

Texas Department of State Health Services

EMS CONTINUING EDUCATION PROGRAM NOTIFICATION / CHANGE FORM

REV 20170523

Submit this form with the appropriate supplemental documentation by fax or email to EMS Compliance. Fax: 512-821-4510 Email: EMSEducation@dshs.texas.gov

For assistance with this form, contact the appropriate regional Department of State Health Services (DSHS) EMS staff. See http://dshs.texas.gov/emstraumasystems/StaffLists/EMSComplianceRegOfcList.pdf for contact information

Education Program Infor	mation						
Name of Legal Entity:							ng Education
Entity Assumed / Operating Name (dba):						J	
Contact Phone Number:		Contact Email:					
☐ Change in Program A	ddress						
Physical Address	Mailing Address	Records Location Address			Effective Date:		
Address:							
City, State, Zip		(County	:	
Physical Address	Mailing Address	Records Location Address			Effectiv	e Date:	
Address:				·			
City, State, Zip					County	:	
Physical Address	Mailing Address	ing Address Records Location Address			Effective Date:		
Address:				·			
City, State, Zip					County	:	
☐ Program Director				·		·	
New Program Director's Name:				DSHS	S Certific	cation #	
Mailing Address:							
City, State, Zip					County	:	
Phone:			Fax:				
Email:							
Reason for Change:							

☐ Infection Control Office	cer									
New Infection Control Officer's Name:										
Mailing Address:										
City, State, Zip				County:						
Phone:		Fax:								
Email:										
Reason for Change:										
☐ Physician Advisor										
New Physician Advisor's Name:				ledical License #:						
Email:										
Phone:			Fax:							
☐ Jurisprudence Examination										
☐ This continuing educati	ion program will offer th	n.	Effective Date:							
☐ Other (Explain below)										
Program Director Authorization										
On behalf of the above named legal entity, to the Texas Department of State Health Services, I hereby affirm and declare that all information submitted on this form and attached supplemental documents are true and correct. It is understood that any false information given or misrepresentation made in this application or other requested documents may result in revocation or denial of program approval/license. I have read, understand, and agree to abide by Chapter 773 of the Texas Health and Safety Code and Title 25 of the Texas Administrative Code, Chapter 157.										
Print Name of Pro		Signature of Progra			Date					