



Volunteer to Paid Status Change
 Department of State Health Services,
 Regulatory Licensing Unit, EMS Certification Group
 Cash Receipts Branch, MC 2003
 P.O. Box 149347
 Austin, TX. 78714-9347
 (512) 834-6700, FAX (512) 834-6714

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

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 of years remaining in your certification/licensure period when paid employment begins. Submit this completed form with check or money order payable to: The Texas Department of State Health Services.

Section 1 – Personnel Data

TYPE OR PRINT IN BLACK INK

Last Name	First Name	Middle Name	Social Security* or Texas EMS ID #	
Mailing Address:		City	State	Zip
Home Phone	Business Phone	Date of Birth		

* Disclosure of your social security number is mandatory under Family Code, Chapter 232. All information given on this application is considered public record, with the exception of social security number*.

I am or plan to receive payment for EMS services under the following level(s)

- | | | |
|----------------|-------------------------------------|--------------|
| ECA | EMT | Advanced EMT |
| EMT-P | Licensed-Paramedic | Coordinator |
| EMS Instructor | EMS Information Operator Instructor | |

Section 2 – EMS Texas Employment Information

List Texas licensed EMS firms or First Responder Organizations for which you work/volunteer, use additional sheets if needed.

Name of Texas firm	Status	Volunteer	Paid
Address, City, State, Zip			

Name of Texas firm	Status	Volunteer	Paid
Address, City, State, Zip			

Section 3 – Fee

Use the following chart 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. Make check or money order payable to Texas Dept of State Health Services.

ECA or EMT levels	Advanced EMT or EMT-P levels	Paramedic Licensure level
EMS Coordinator level	EMS Instructor level	EMS Info Operator Instructor level

Section 4 – 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> for more information on Privacy Notification. (Reference: Government Code, Section 522.021, 522.023 and 559.004)