



TEXAS DEPARTMENT OF STATE HEALTH SERVICES CRIMINAL HISTORY REPORT FORM

MAIL, FAX, OR E-MAIL COMPLETED FORM TO:

EMS COMPLIANCE GROUP - MC 1979
TEXAS DEPT OF STATE HEALTH SERVICES

P. O. BOX 149347
AUSTIN, TEXAS 78714-9347

FAX: 512/821-4510 or 512/834-6713

E-Mail: EMS_Complaint@dshs.state.tx.us

This form is intended for EMS personnel currently certified/licensed to report an arrest, indictment, conviction, deferred adjudication community supervision, and/or deferred disposition for a criminal offense as required under the *Health and Safety Code Chapter 773*, and *Texas Administrative Code 157.36 and 157.37*. EMS statutes and rules are available to view on our website at <http://www.dshs.state.tx.us/emstraumasystems/>. You are required to furnish the following additional documentation:

- **EXPLANATION STATEMENT:** Provide a detailed explanation statement describing the nature and circumstances for each criminal offense. (Who, What, Where, Why, When) **Be sure to include your signature and date on the letter.** (*See page 4*)
- **COURT RECORDS:**
 - Complaint/Information, Indictment
 - Judgment, Order of Deferred Adjudication and/or Pretrial agreement (if available)
 - Conditions of Probation/Parole (if applicable)

The EMS Certificant/Licensee may be required to provide more documentation such as a fingerprint based background check. They are also responsible for keeping the Department apprised of any upcoming court dates and outcomes.

PRINT OR TYPE THE INFORMATION BELOW:

Name of Person/Agency Completing this form:	
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EMS Certificant/Licensee Name:	
DSHS ID #:	
Date of Birth:	
Email:	
Phone Number:	
Mailing Address: (include city, state and zip)	

EMPLOYER INFORMATION:

Provider and/or Agency Name:	
EMS Provider License Number (if applicable):	
Phone number:	

EMS Certificant/Licensee Name:	
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PLEASE PROVIDE INFORMATION REGARDING ANY CRIMINAL OFFENSE(S):

	<input type="checkbox"/> Arrest <input type="checkbox"/> Indictment <input type="checkbox"/> Deferred adjudication <input type="checkbox"/> Conviction
Date:	
Offense/Charge:	
City/County/State:	

	<input type="checkbox"/> Arrest <input type="checkbox"/> Indictment <input type="checkbox"/> Deferred adjudication <input type="checkbox"/> Conviction
Date:	
Offense/Charge:	
City/County/State:	

	<input type="checkbox"/> Arrest <input type="checkbox"/> Indictment <input type="checkbox"/> Deferred adjudication <input type="checkbox"/> Conviction
Date:	
Offense/Charge:	
City/County/State:	

	<input type="checkbox"/> Arrest <input type="checkbox"/> Indictment <input type="checkbox"/> Deferred adjudication <input type="checkbox"/> Conviction
Date:	
Offense/Charge:	
City/County/State:	

DID ANY OF THESE ARRESTS OCCUR WHILE ON EMS DUTY? YES NO

DID ANY OF THESE ARRESTS OCCUR WHILE DRIVING AN EMS VEHICLE? YES NO

EMS Certificant/Licensee Name:	
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EXPLANATION STATEMENT

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Signature: _____ Date: _____
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Use separate sheets of paper if necessary. Please number, sign, and date each page.