



ATTENTION

Persons applying for initial Texas EMS certification/licensure with a criminal conviction

A person shall be disqualified from eligibility to acquire an EMS certification, or a person's initial or renewal application for EMS certification or paramedic licensure shall be denied, or a person's EMS certification or paramedic license, whether active or inactive, shall be revoked if the petitioner, applicant, certificant, or licensed paramedic is convicted of or placed on deferred adjudication community supervision or deferred disposition for an offense committed on or after September 1, 2009 listed in Code of Criminal Procedure, Article 42.12, Sections 3g(a)(1)(A) through (H) as follows:

- (1) murder;
- (2) capital murder;
- (3) indecency with a child;
- (4) aggravated kidnapping;
- (5) aggravated sexual assault;
- (6) aggravated robbery;
- (7) substance abuse offenses, as described in Health and Safety Code, Chapter 481, for which punishment is increased under:
 - (a) Health and Safety Code, §481.140, regarding the use of a child in the commission of an offense; or
 - (b) 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;
- (8) sexual assault;
- (9) An offense, other than an offense 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.

Criminal offenses NOT LISTED ABOVE are subject to a department review which may lead to denial, suspension, or revocation.



Regulatory Licensing Unit

EMS Certification & Licensing Group
Department of State Health Services
Cash Receipts Branch, MC 2003
P.O. Box 149347
Austin, Texas 78714-9347
(512) 834-6700 FAX (512) 834-6714

For DSHS Use Only
ZZ100-160
Receipt #
Date
Amount

INITIAL EMS Personnel Certification/Licensure Application
ECA, EMT, EMT-I, EMT-P, LP

Electronic application & fee submission are available at: www.dshs.state.tx.us/emstraumasystems
This application form is intended for use by candidates that have completed a Texas DSHS-approved initial course and/or candidates that hold National Registry. This application is NOT intended for candidates who have ever held or currently hold out-of-state certification.

APPLICATION SUBMISSION:

- Application processing takes approximately 4-6 weeks.
Applicant is not considered certified/licensed until the application is processed and approved.
Check your application status at: http://www.dshs.state.tx.us/emstraumasystems/NewCert.shtm
You must pass the National Registry exam to gain initial certification in Texas.
You must obtain an FBI federal background check using the Fast Pass form attached.

VISIT OUR WEBSITE FOR MORE INFORMATION: www.dshs.state.tx.us/emstraumasystems

SECTION 1 - PERSONNEL DATA

TYPE OR PRINT IN BLACK INK

Last Name First Name Middle Name Social Security Number*
List other names you have used (e.g. alias, married/maiden, etc.):
Address: Street, Apt. Number or PO Box City State Zip
Home Phone (area code) Business Phone (area code) Date of Birth (MM/DD/YY) Driver License Number (include state)
Email Address

Have you attained a high school diploma or GED?

Yes or No

Mark the level for which you are applying:

- ECA
EMT-Paramedic
EMT
Licensed Paramedic**
EMT-Intermediate

* Disclosure of your social security number is mandatory under Family Code, Chapter 231.302(c)(1)

In order to achieve Licensed Paramedic (LP) status, an applicant must submit an official transcript indicating Associate Degree in EMS or a higher level degree in any other field.

Name: _____ Social Security Number _____

SECTION 2 – Application Type and Fee.

Course approval number: _____ Course Completion Date : (month/year) _____

Course City: _____ Course State: _____

National Registry card number: _____ Expiration Date: _____

Testing Instructions: All levels can contact National Registry at: www.nremt.org

ECA / EMT - \$64.00

EMT-Intermediate - \$96.00

EMT-Paramedic - \$96.00

Licensed Paramedic - \$126.00

I am not submitting a fee because I am a volunteer. (Complete Volunteer Sign Off Below)

Other: Explain _____

✓ Make check or money order payable to: **Texas Department of State Health Services
EMS Certification and Licensing Group
Cash Receipts Branch, MC 2003
P.O. Box 149347
Austin, Texas 78714-9347**

Fees are NOT refundable or transferable.

Do not combine payments for Texas Department of State Health Services, National Registry and EMS Magazine.

Volunteer Sign Off

If you are claiming fee exempt status, this section should be completed by an approved EMS Provider or FRO Administrator.

This applicant is exempt from the payment of fees because he/she actively provides emergency medical care for this organization, and does not receive compensation for providing these services. (Compensation does not include reimbursement for actual expenses for medical supplies, gasoline, clothing, meals and insurance incurred while volunteering). Additionally, to the best of my knowledge, this applicant does not provide emergency medical care for any other organization, in return for compensation, other than reimbursement as described below. I have explained to the applicant that if during the certification period, he/she begins to receive compensation for providing emergency medical care from any organization, the exemption is nullified and the applicant must send a prorated fee to the department.

Signature of Provider or FRO Administrator

Print signed name

Provider or FRO Name: _____ City: _____

DSHS license or registration number and expiration date: _____ Phone: _____

Name _____

Social Security Number _____

SECTION 3 – CRIMINAL/DISCIPLINARY HISTORY – Everyone MUST answer “YES or NO” to ALL questions below.

Failure to report any limitation, suspension and revocation of a license and/or any conviction(s) and/or deferred adjudication case information may result in disciplinary action and/or denial/decertification against your Texas EMS personnel certification or licensure.

- Have you ever been subject to limitation, suspension, or revocation of a license, including your right to practice in a healthcare occupation?
 Yes or No
- Have you ever surrendered any type of license in any state or to a state agency that had issued you a license?
 Yes or No
- Have you ever been denied any type of license in any state or by a state agency?
 Yes or No
- Have you ever received deferred adjudication for a felony or misdemeanor?
 Yes or No
- Have you ever been convicted of a felony?
 Yes or No
- Have you ever been convicted of a misdemeanor?
 Yes or No
- DO NOT answer, “Yes” if you only have minor traffic violations, e.g. speeding tickets or minor parking violations. **Driving while Intoxicated, Reckless Driving or Obstruction of a Highway Passageway are not minor traffic violations.**
- If you answered yes to ANY question above, provide the date of action, state and agency name, action taken and case number; you may provide an explanation on a separate sheet of paper.
- **Indicate offense(s) committed & court case/cause number(s):**

- **Dates(s) of conviction(s) and/or deferred adjudication(s):** _____
- **Court case/cause number(s):** _____ **Sentences(s):** _____
- **Fine(s):** _____ **City, County and State where offense(s) was committed:** _____

Please note that it can take up to 12 weeks to complete the process of a criminal history investigation and make a final determination regarding eligibility for certification/licensure.

SECTION 4 – SIGNATURE AND DATE

I swear or affirm that all information provided on this application is true and correct. I further certify by signature hereon, that I am authorized to execute this document. I am not delinquent in the payment of any child support owed under Chapter 232, Family Code. I further certify that I have read, understood, and agree to abide to Chapter 773 of the Health and Safety Code, the applicable provisions of 25 TAC, Chapter 157. I am aware of the criminal convictions that will disqualify me from eligibility to acquire an EMS certification.

Signature of Applicant: _____ Date: _____

If you are granted certification/licensure you will be responsible for reporting any changes to the information you provided on this form. The Name/Address Change form is available at the following website: www.dshs.state.tx.us/emstraumasystems/formsresources.shtm#EMS

PRIVACY NOTIFICATION

With a few exceptions, you have the right to request and be informed about information that the State of Texas collects on you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See <http://www.dshs.state.tx.us> for information on Privacy Notification. (Reference Government Code, Section 522.021, 522.023 and 559.004)

This document is your *FAST Fingerprint Pass* for a state and national criminal history record check. Please schedule a fingerprint appointment by visiting www.L1enrollment.com or by calling 1-888-467-2080. **When scheduling an appointment you will be prompted by L-1 Enrollment Services for the following additional personal data: Date of Birth, Sex, Race, Ethnicity, Skin Tone, Height, Weight, Eye Color, Hair Color, Place of Birth and Home Address. During your Fingerprint appointment you will also be prompted for Social Security Number and Driver License Number. Requested data is required by the Texas Department of Public Safety to process your background check.** These data elements have been omitted from this document in order to better protect the security of your personal information. You may pay for *FAST* services online with a credit card or onsite with a check or money order only. Your fingerprints will be submitted to the Texas Department of Public Safety and the Federal Bureau of Investigation.

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|--|---|
| 1. Logon to www.L1enrollment.com | 7. Select: Option A – Electronic Submission |
| 2. Select: Texas | 8. Select: Yes, I have a FAST Fingerprint Pass |
| 3. Select: Online Scheduling | 9. Enter: TX920390Z |
| 4. Select: English or Espanol | 10. Follow the prompts to enter requested information. |
| 5. Select: All Others | 11. Bring this completed form with you to your appointment. |
| 6. Enter: First and Last Name | |

Section One: Qualified Entity Information

ORI#: [TX920390Z](http://www.L1enrollment.com) Original TCN: _____
(If resubmission for rejected fingerprints)

Application Type: Initial or Renewal – EMS Certification/Licensure

Agency/Entity/Organization Name: Department of State Health Services – EMS Compliance

Section Two: Applicant Name (To be completed by applicant)

Last: _____ First: _____ Middle: _____
(Please print) (Please print) (Please print)

Section Three: Waiver Information (To be completed and signed by applicant)

I certify that all information I provided in relation to this criminal history record check is true and accurate. I authorize the Texas Department of Public Safety (DPS) to access Texas and Federal criminal history record information that pertains to me and disseminate that information to the designated Authorized Agency or Qualified Entity with which I am or am seeking to be employed or to serve as a volunteer, through the DPS Fingerprint-based Applicant Clearinghouse of Texas and as authorized by Texas Government Code Chapter 411 and any other applicable state or federal statute or policy.

I authorize the Texas Department of Public Safety to submit my fingerprints and other application information to the FBI for the purpose of comparing the submitted information to available records in order to identify other information that may be pertinent to the application. I authorize the FBI to disclose potentially pertinent information to the DPS during the processing of this application and for as long hereafter as may be relevant to the activity for which this application is being submitted. I understand that the FBI may also retain my fingerprints and other applicant information in the FBI's permanent collection of fingerprints and related information, where all such data will be subject to comparisons against other submissions received by the FBI and to further disseminations by the FBI as may be authorized under the Federal Privacy Act (5USC 552a(b)). I understand I am entitled to obtain a copy of any criminal history record check and challenge the accuracy and completeness of the information before a final determination is made by the Qualified Entity. I also understand the Qualified Entity may deny me access to children, the elderly, or individuals with disabilities until the criminal history record check is completed.

Signature: _____ Date: _____

Section Four: Service Center Information (To be completed by FAST Enrollment Officer)

Date Prints Taken _____ Amount Charged For Service: **_\$41.45_**

Paid by: Check Money Order Visa MasterCard Billing Acct _____

TCN: _____

I HAVE COMPARED THE GOVERNMENT-ISSUED IDENTIFICATION PRESENTED BY THE APPLICANT AND ATTEST THAT TO MY BEST DETERMINATION; I HAVE FINGERPRINTED THE SAME PERSON.

E.O. Name: _____ E.O. Signature: _____
(Please print)