



**Submit this form with the appropriate supplemental documentation by fax or email to EMS Compliance. Fax:** 512-821-4510 **Email:** [EMSEducation@dshs.texas.gov](mailto:EMSEducation@dshs.texas.gov)

For assistance with this form, contact the appropriate regional Department of State Health Services (DSHS) EMS staff. See <http://dshs.texas.gov/emstraumasystems/StaffLists/EMSComplianceRegOfcList.pdf> for contact information

**Education Program Information**

Name of Legal Entity:				Continuing Education Program Number:
Entity Assumed / Operating Name (dba):				
Contact Phone Number:		Contact Email:		

**Change in Program Address**

Physical Address	Mailing Address	Records Location Address	Effective Date:	
Address:				
City, State, Zip			County:	
Physical Address	Mailing Address	Records Location Address	Effective Date:	
Address:				
City, State, Zip			County:	
Physical Address	Mailing Address	Records Location Address	Effective Date:	
Address:				
City, State, Zip			County:	

**Program Director**

New Program Director's Name:			DSHS Certification #	
Mailing Address:				
City, State, Zip			County:	
Phone:		Fax:		
Email:				
Reason for Change:				

