



Volunteer to Paid Status Change

Revised April 2024

For DSHS Use Only
ZZ100-160
Receipt # _____
Date _____
Amount _____

Texas Department of State Health Services

If you certified/licensed as a volunteer and are now receiving payment for providing EMS services, you must pay a prorated fee based on the number years remaining in your certification/licensure period when paid employment begins. Submit this completed form with check or money order payable to: Texas Department of State Health Services. **Mail to: Cash Receipts Branch MC 2003 Department of State Health Services P.O. Box 149347 Austin, TX. 78714-9347**

TYPE OR PRINT IN BLACK INK

Last Name	First Name	Middle Name	EMS ID Number
Mailing Address			
City	County	State	Zip
Telephone		Email	

EMS Certification Level

Select One			
<input type="checkbox"/>	ECA	<input type="checkbox"/>	EMT
<input type="checkbox"/>	Advanced EMT	<input type="checkbox"/>	EMT-P
<input type="checkbox"/>	Licensed-Paramedic		

Fee

Use the following charts to determine the fee you owe. The fee is based on the number of years remaining in your certification/licensure period when employment begins. Any portion of a year counts as a full year. Fees are not refundable or transferable.

ECA or EMT	Advanced EMT or EMT-P	Paramedic Licensure
Select One		
\$15 - Up to 1 year remaining	\$22.50 - Up to 1 year remaining	\$30 - Up to 1 year remaining
\$30 - 2 years remaining	\$45 - 2 years remaining	\$60 - 2 years remaining
\$45 - 3 years remaining	\$67.50 -3 years remaining	\$90 - 3 years remaining
\$60 - 4 years remaining	\$90 - 4 years remaining	\$120 - 4 years remaining

Signature and Date

I hereby affirm and declare that all information submitted on this form is true and correct. I understand that false statements or information on this application may be considered as sufficient cause for denial of certification or decertification.

Signature of Applicant

Date

PRIVACY NOTIFICATION:

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