



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

EMS Certification Personnel Address/Name Change Form

All information given on this application is considered public record, with the exception of social security number*.

- Use this form to change your address and/or name on your EMS record. You may Fax form to 512/834-6714 or mail to address listed above.
- DO NOT use this form to request a new Certification ID card. The form for requesting a replacement Certification ID card is downloadable from our web site at: <http://www.dshs.state.tx.us/emstraumasystems/formsresources.shtm>
- TYPE OR PRINT IN BLACK INK

Section 1 – List your name as given on your EMS certificate or license

Last First Middle

Social Security Number*

* Disclosure of your social security number is mandatory under Family Code, Chapter 232

Section 2 - New Address Information

List New Mailing Address

City State Zip

List home and/or work phone number(s) with area code, if changed.

New Home Phone

New Business Phone

Section 3 - New Name Information

Please submit proof of legal name change, ex: marriage/divorce documents, social security card, passport, etc.

New Name (Last, First, Middle)

Reason for name change

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.

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