



**MAIL , FAX, OR E-MAIL COMPLETED FORM TO:**

EMS/TRAUMA SYSTEMS- MC 1876 TEXAS DEPT OF  
STATE HEALTH SERVICES  
P. O. BOX 149347  
AUSTIN, TEXAS 78714-9347

**FAX:** 512/821-4510 or 512/834-6713

**E-Mail:** [EMS\\_Complaint@dshs.texas.gov](mailto:EMS_Complaint@dshs.texas.gov)

This form is intended for EMS personnel currently certified/licensed to report an arrest, indictment, conviction, deferred adjudication community supervision, and/or deferred disposition for a criminal offense as required under the *Health and Safety Code Chapter 773*, and *Texas Administrative Code 157.36 and 157.37*. EMS statutes and rules are available to view on our website at <http://www.dshs.state.tx.us/emstraumasystems/>.

You are required to furnish the following additional documentation:

- **EXPLANATION STATEMENT:** Provide a detailed explanation statement describing the nature and circumstances for each criminal offense. (Who, What, Where, Why, When) **Be sure to include your signature and date on the letter.** (See page 4)
  
- **COURT RECORDS:**
  - Complaint/Information, Indictment
  - Judgment, Order of Deferred Adjudication and/or Pretrial agreement (if available)
  - Conditions of Probation/Parole (if applicable)

The EMS Certificant/Licensee may be required to provide more documentation such as a fingerprint based background check. They are also responsible for keeping the Department of State Health Services apprised of any upcoming court dates and outcomes.

**TYPE OR PRINT IN BLACK INK**

Name of Person/Agency Completing this form:	
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EMS Certificant/Licensee Name:	
DSHS ID No:	
Date of Birth:	
Email:	
Phone Number:	
Mailing Address: (include city, state and zip)	

**EMPLOYER INFORMATION:**

Provider and/or Agency Name:	
EMS Provider License Number <b>(if applicable)</b> :	
Agency phone number:	

<b>EMS Certificant/Licensee Name:</b>	
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**PLEASE PROVIDE INFORMATION REGARDING ANY CRIMINAL OFFENSE(S):**

	<input type="checkbox"/> Arrest <input type="checkbox"/> Indictment <input type="checkbox"/> Deferred adjudication <input type="checkbox"/> Conviction
Date:	
Offense/Charge:	
City/County/State:	

	<input type="checkbox"/> Arrest <input type="checkbox"/> Indictment <input type="checkbox"/> Deferred adjudication <input type="checkbox"/> Conviction
Date:	
Offense/Charge:	
City/County/State:	

	<input type="checkbox"/> Arrest <input type="checkbox"/> Indictment <input type="checkbox"/> Deferred adjudication <input type="checkbox"/> Conviction
Date:	
Offense/Charge:	
City/County/State:	

	<input type="checkbox"/> Arrest <input type="checkbox"/> Indictment <input type="checkbox"/> Deferred adjudication <input type="checkbox"/> Conviction
Date:	
Offense/Charge:	
City/County/State:	

**DID ANY OF THESE ARRESTS OCCUR WHILE ON EMS DUTY?**     YES     NO

**DID ANY OF THESE ARRESTS OCCUR WHILE DRIVING AN EMS VEHICLE?**     YES     NO

**EMS Certificant/Licensee Name:**

**EXPLANATION STATEMENT**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Use separate sheets of paper if necessary. Please number, sign, and date each page.