



VARIANCE REQUEST GUIDELINES

This document has been prepared to serve as a guide in requesting a Variance from EMS standards with the Texas Department of State Health Services. Please read the instructions carefully. The necessary form(s) are enclosed for your convenience. Should you have any questions, please contact your respective EMS Specialist. The following Statute will be considered when reviewing a variance request.

TEXAS HEALTH AND SAFETY CODE

Sec. 773.052. VARIANCES. (a) An emergency medical services provider with a specific hardship may apply to the department for a variance from a rule adopted under this chapter.

(b) On receipt of a request for a variance, the department shall consider any relevant factors, including:

- (1) the nearest available service;
- (2) geography; and
- (3) demography.

(c) The department shall grant to an emergency medical services provider who is the sole provider for a service area a variance from the minimum staffing standards for the provision of emergency medical services in that service area.

(d) An applicant for a variance under Subsection (c) must submit a letter to the department from the commissioners court of the county or the governing body of the municipality in which the provider intends to operate an emergency medical services vehicle in the provision of emergency medical services in a service area of the county or municipality.

(e) The department shall grant a variance under Subsection (c) if the department determines that the provider qualifies and may deny the variance if the department determines that the provider does not qualify. The department shall give a provider whose application is denied the opportunity for a contested case hearing under Chapter 2001, Government Code.

(f) The department shall issue an emergency medical services license to a provider granted a variance under this section. The license is subject to annual review by the department. A provider is encouraged to upgrade staffing to meet the minimum standards set by the rules adopted under this chapter.

EMS PROVIDER PERSONNEL VARIANCE REQUEST

Last Updated 12/14/2023

Name of EMS Provider:

License Number:

Address:

City, State, Zip:

Telephone:

Email:

Contact Name:

List the location City/County(s) service area where the variance is needed:

A sole EMS provider must attach a letter from the County(s)/Municipality where the Variance is to be used:

Are you the sole EMS provider in this area outlined above? YES NO

Level	Number of Full-Time Staff	Number of Part-Time Staff
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ECA		
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EMT		
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AEMT		
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Paramedic		
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EMS PROVIDER PERSONNEL VARIANCE REQUEST

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Explain the personnel variance requested and reason(s):

The need to continue an approved variance will be reevaluated annually by the Department.

EMS Administrator of Record

Print Name:

Signature:

Date:

EMS Provider's Medical Director

Print Name:

Signature:

Date:

Please submit this request to your respective EMS Specialist to start the process.

Link to EMS Regional and Field Office Contacts:

dshs.texas.gov/dshs-ems-trauma-systems/ems-field-offices