



TEXAS DEPARTMENT OF STATE HEALTH SERVICES
FIRST RESPONDER ORGANIZATION
ONLINE RENEWAL CHECKLIST
Rev 20141016

First Responder Organizations:

Please use this checklist for **renewing** your First Responder Organization Application (FRO). Applicants who expired more than 1 year prior without renewing must go through the initial licensure process and submit a complete initial application.

All FRO's wishing to renew their registration will use our website to fill out an electronic online application. If you are not fee exempt your organization must pay (\$70) by electronic check (ACH) and you will need your bank routing and account number to complete the renewal transaction.

Applicants that cannot pay by ACH may select "Pay Later" after completing the application to submit payment by mail. In this case you must use the appropriate cover sheet (found on page 4 of this document).

If this is your first time using the online renewal, go to the following website and create a user account by clicking on "Register as a new user" on the left side of the screen.

<https://vo.ras.dshs.state.tx.us/>

After your account is successfully created, you will need to log in and link your FRO with your account by clicking on the "Add Licenses to User Registration".

Additional information:

Frequently asked questions (FAQs) about setting up your user account:

<http://www.dshs.state.tx.us/emstraumasystems/emstxonlinefaqs.shtm>

All First Responder Organization forms, links to the online renewal and initial application may be found at:

<http://www.dshs.state.tx.us/emstraumasystems/fro.shtm>

If you have a question about the online renewal process for FROs please email:

EMSCert@dshs.state.tx.us

Please allow up to three business days for a response to your email.

Online Renewal Process:

You will begin by verifying and updating the following information:

- Mailing and Physical location address
- Station location addresses
- You will then list the organization's Federal Tax ID (FEIN) number, Medical Director's Name, EMS Provider's Legal Entity Name and Administrator's Name.

If you used our online renewal application you must submit completed copies of the following items by fax, 512-834-6714 (10 page maximum), or by email at EMSCert@dshs.state.tx.us only PDF or Microsoft Word Format will be accepted for any files received.

1. Appropriate Cover Sheet – Page 3 or 4 of this document. Page 4 must be used for mailed items containing fee payments or your payment may be lost.
2. Personnel Roster (You must provide additions or deletions of the current roster on file. Please submit additions and deletions on separate forms; however, if there are no changes please submit a blank form stating "No Changes" on the first blank for personnel. You may obtain your current roster by using our online certification search.)

The following items should be submitted with a Notification / Change Form if they have changed during your registration period and DSHS has not been notified.

- DSHS Administrator Information Form
- DSHS Medical Director Form
- Service Area Description or Highlighted map of Service Area
- List of Station Locations and Dispatch Centers
- EMS/Provider Agreement(s)

All forms may be found at: <http://www.dshs.state.tx.us/emstraumasystems/fro.shtm>

If you cannot fax or email these documents in Microsoft Word or PDF format you may mail the documents by attaching the coversheet found on page 3 or 4 of this document. Page 4 must be used for fee payments or your fee may be lost.

Mailed Fee Payments:

If your organization is unable to pay by ACH you must submit a check or money order by using the cover page on page 4 of this document. Place all documentation, check or money order behind the coversheet for mailed fee payments and mail this information to the address found on the coversheet.

*****If your payment is not sent with the correct coversheet it may be lost*****

FIRST RESPONDER ORGANIZATION ONLINE RENEWAL SUPPLEMENTAL INFORMATION

DO NOT SEND FEE PAYMENTS USING THIS COVER PAGE

INTERNAL DSHS DELIVERY:
EMS Certification – MC 2835
Exchange Building

*****TIME SENSITIVE INFORMATION ATTACHED*****

Please Print Information Below

Legal Entity Name of applicant:	
Applicant's Assumed Name or DBA (if applicable):	
FRO Registration # :	
Date of Online Transaction:	
Name and number of Contact Person:	
Contact Phone Number:	
Contact E-mail Address:	

<p>Mailing:</p> <p>Texas Department of State Health Services EMS Certification – MC 2835 P.O. Box 149347 Austin, Texas 78714-9347 FAX 512-834-6714</p>	FRO
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FIRST RESPONDER ORGANIZATION ONLINE RENEWAL SUPPLEMENTAL INFORMATION

SEND THIS FORM WITH MAILED FEE SUBMISSIONS

<p>INTERNAL DSHS DELIVERY: EMS Certification – MC 2835 Exchange Building</p>	<p>For DSHS Use Only – ZZ100-160</p> <p>Remit Date _____</p> <p>Remit No _____</p> <p>Amount Pd _____</p>
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Please Print Information Below

Legal Entity Name of applicant:	
Applicant's Assumed Name or DBA (if applicable):	
FRO Registration # :	
Date of Online Transaction:	
Name and number of Contact Person:	
Contact Phone Number:	
Contact E-mail Address:	

<p>Mailing:</p> <p>Texas Department of State Health Services Cash Receipts Branch – MC 2003 P.O. Box 149347 Austin, Texas 78714-9347</p>	FRO
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