

EDUCATION PROGRAM MAILING COVERSHEET

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Applicant's Assumed Name or DBA: (IF APPLICABLE)	
Education Program # (IF APPLICABLE)	
Date of Online Transaction: (IF APPLICABLE)	
Name of Contact Person:	
Contact Phone Number:	
Contact E-mail Address:	

General Mailing

Texas Department of State Health Services
EMS Central Group – MC 1876
P.O. Box 149347
Austin, Texas 78714-9347

Overnight / Parcel / Express

Texas Department of State Health Services
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1100 West 49th Street
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