

Applying Online

Online Course Notification Form

Introduction

The Texas Department of State Health Services has a new way to allow EMS Initial Education Programs to notify us of an upcoming course using our online system. This self-help document will guide you through the process of applying for a course online.

Before we begin...

This document will not cover every aspect of the Course Notification Form. If assistance is needed with anything not listed in this document, please visit our [Help & Support](#), contact your local [DSHS EMS Field Office](#) or use the "Contact Us" link in the upper right hand corner the application or quick start page.

Only an approved Initial Education Program may apply for a course. This may not be done by a 3rd party



If this is your first time accessing our online system and do not have an account, you will need to create one. If you need assistance creating an account, linking your certification or license to your account, or any other questions regarding our online system please visit our [Help & Support](#) page.

The Online Process

To access our Online Licensing Services you will need to navigate to: <https://vo.ras.dshs.state.tx.us/>

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1. Enter User ID and Password and click Sign In.

After logging in you should see the “Quick Start Menu”:

Once logged in if your account shows “No License Information Available” you will need to attach your Education Program to your account to continue.

Please visit our [Help & Support](#) page for instructions.



If your Education Program is up for renewal you will see this prompt. Press the “Select” button to begin the renewal process. Please note: if your Initial Education Program is expired you will not be able to complete your Course Application. If you need assistance with renewing your Education Program please see the appropriate document.



1. Using the drop down select “Emergency Medical Services”
2. and “Initial Course Application”
3. then click on “Select”.

Name and Organizational Details

The screenshot displays the Texas Department of State Health Services (DSHS) web application interface. At the top left is the DSHS logo with the text "TEXAS Department of State Health Services". To the right of the logo are links for "Contact your licensing board or program", "Internet Policy", and "Logged in as User, Test". Below this is a navigation bar with "Main Menu", "Update Profile", "Logoff", and "Contact Us".

The main content area is titled "Initial Course Application - Name and Organizational Details". It contains instructions: "Please enter your organizational details and press 'Next' to continue. Press 'Previous' to return to the previous section. Press 'Cancel' to cancel this application and return to the main menu." On the right side of this section are three buttons: "Previous", "Next", and "Cancel".

On the left side, there is a vertical menu with the following items: "Introduction", "Function Suitability", "Name and Organizational Details" (which is highlighted), "Contact Information", "Select Attributes", "Course Information", "Clinical Agreements", "Field Intern Agreements", "Other Agreements", "Classroom Agreements", "Equipment Agreements", "Attachments", "Related Licenses Listing", and "Application Summary".

Below the main content area, there is a footer with the text "DSHS Certifications, Licenses and Permits | Disclaimer" and "Last Updated Mar 27, 2013".

Organization Name:	TEST EMS PROGRAM
Doing Business As Name:	
Tax Number:	123456789

- If the information on this screen is incorrect please contact EMS Compliance at 512-834-6700 or by email at EMSCompliance_Central@dshs.texas.gov.

Contact Information

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Logged in as **User, Test**

[Main Menu](#) | [Update Profile](#) | [Logout](#) | [Contact Us](#)

Initial Course Application - Contact Information

Press "Previous" to return to previous page.
Press "Next" to go to next page.
Press "Cancel" to Cancel application and go back to Quick Start Menu.
If Return to Summary Button is available. Press "Return to Summary" to return to the summary.
If Delete Button is available. Press "Delete" to delete the address.
If Copy Button is available. Press "Copy" to copy a previously entered address.
Select an address type and press "Add" to add a new address.

Main Address

Street Number: 1100

Address: WEST 49TH ST

Zip Code: 78756

City: AUSTIN

State: Texas

County: TRAVIS

Country: United States

Phone Number: 512-834-6700 (999-999-9999)

Extension: 2329

E-mail: 2329

Classroom Location

Course Location

Program Mailing Address

Coord Mail Addr

Prin Instr Mail

Add Another Contact

Contact Type:

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You must fill out five (5) addresses in order to submit a complete application, they are:

1. Program Physical Location
2. Course Location
3. Program Mailing Address
4. Coordinator Mailing Address
5. Principal Instructor Mailing Address

-Continued on next page-

Contact Information – Continued

The image shows a form titled "Course Location" with various input fields and buttons. Callout 1 points to a "Copy" button next to a dropdown menu under "Copy From:". Callout 2 points to a "Zip Lookup" button next to a "Zip Code" field containing "78756".

Course Location

Copy From:

Street Number:

Address:

Zip Code:

City:

State:

County:

Country:

Phone Number: (999-999-9999)

Extension:

E-mail:

Organization Name:

1. Use this drop down and “Copy” button to duplicate the contents of an address to another address.
2. After typing in a zip code the “Zip Lookup” button will appear. If this button is pressed the City, State and County fields will auto populate.

Select Attributes

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Initial Course Application - Select Attributes

Listed below are the license attributes you may add or delete.
Please select/de-select the desired attribute and press "Next" to continue.
Press "Previous" to return to the previous section.
Press "Cancel" to delete this application and return to the main menu.
If Return to Summary is available. Press "Return to Summary" to return to the summary.

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Attribute Type: Additional Attributes (please check all that apply)

Attributes: Exempt from Licensing Fees

Attribute Type:

Attributes:

2

Type of Business (please select only one)

- AEMT Initial Course
- AEMT Re-Certification Course
- AEMT Remedial Course
- Coordinator Initial
- ECA Initial Course
- ECA Re-Certification Course
- ECA Remedial Course
- EMD Initial
- EMD Instructor Initial Course
- EMT Initial Course
- EMT Re-Certification Course
- EMT Remedial Course
- Instructor Initial Course
- Paramedic Initial Course
- Paramedic Re-Certification Course
- Paramedic Remedial Course

Attribute Type: Category

Attributes: Course Closed to Public

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Previous Next Cancel

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1. Courses exempt from licensing fees must meet the requirements of Texas Administrative Code Rule 157.32(q) Fees.
 - "...this nonrefundable fee may be waived if the program receives no remuneration for providing training..."
2. Select the type of course you will be holding.
3. Check this box if your program is closed to the general public. (E.g. your program is only available to your employees)

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Introduction
Function Suitability
Name and Organizational Details
Contact Information
Select Attributes
Course Information
Clinical Agreements
Field Intern Agreements
Other Agreements
Classroom Agreements
Equipment Agreements
Attachments
Related Licenses Listing
Application Summary

Initial Course Application - Information
Press "Previous" to return to previous page.
Press "Next" to go to next page.
Press "Cancel" to Cancel application and go back to Quick Start Menu.
If Return to Summary Button is available. Press "Return to Summary" to return to the summary.
If Save Button is available. Press "Save" to save the information and return to the summary.

Course Information

Program Course Name:

Course Location Name:

Number of Students:

Course Start Date: (mm/dd/yyyy)

Course End Date: (mm/dd/yyyy)

Monday: Yes No
Monday Begin Time:
Monday End Time:

Tuesday: Yes No
Tuesday Begin Time:
Tuesday End Time:

Wednesday: Yes No
Wednesday Begin Time:
Wednesday End Time:

Thursday: Yes No
Thursday Begin Time:
Thursday End Time:

Friday: Yes No
Friday Begin Time:
Friday End Time:

Saturday: Yes No
Saturday Begin Time:
Saturday End Time:

Sunday: Yes No
Sunday Begin Time:
Sunday End Time:

Tuition:

Notes:

Previous Next Cancel

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1. Program Course Name: The name your program has named the course. (E.g. EMT1256, EMT Course 1, etc.)
2. Course Location Name: The name of the location where the course is being held. (E.g. City Fire Department, Building A, etc.)
3. Tuition: State only the maximum amount you will be charging.
4. List anything else we need to know about the course not listed above. (E.g. alternative scheduling, offsite class dates, online, etc)

Affiliation Agreements

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Introduction

- Function Suitability
- Name and Organizational Details
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- Select Attributes
- Course Information
- Clinical Agreements
- Field Intern Agreements
- Other Agreements
- Classroom Agreements
- Equipment Agreements
- Attachments
- Related Licenses Listing
- Application Summary

Initial Course Application - Information

Press "Previous" to return to previous page.

Press "Next" to go to next page.

Press "Cancel" to Cancel application and go back to Main Menu.

If Return to Summary Button is available. Press "Return to Summary" to return to the summary.

If Save Button is available. Press "Save" to save the information and return to the summary.

Add Field Intern Agreements **Add**

Field Intern Agreements

Affiliate Name:

Expiration Date:

Notes:

Remove

Previous **Next** **Cancel**

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Note: All of the Agreement pages should be completed in the same manner.

1. Add Button – Clicking this button will allow you to add multiple agreements of the same type to your application.
2. Affiliate Name – Name of the EMS Provider with whom you've entered into an agreement with.
3. Expiration Date – The expiration date of your agreement. If you have an ongoing agreement, please put the date of your last day of this course.
4. Notes – Any other additional information related to the agreement. (E.g. This is an ongoing agreement)

Attachments

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Initial Course Application - Attachments

Please upload a course schedule.
Locate a file with the "Browse" button and press "Attach" or "Remove" as is required.
Press "Next" when there are no more files to attach.
Press "Previous" to return to the previous screen.
Press "Cancel" to cancel this application and return to the main menu.

File Name: Browse...

Notes:

Attach Previous Next Cancel

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The Attachments screen is used for attaching supplemental documentation to your application.



Please note you will only be allowed to attach PDF documents.

1. Browse...: This button is used for browsing for the file you need to attach to your application.
2. Notes: Use this field to describe your attachments in a few words. (E.g. Self Study, Additional Agreements, etc.)
3. After you have found the file you need to attach and added a small description of the file press the "Attach" button.

After you attach a file repeat steps 1-3 in order to attach all the supplemental documentation necessary.

Related Licenses Listing

The screenshot displays the 'Initial Course Application - Related Licenses Listing' page. The page header includes the Texas Department of State Health Services logo and navigation links. The main content area is divided into a sidebar and a main panel. The sidebar contains various application sections, and the main panel is titled 'Initial Course Application - Related Licenses Listing'. It contains instructions and two 'Add a New Relationship' sections. The second section is highlighted with a red box, and a red arrow points to the 'Type of Relationship' dropdown menu, which is labeled with a circled '1'.

Initial Course Application - Related Licenses Listing

Enter in the license numbers for the required related licenses in the bottom section if required. You can delete any related licenses by clicking the Delete hyperlinks.

Add any optional related licenses using the Add a New Relationship section.

Add a New Relationship

Type of Relationship: Coordinator [I am the: Education Program] (Required) ▼

License Type of Coordinator: EMS Educator ▼

License Number: Add

Type of Relationship: Course-Medical Director [I am the: Course] ▼

License Number: Add

Previous Next Cancel

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1. You will need to add your coordinator and Medical Director to your application by selecting the appropriate relationship from the dropdown boxes and typing in the license number of the person.

Once you are finished with this page and press the next button you will be presented with the Application Summary screen. Please review the information you entered and press "Submit" to submit and pay for your application.

For information about submitting payments please visit our [Help & Support](#) page