



For DSHS Use Only
ZZ100-160
Receipt # _____
Date _____
Amount _____

If you certified/licensed as a volunteer and are now receiving payment for providing EMS services, you must pay a prorated fee based on the number of years remaining in your certification/licensure period when paid employment begins. Submit this completed form with check or money order payable to: The Texas Department of State Health Services.

Section 1 – Personnel Data

TYPE OR PRINT IN BLACK INK

Last Name First Name Middle Name Social Security* or Texas EMS ID #
Mailing Address: City State Zip
Home Phone Business Phone Date of Birth

* Disclosure of your social security number is mandatory under Family Code, Chapter 232. All information given on this application is considered public record, with the exception of social security number*.

I am or plan to receive payment for EMS services under the following level(s)

- ECA EMT Advanced EMT
EMT-P Licensed-Paramedic Coordinator
EMS Instructor EMS Information Operator Instructor

Section 2 – EMS Texas Employment Information

List Texas licensed EMS firms or First Responder Organizations for which you work/volunteer, use additional sheets if needed.

Name of Texas firm Status Volunteer Paid
Address, City, State, Zip
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Address, City, State, Zip

Section 3 – Fee

Use the following chart to determine the fee you owe. The fee is based on the number of years remaining in your certification/licensure period when employment begins. Any portion of a year counts as a full year. Fees are NOT refundable or transferable. Make check or money order payable to Texas Dept of State Health Services.

Table with 3 columns: ECA or EMT levels, Advanced EMT or EMT-P levels, Paramedic Licensure level, EMS Coordinator level, EMS Instructor level, EMS Info Operator Instructor level

Section 4 – Signature and Date

I hereby affirm and declare that all information submitted on this form is true and correct. I understand that false statements or information on this application may be considered as sufficient cause for denial of certification or decertification.

Signature of Applicant: _____ Date _____

PRIVACY NOTIFICATION:

With few exceptions, you have the right to request and be informed about information that the State of Texas collect about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See http://www.dshs.state.tx.us for more information on Privacy Notification. (Reference: Government Code, Section 522.021, 522.023 and 559.004)