

REQUIREMENTS FOR COURSE NOTIFICATION FORM

Revised 20150924

Each course conducted by an approved program shall be approved by notice from the department and the issuance of an assigned course number. A program shall not start a course, advertise a course*, or collect tuition and/or fees from prospective students until the course is approved by the department and the assigned course number issued. The program director of an approved program shall submit notice of intent to conduct a course and the appropriate fee, if required, to the department on a form provided by the department at least 30 days prior to the proposed start date of the course. § 157.32(r)(1)(2).

**College catalogs are an exception.*

The following items must be completed:

1. Appropriate coversheet and remittance fee (see below for fees)
2. one (1) Course Notification Form (CNF) per proposed course
3. schedule for each proposed course type

Course Type/Fees	
Basic Course (ECA, EMT)	\$32
Remedial (ECA, EMT)	\$32
Re-certification (ECA, EMT)	\$32
Advanced Course (EMT-I, AEMT, EMT-P)	\$62
Remedial (EMT-I, EMT-P)	\$62
Re-certification (EMT-I, EMT-P)	\$62
Instructor course	\$32
Emergency Medical Information Operator Course (EMD)	\$62
Emergency Medical Information Operator (EMD) Instructor Course	\$32

The form(s) and fee(s) must be submitted to EMS Compliance Office in Austin. Once received, all documentation will be reviewed for completeness. If no deficiencies are found, you will be notified of the course approval.

If deficiencies are found, you will be notified of the deficiencies. Once all deficiencies have been corrected and re-submitted, the program will be notified of the course approval. A deficient CNF submittal may result in delay of the proposed start date.

Useful Reminders:

- The CNF is available in both Word and PDF format.
Go to: <http://www.dshs.state.tx.us/emstraumasystems/formsresources.shtm#EMS>
Note: In Word format, boxes that need to be checked can be done so by placing the cursor directly over the box and double clicking. Select 'Checked' under the default value.
- Assure all information is complete and accurate on the form.
- Assure all clinical, field internship, classroom and equipment affiliation agreements are current, as applicable.
- CNF must be signed by the EMS Course Coordinator and the Program Director Signature (If different than the coordinator).
- If this is a new classroom facility you must submit a facility usage agreement, photos/description of the classroom and explanation of how equipment will be managed at the new location.

If you have questions regarding the CNF process feel free to contact your respective [regional office](#) in your area. Go to: <http://www.dshs.state.tx.us/emstraumasystems/regions.shtm>



TEXAS DEPARTMENT OF STATE HEALTH SERVICES
EMS EDUCATION PROGRAM
Course Notification Form
Revised 20150924

Per TAC §157.32(r)(2) this form must be submitted at least 30 days prior to the proposed start date of the course.
Submit this form with the appropriate coversheet, fee and attachments to EMS Compliance in Austin.
 See coversheet for mailing details.

For assistance, contact the appropriate regional Department of State Health Services (DSHS) EMS staff.
 See <http://www.dshs.state.tx.us/emstraumasystems/EMSCComplianceRegOfcList.pdf> for contact information

Education Program Contact Information

Name of Legal Entity:			Education Program Number:
Entity Assumed / Operating Name (dba):			
Contact Phone Number:		Contact Email:	

Course Information

Course Name:					
Type of Course:	ECA	EMT	AEMT	Paramedic	Initial Remedial Re-certification
	EMS Instructor		EMD	EMD Instructor	
Course Start Date:			Course End Date:		
Course Meeting Days:	Sunday	Begin – End Time:			
	Monday	Begin – End Time:			
	Tuesday	Begin – End Time:			
	Wednesday	Begin – End Time:			
	Thursday	Begin – End Time:			
	Friday	Begin – End Time:			
	Saturday	Begin – End Time:			
Explain alternative scheduling not listed above:					
Open to Public:	Yes	No	Max Tuition:		Num. of Students:
Clinical Site(s):					
Field Internship Site(s):					

PRIVACY NOTIFICATION

Publication #: F01-13067 - Electronic Publication #: EF01-13067

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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 552.021, 552.023 and 559.004)

Program Name:	
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Course Location

Physical Location Name:			
Physical Address:			
City, State, Zip		County:	
Phone Number:		Fax:	

Course Mailing Address

Mailing Address:			
City, State, Zip		County:	

Coordinator Mailing Address

Coordinator Name:		DSHS Coordinator ID Number:	
Mailing Address:			
City, State, Zip		County:	
Phone Number:		Fax:	
Email:			

Principal Instructor Mailing Address

Prin. Instructor Name:			
Mailing Address:			
City, State, Zip		County:	
Phone Number:		Fax:	
Email:			

Program Director Authorization

On behalf of the above named legal entity, to the Texas Department of State Health Services, I hereby affirm and declare that all information submitted on this form and attached supplemental documents are true and correct. It is understood that any false information given or misrepresentation made in this application or other requested documents may result in revocation or denial of program approval/license. I have read, understand, and agree to abide by Chapter 773 of the Texas Health and Safety Code and Title 25 of the Texas Administrative Code, Chapter 157.

Print Name of Program Director	Signature of Program Director	Date
Print Name of Program Coordinator	Signature of Program Coordinator	Date

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