the department is required to hold a hearing by the thirtieth (30) day after receiving the request. An administrative law judge from the State Office of Administrative Hearings (SOAH) will conduct the hearing not earlier than the 10th day or later than the 30th day after the date on which the request is received by the department, will make findings of fact, and will issue a written proposal for decision regarding whether the department should continue, modify, or rescind the suspension. The department's hearing rules and Chapter 2001, Government Code, govern the hearing and any appeal from a disciplinary action related to the hearing.

(b) Disciplinary action. The department may suspend, revoke, or refuse to renew an EMS certification or paramedic license, or may reprimand a certificant or licensed paramedic for reasons including but not limited to:

(1) violating any provision of the Health and Safety Code (HSC) Chapter 773; 25 Texas Administrative Code Chapter 157; or any applicable Federal, State, or local laws, rules, or regulations affecting the practice of EMS;

(2) conduct that is criminal in nature or violates criminal, civil, or administrative codes or statutes;

(3) failing to make accurate, complete, and clear written patient care reports, documenting a patient's condition upon arrival at the scene, the prehospital care provided, and the patient's status during transport, including signs, symptoms, and response, as per EMS provider's approved policy;

(4) falsifying any EMS record, patient record or report; providing false or misleading statements in oral reports; or destroying a patient care report;

(5) disclosing confidential patient information or knowledge concerning a

patient’s condition except where required or permitted by law or rule;

(6) causing or permitting physical or emotional abuse or injury to a patient or the public, or failing to report such abuse or injury to the employer, appropriate legal authority, or the department;

(7) failing to report to the employer, appropriate legal authority, or the department, any event of abuse or injury to a patient or the public no later than 24 hours after the event;

(8) failing to follow the medical director's protocol, performing advanced level or invasive treatment without medical direction or supervision, or practicing beyond the scope of certification or licensure;

(9) failing to respond to calls while on duty, or leaving assigned duties without proper authorization;

(10) abandoning a patient;

(11) turning over the care of a patient or delegating EMS functions to a person who lacks the education, training, experience, or knowledge to provide appropriate level of care for the patient;

(12) noncompliance with terms of department-imposed probation or department-agreed order, agreement, or suspension;

(13) issuing checks returned unpaid to the department or its agent;

(14) discriminating based on national origin, race, color, creed, religion, sex, age, disability, or economic status;

(15) misrepresenting certification or licensure level;

(16) misusing medications, supplies, equipment, personal items, or money belonging to patients, employers, or other entities;

(17) failing to take precautions to prevent misusing medications, supplies, equipment, personal items, or money belonging to the patient, employer or any person or entity;

(18) falsifying, altering, or assisting in the falsification or alteration of department applications, EMS certificates or licenses, or possessing such altered documents;

(19) committing any offense during the period of a suspension/probation or repeating any offense for which a suspension/probation was imposed within the two-year period immediately following the end of the suspension or probation;

(20) cheating or assisting another in cheating on any EMS examination administered by the department or affiliated institutions;

(21) obtaining or attempting to obtain or assisting another in obtaining or attempting to obtain benefits or advantage by fraud, forgery, deception, misrepresentation, or subterfuge;

(22) illegally possessing, dispensing, administering or distributing, or attempting to illegally dispense, administer, or distribute controlled substances as defined by HSC Chapter 481 and Chapter 483;

(23) receiving disciplinary action relating to an EMS certification or license, or a certification or license issued by another health care regulatory authority;

(24) failing or refusing to timely provide complete information requested by the department;

(25) failing to notify the department within 30 business days after the issuance of a court order resulting in any of the following:

(A) a criminal conviction;

(B) placement on deferred adjudication community supervision; or

(C) placement on deferred disposition for any criminal offense, except a Class C misdemeanor not directly related to EMS and not otherwise identified in §157.37(e)(5) of this subchapter;

(26) failing to notify the department within five business days of being arrested, charged, or indicted for any criminal offense, except a Class C misdemeanor not directly related to EMS and not otherwise identified in §157.37(e)(5) of this subchapter, and failing to notify the department within five business days of any change in the individual's criminal history;

(27) having been convicted or placed on deferred adjudication community supervision or deferred disposition for a criminal offense listed in §157.37 of this subchapter, for which a person's EMS certification or paramedic license will be revoked; upon receipt of notice of a conviction, deferred adjudication, or deferred disposition under §157.37(e)(5) of this subchapter, the department will determine the appropriate enforcement action under this chapter;

(28) failing to timely complete any portion of the criminal history evaluation process, including submission of fingerprints, or providing information requested by the department within 60 days of notification to do so, according to provisions in §157.37 of this subchapter;

(29) conduct that jeopardizes or could jeopardize health or safety of any person;

(30) using alcohol or drugs to such an extent that in the opinion of the commissioner or the commissioner's designee, the health or safety of any persons may be endangered;

(31) failing employer alcohol or drug screenings test before, during, or after assigned EMS or volunteer shifts;

(32) resigning employment in lieu of submitting to an employer alcohol or drug screening test, or refusing to submit to an employer alcohol or drug screening test, immediately before, after or during an assigned EMS work or volunteer shift;

(33) engaging in any activity that betrays the patient privacy perspective or public trust and confidence in EMS;

(34) failing to maintain a substantial amount of skill, knowledge or academic acuity to timely and accurately perform the duties and responsibilities required of a certified emergency medical technician or licensed paramedic;

(35) delegating medical functions without approval from the medical director per approved protocols;

(36) failing to transport a patient to the appropriate medical facility according to the criteria for selection of a patient's destination established by the medical director;

(37) failing to document non-transports or refusals of care per established protocols as established by the medical director;

(38) failing to contact medical control or medical director as required by the medical director’s protocols or EMS provider's policy and procedure when caring for or transporting patients;

(39) failing to protect and advocate for patients or clients or the public from unnecessary risk of harm from another EMS-certified or licensed personnel;

(40) falsifying employment or volunteer medical profession applications or failing to answer specific questions that would have affected the decision to employ or otherwise utilize an EMS personnel;

(41) behaving in a disruptive manner toward other EMS personnel, law enforcement, firefighters, hospital personnel, other medical personnel, patients, family members or others, that interferes with patient care or could be reasonably expected to adversely impact the quality of care rendered to a patient;

(42) failing to notify the department of a change in the individual’s current mailing address within 30 days after the change occurs;

(43) falsifying, altering, or failing to complete required clinical or internship

documentation for EMS students;

(44) falsification or failure to complete daily readiness checks on EMS vehicles, supplies, or equipment;

(45) acts of dishonesty relating to the EMS profession as determined by the department;

(46) behavior that exploits the EMS personnel-patient relationship in a sexual way. This behavior is non-diagnostic or non-therapeutic, may be verbal or physical, and may include expressions or gestures that have sexual connotations or that a reasonable person would construe as such;

(47) falsifying information provided to the department; or

(48) engaging in a pattern of behavior that demonstrates routine response to medical emergencies without being under the policies and procedures of an EMS provider or first responder organization, and providing patient care without medical direction when required;

(c) Mandatory revocation.

(1) A certificate or paramedic license will be revoked if the holder has been convicted of or placed on deferred adjudication community supervision or deferred disposition for:

(i) an offense listed in Article 42A.054(a)(2), (3), (4), (7), (8), (9), (11), or (18), Code of Criminal Procedure; or

(ii) an offense, other than an offense described by Subdivision (1), committed on or after September 1, 2009, for which the person is subject to registration under Chapter 62, Code of Criminal Procedure, pursuant to HSC 773.0614.

(2) A certificant or licensed paramedic will be revoked based on imprisonment following a felony conviction, regardless of the felony, pursuant to Texas Occupations Code 53.021.

(i) Imprisonment means confinement in a state jail or prison. Imprisonment does not include living in a halfway house as a requirement of community supervision.

(ii) A certificant or licensed paramedic who is participating in a mandatory supervision program or a community supervision program will not be subject to mandatory revocation, which may include confinement, under this subchapter.

(d) Criteria for denial of EMS certification or paramedic licensure:

(1) not meeting standards as required by the department;

(2) past conduct by the applicant while performing duties similar to those of EMS personnel, including volunteer or for-compensation work, that demonstrates the applicant is not qualified to meet the standards required for EMS personnel under HSC Chapter 773 and this section;

(3) having been convicted of, or placed on deferred adjudication community supervision or deferred disposition for, a criminal offense that directly relates to the duties and responsibilities of EMS personnel, as provided by §157.37 of this subchapter;

(4) the department shall deny an application for EMS certification or paramedic licensure if the applicant has been convicted of, or placed on deferred adjudication community supervision or deferred disposition for, an offense listed in §157.37(e)(5) of this subchapter;

(5) disciplinary actions on certificates/licenses issued by Texas, or other states/territories/nations, National Registry of Emergency Medical Technicians (NREMT), or other recognized EMS organizations, including the Federal Exclusion List, described in 42 U.S. Code §1320a-7;

(6) falsifying any Texas application for certification or licensure or falsifying any application or documentation used to acquire registration, certification or licensure;

(7) issuing payment to the department that has been returned to the department or its agent;

(8) misrepresenting certification or licensure requirements;

(9) staffing an EMS vehicle deemed to be in service while the person's previously issued certification or license is expired, suspended or revoked;

(10) failing to maintain sufficient skill, knowledge, or academic proficiency to timely and accurately perform the duties and responsibilities required of certified or licensed EMS personnel; and

(11) participation in peer-to-peer support services is not subject to disciplinary action, per HSC §773.061.

(e) Notification. If the department intends to suspend, revoke, or not renew an EMS certificate or license, reprimand a certificant or licensed paramedic, deny an application for EMS certification or a paramedic license, or disqualify a prescreening petition’s eligibility for EMS certification or a paramedic license, the certificant, licensed paramedic, applicant, or petitioner will be notified at the address listed in the department’s current records. The notice will specify the facts or conduct supporting the proposed action and inform the individual of their right to request an appeal hearing.

(f) Appeal hearing request.

(1) An appeal hearing request must be made in writing, submitted to the department, and postmarked within 30 days after the date of the notice. The appeal hearing, as well as any appeal of that hearing, will be conducted in accordance with the Administrative Procedure Act, Government Code, Chapter 2001.

(2) If the applicant, certificant, licensed paramedic, or petitioner does not request a hearing in writing within 30 days after the date of the notice required by this section, the individual is deemed to have waived the opportunity for an administrative appeal hearing, and the department may take the proposed actions outlined in the notice.

(g) Suspension or probation.

(1) The department may propose a suspension or a probated suspension of an EMS certification or paramedic license. As a condition of suspension or probation, the certificant or licensee may be required to:

(A) submit regular reports to the department regarding matters that form the basis of the suspension or probation;

(B) restrict practice to settings, roles, or functions designated by the department;

(C) complete additional education or continuing education to address identified deficiencies and achieve a level of proficiency satisfactory to the department;

(D) comply with specific conditions or requirements related to the underlying conduct, violation, or background issue to ensure continued compliance with applicable EMS standards;

(E) limit the scope of practice, including restricting the performance of specific skills or interventions; and

(F) comply with any other condition reasonably necessary to protect the public and ensure safe practice.

(2) Because of certain circumstances or conduct in the background of a person making an initial application for an EMS certification or paramedic license, the department may grant the certification or license, but place the person on probation, subject to the person meeting certain probationary conditions during the certification or licensure period to assure that the person will meet and maintain general EMS standards.

(3) Any person, whose EMS certification or paramedic license has been revoked by the department and who later regains certification or licensee under this section, shall be placed on probation for one year and be required to meet certain conditions to assure that he or she will meet and maintain general EMS standards.

(h) Reapplication.

(1) An individual may submit a written petition for reapplication for certification or licensure two years following the denial or revocation of a license, or after voluntarily surrendering a certificate or license while disciplinary action is pending. The expiration of a certificate or license during the suspension period does not alter the required two-year waiting period before a petition may be filed.

(2) The petitioner is responsible for demonstrating their fitness for certification or licensure.

(3) The department may permit the petitioner to apply for certification or licensure if the petitioner provides sufficient evidence demonstrating that the petitioner is in compliance with applicable standards and that public health and safety will be protected.

(4) The department may deny any petitioner if, in the judgment of the commissioner or designee, the conditions or conduct giving rise to the original enforcement action continue to pose a threat to public health or safety, the petitioner has failed to demonstrate that the threat has been eliminated, or the petitioner remains in noncompliance with applicable standards.

(5) Upon acceptance of reapplication, the petitioner must satisfy all requirements for licensure as outlined in §157.40 (Paramedic Licensure) of this subchapter, or for certification as specified in §157.33 (Certification), §157.43 (Course Coordinator Certification), or §157.44 (Emergency Medical Service Instructor Certification) of this subchapter. Additionally, the petitioner must comply with probation terms described in subsection (f) of this section.

(i) Surrender of a certificate or license. Surrendering a certificate or license will not deprive the department of jurisdiction in disciplinary actions against the certificant or licensee. To voluntarily surrender a certification or license prior to its expiration, an individual must:

(1) complete a surrender of certificate or license statement; and

(2) where disciplinary action is pending or reasonably foreseeable, acknowledge that such surrender serves as a plea of "no contest" to the allegations supporting the disciplinary action.

(j) Notification of disposition. A copy of the final order concerning proposed disciplinary action will be provided to any licensed EMS provider, EMS administrator of record, first responder organization, medical director, institution, or facility with

which the certificant or licensee is identified as affiliated, based on the address listed in current department records. Notification will be published on the department's public website and forwarded to the National EMS Compact. The applicant, certificant, licensed paramedic, or petitioner will receive notice of the final enforcement action taken.

§157.37. Certification or Licensure of Persons With Criminal Backgrounds.

(a) Purpose. This section describes the standards and criteria for determining whether individuals with criminal backgrounds are eligible for emergency medical services (EMS) certification or recertification, as well as paramedic licensure or continued licensure. The Department of State Health Services (the department) will apply the requirements of the Health and Safety Code (HSC), Chapter 773, Subchapter C, and will consider and review the criteria listed in the HSC, Chapter 773, Subchapter C, §§773.0615, 773.0616, and 773.0617, to determine a person's EMS certification eligibility before enrollment in an EMS education and training course, or to determine whether to deny, suspend, or revoke an EMS certification or paramedic license based upon the person's criminal history.

(b) Department access to criminal history record information.

(1) The department is authorized to obtain criminal history records from the Department of Public Safety (DPS), the Federal Bureau of Investigation Identification Division, or other law enforcement agencies to assess EMS certification eligibility for people submitting petitions for pre-enrollment criminal history prescreening, initial EMS certification applications, reciprocity requests, and to determine ongoing eligibility for certified or licensed paramedics.

(2) Those who submit a petition for criminal history prescreening, initial or reciprocity applications for EMS certification or licensure, or who disclose or have known criminal records, must provide a full set of fingerprints and pay the required processing fee to DPS, as required under Government Code §411.087 and §411.110.

(3) For petitioners or applicants with criminal records, the department may close the petition or application and treat it as withdrawn if the person does not respond to requests for information within 60 days of the department's request during the prescreening or investigative phase.

(c) Petition for criminal history prescreening. The department provides prescreening criminal history checks for those pursuing EMS certification or licensure, to determine the person's eligibility before entering a department-approved education or training program. A prescreening petition does not constitute an initial or renewal application for certification or licensure. To request prescreening, petitioners must:

(1) submit a completed Petition for Criminal History Prescreening form;

(2) pay a non-refundable $50 fee;

(3) complete and return all Criminal History Prescreening documents provided to the petitioner by the department, timely provide documents and information requested by the department, and provide additional information if requested;

(4) supply fingerprints and pay the processing fee to DPS, as mandated under Government Code §411.087 and §411.110;

(5) provide or arrange for submission of all relevant court records to the department, including final court orders, sentencing details, probation terms and releases, probation revocation, and related documentation concerning the petitioner's criminal history or other materials requested by the department;

(6) inform the department of any new legal actions or changes impacting their criminal history, including, but not limited to, arrests, criminal charges, indictments, investigations, or motions to revoke probation, that have occurred since submitting the prescreening petition; and

(7) undergo a criminal history investigation by the department if an EMS certification application is later submitted by the petitioner.

(d) Limitation on information required for certification or license renewal. For renewing EMS certification or a paramedic license, the department:

(1) will not require applicants to supply criminal history information that has not changed since their last initial or renewal application for EMS certification or paramedic licensure; and

(2) may require only updated details relevant to the period since the applicant's last initial or renewal application, including information about any new department requirements for the certification or license.

(e) Criminal history evaluation criteria.

(1) For a person who has been convicted of, or placed on deferred adjudication community supervision or deferred disposition for any offense, other than those listed under paragraph (5) of this subsection, that relates directly to the duties and responsibilities of EMS personnel, the department may:

(A) Deny initial or renewed EMS certification or paramedic licensure, or denied permission to take a certification or licensure exam;

(B) Rule the person ineligible for an EMS certificate or paramedic license; or

(C) Revoke or suspend their EMS certification or paramedic license.

(2) When deciding if an offense (other than those in paragraph (5)) is directly

linked to EMS responsibilities, the department will consider:

(A) HSC Chapter 773, Subchapter C, §773.0615;

(B) the nature and seriousness of the offense;

(C) how the offense relates to the requirement for certification or licensure in the occupation;

(D) the extent to which involvement in EMS would afford a certificant or licensee an opportunity to engage in further criminal activity of the same type as that in which the person previously was involved; and

(E) the relationship of the crime to the ability, capacity, or fitness required to perform the duties and discharge the responsibilities of the EMS profession.

(3) When judging the fitness of EMS personnel with convictions or deferred adjudication excluding offenses in paragraph (5), the department will also consider:

(A) the extent and nature of the person's prior criminal activity;

(B) the person's age at the time of the offense;

(C) the amount of time that has elapsed since the person's last criminal activity;

(D) the person's conduct and work activity before and after the criminal activity;

(E) evidence of the person's rehabilitation or rehabilitative effort while incarcerated or following release;

(F) other evidence of the person's fitness, including letters of recommendation from:

(i) prosecutors, law enforcement, and correctional officers who prosecuted, arrested, or had custodial responsibility for the person;

(ii) the sheriff or chief of police in the community where the person resides; and

(iii) any other person in contact with the person;

(G) whether the person has obtained and submitted to the department the proof of fitness documentation required by 25 Texas Administrative Code §157.37(e)(3)(F); and

(H) whether the petitioner, applicant, certificant, or licensed paramedic has demonstrated:

(i) a stable employment history;

(ii) support of the person's dependents;

(iii) good conduct; and

(iv) payment of all outstanding court costs, supervision fees, fines, and restitution ordered in connection with any criminal case involving a conviction, deferred adjudication community supervision, or deferred disposition.

(4) The following crimes are considered directly related to EMS certification and licensure because of their nature and seriousness, impacting the ability to perform patient care and public safety duties. These offenses will be reviewed:

(A) offenses under the HSC Chapter 773;

(B) violations under the Transportation Code, except those for which points are assigned under Transportation Code §708.052;

(C) offenses under the Alcoholic Beverage Code;

(D) substance abuse offenses under HSC, Texas Controlled Substances Act, Chapters 481, 482, and 483;

(E) offenses under the Department of Public Safety of the State of Texas, Government Code, Chapter 411, Subchapter H, relating to concealed handgun licenses;

(F) offenses under these Texas Penal Code titles:

(i) Title 4 - attempts to commit or conspiracies to commit any listed offenses in this clause;

(ii) Title 5 - offenses against persons;

(iii) Title 6 - offenses against families;

(iv) Title 7 - offenses against property;

(v) Title 8 - offenses against public administration;

(vi) Title 9 - offenses against public order and decency;

(vii) Title 10 - offenses against public health, safety, and morals; and

(viii) Title 11 - offenses involving organized crime.

(G) the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not

exhaustive; the department may also consider similar convictions from other states, federal, foreign, or military jurisdictions that indicate a lack of ability, capacity, or fitness to serve as EMS personnel.

(5) An individual will be disqualified from EMS certification eligibility, or their initial or renewal application for EMS certification or paramedic licensure will be denied, or their EMS certification or paramedic license (active or inactive) will be revoked if the petitioner, applicant, certificant, or licensed paramedic is convicted of or placed on deferred adjudication community supervision or deferred disposition, on or after September 1, 2009, for:

(A) any offense listed in Code of Criminal Procedure, Article 42A.054(a)(1)-(19), (b)-(e), including:

(i) murder;

(ii) capital murder;

(iii) indecency with a child;

(iv) aggravated kidnapping;

(v) aggravated sexual assault;

(vi) aggravated robbery;(vii) sexual assault; and

(viii) substance abuse offenses, as described in Health and Safety Code, Chapter 481, for which punishment is increased under:

(I) Health and Safety Code §481.140, regarding the use of a child in the commission of an offense; or

(II) Health and Safety Code §481.134(c), (d), (e), or (f), regarding an offense committed within a drug free zone, if it is shown that the defendant has been previously convicted of an offense for which punishment was increased under one of those subsections.

(B) An offense, other than an offense described by subparagraph (A) of this paragraph, committed on or after September 1, 2009, for which the person is subject to register as a sex offender under Code of Criminal Procedure Chapter 62.

(6) An individual may be disqualified from EMS certification eligibility for being convicted of or placed on deferred adjudication community supervision or deferred disposition for stalking (applicable only for offenses on or after September 1, 2025).

(f) Documentation required during criminal history prescreening or investigation. During a criminal history prescreening or investigation, the

prescreening petitioner, applicant for EMS certification or paramedic licensure, or certificant or licensed paramedic must obtain and submit to the department the following documentation for each criminal offense in the individual's criminal history:

(1) the complete court record, including:

(A) final court orders;

(B) sentencing information;

(C) conditions of probation;

(D) revocation of or release from probation; and

(E) any other information relating to the individual's criminal history or requested by the department;

1. (2) any recommendations of the prosecution, law enforcement, and/or correctional authorities regarding the offense;

(3) documentation of prior and current employment status;

(4) evidence of court-ordered or voluntary rehabilitation;

(5) evidence of good conduct in the community; and

(6) evidence of payment of all outstanding court costs, supervision fees, fines, and restitution ordered in the criminal case, including cases resulting in conviction, deferred adjudication community supervision, or deferred disposition.

(g) The notice and appeal processes under §157.36(d) - (e) of this subchapter apply to EMS certification or licensure denials, suspensions, or revocations based on criminal history, except those offenses listed in §157.37(e)(5) of this section.

(h) If an individual voluntarily surrenders their certification or licensure while disciplinary action is pending or likely with the department, the department will post a notice of voluntary surrender online until the outcome of the enforcement action is final.