Texas Department of State Health Services

Surrender of EMS Certificate or License

To surrender your EMS Personnel certification or license, (EMS) Instructor or Coordinator certificate, (EMS) Initial Education Program, or (EMS) Continuing Education Program, or your Administrator of record (AOR) recognition, complete and sign this form and statement below and return it to the Texas Department of State Health Services (the Department) at: EMSCert@dshs.texas.gov. This form is not to be used when disciplinary action is pending.

	_, hereby voluntarily surrender to the Texas the following noted EMS certification(s), license(s) has issued. Please check the appropriate boxes s), license(s) or recognition:
ECA	EMS Instructor
EMT	EMS Coordinator
Advanced EMT	EMS Initial Education Program
EMT-Paramedic	EMS Continuing Education Program
Licensed Paramedic	Administrator of record recognition
Signature	Date
Print: Last name, First Name	
Mailing Address: Number, Street or	PO Box
City, State and Zip Code	

PRIVACY NOTIFICATION: