



Texas Department of State Health Services

EMERGENCY MEDICAL SERVICES
 FIRST RESPONDER ORGANIZATION
 PERSONNEL FORM
 REVISED: 9/7/2017

Name of Legal Entity:		FRO Registration Number
Entity Assumed / Operating Name:		

Unless submitting an initial application, provide only additions or deletions of your current personnel roster on file. Additions and deletions must be provided on a separate form. Additionally, do not list social security or national registry numbers. If there are no changes to your roster, please state "no changes" in the first blank below. You may review your roster on file with DSHS by using our live online certification search.

Personnel on this list must be certified or licensed with the Texas Department of State Health Services (DSHS). If necessary, print multiple pages and number them appropriately (e.g. Page 1 of 3, Page 2 of 3, Page 3 of 3...).

Fax Number: 512-834-6714 Email: EMSProviderFRO@dshs.texas.gov

Initial Applicants:	<input type="checkbox"/> Complete Roster	Renewals and Updates:	<input type="checkbox"/> Additions	<input type="checkbox"/> Deletions
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DSHS Certification/License Number	Name in Alphabetical Order (Last, First MI)	Certification Level	Paid or Volunteer Status (with your entity)
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			

PRIVACY NOTIFICATION

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

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)