



**SECTION 2 – Application Type – Check appropriate box(es).**

**IN ALL CASES, CERTIFICATION DOES NOT EXTEND PAST YOUR EXPIRATION DATE. APPLY FOR RECERTIFICATION NO EARLIER THAN ONE YEAR PRIOR TO YOUR EXPIRATION DATE.**

**Option 1 Written Assessment Exam**

- The Texas Department of State Health Services (DSHS) is using the National Registry Assessment Exam as the state-approved exam.
- You will be responsible for scheduling an exam with National Registry at [www.nremt.org](http://www.nremt.org).
- In addition to the state application fee, you will be required to pay a testing fee to National Registry. Volunteers are not exempt from NR testing fees.
- You MUST make a passing score of at least 70 percent.
- **If you fail the exam, you cannot gain certification through another option.**
- **If you fail the exam, you will be given opportunities to retake the exam.**

**Option 2 Continuing Education**

By signature on this form, I affirm I have completed the CE hours as required in § 157.38. I understand I may be required to furnish proof of completion of CE and agree to retain documentation for a period of 5 years after completion of the CE course/program. I understand if I am unable to substantiate completion of CE hours my certification may be revoked

**Option 3 National Registry**

Current NR card number

NR expiration date

**Option 4 Recertification Course**

I have completed Texas Recertification course #

Course Completion Date

Course Coordinator Name

**Late Recertification**

Completion of renewal requirements within 90 days after expiration date. Mark one of the options above. Submit verification of skills proficiency from an accredited education program, including late fee, if not exempt.

**Re-entry**

Completion of renewal requirements within 91 days to 1 year after expiration date. Mark one of the options above. Submit verification of skills proficiency from an approved education program, including late fee, if not exempt.

**Downgrade**

Renewal at a lower level. Mark one option above. Submit with Downgrade Statement form available at: [www.dshs.state.tx.us/emstraumasystems](http://www.dshs.state.tx.us/emstraumasystems).

For inactive status information, visit our website at: [www.dshs.state.tx.us/emstraumasystems](http://www.dshs.state.tx.us/emstraumasystems)

**SECTION 3 – MILITARY PERSONNEL**

Active Military Service Member

Military Veteran

Military Spouse

Please check this box for a request to expedite this application. Request for expediting an application will be reviewed on a case by case basis for Active Military Service Members, Military Veterans, and Military Spouses.

If during deployment, a military service member allows a Texas EMS certification to expire, DSHS rules allow a one-year grace period following demobilization for military personnel and spouses to renew certification without late fees and/or skills verification. We extend our sincere gratitude to military veterans, current military personnel, and their families for their dedicated service to the United States of America and to the State of Texas.

Name

Social Security Number

**SECTION 4 – APPLICATION FEE - Check the fee(s) you are submitting.**

**Submit application and fee to:**

Texas Department of State Health Services  
Cash Receipts Branch, MC 2003  
P.O. Box 149347  
Austin, Texas 78714-9347

**Make check or money order payable to Texas Department of State Health Services**

- Fees are NOT refundable or transferable.
- Do not combine payments for Texas Department of State Health Services, and National Registry

ECA or EMT within 12 mos. prior to expiration date \$64

ECA or EMT within 90 days after expiration date \$94

ECA or EMT within 91 days to 1 year after expiration date \$124

Advanced EMT or EMT-P within 12 mos. prior to expiration date \$96

Advanced EMT or EMT-P within 90 days after expiration date \$141

Advanced EMT or EMT-P within 91 days to 1 year after expiration date \$186

Licensed Paramedic within 12 mos. prior to expiration date \$126

Licensed Paramedic within 90 days after expiration date \$186

Licensed Paramedic within 91 days to 1 year after expiration date \$246

Retest (all levels) \$30

Volunteer I am not submitting a fee because I'm a volunteer (Complete Volunteer Sign-Off Below)

Other Explain

**SECTION 5 – Volunteer Sign-Off – Complete if applicable.**

**If you are claiming fee exempt status, this section should be completed by approved EMS Provider or FRO Administrator.**

\*\*\*This applicant is exempt from the payment of fees because he/she actively provides emergency medical care for our organization, and does not receive compensation for providing these services. Additionally, to the best of my knowledge, this applicant does not provide emergency care for any organization, in return for compensation\*\*\*, other than reimbursement as described below. I have explained to the applicant that if during the certification period, he/she begins to receive compensation \*\*\* for providing emergency medical services from any organization, the exemption is nullified and he/she must send a prorated fee to the department.

\*\*\*Compensation does not include reimbursement for actual expenses for medical supplies, gasoline, clothing, meals and insurance incurred while volunteering.

Signature of Provider or FRO Administrator \_\_\_\_\_

Print signed name

Provider or FRO Name

City

DSHS license or registration number and expiration date

Phone

