



Submit the completed form to the appropriate address and with the appropriate cover sheet posted at: <http://www.dshs.state.tx.us/emstraumasystems/provfro.shtm>

**Fax Number: 512-834-6714 Email: [EMSProviderFRO@dshs.texas.gov](mailto:EMSProviderFRO@dshs.texas.gov)**

This form will provide information about the Administrator of Record that has already been established as an Administrator of Record for an EMS Provider that is submitting a renewal application to the department.

**TYPE OR PRINT LEGILBLY IN BLACK INK**

**Section 1 – Administrator Information**

<b>Name:</b>					
<b>Mailing Address:</b>					
<b>City:</b>					
<b>County:</b>		<b>State:</b>		<b>Zip:</b>	
<b>Telephone:</b>		<b>Fax:</b>			
<b>24/7 Contact Number:</b>					
<b>Email Address:</b>					
<b>Date of Birth:</b>					
<b>Social Security Number:</b>		<b>EMS Personnel ID:</b>			

*\* Disclosure of your social security number is mandatory under Family Code, Chapter 231.302(c)(1).*

**Section 2 – Administrator of Record Continuing Education**

I attest that I have completed 8 hours of annual Administrator of Record continuing education. I understand that the department may request proof of completion of the AOR Continuing Education at any time and I will be responsible for providing the requested documentation to the department.

**Section 3 – EMS Provider Information**

Name of Legal Entity holding EMS Provider License	License #
Doing Business As Name if applicable (Assumed Name)	

**Section 4 – Attestation**

I attest that I am the administrator of record for only one for profit EMS Provider (agency) and I am not employed or receive compensation from another for profit EMS Provider (agency). Texas Health and Safety Code Section§ 773.05712 (1) The administrator of record is not employed or otherwise compensated by another private for-profit EMS provider.

**Are you an AOR for a government entity or non-profit EMS Provider?**  YES  NO

I attest that I do not have any new criminal history and/or arrests that have not already been reported and/or reviewed by the department. Failure to report changes may result in disciplinary action and/or denial of your agency's Texas EMS Provider License.

I attest that the statements provided are true in every respect. I understand that no one else may submit this document on my behalf and that I am accountable and responsible for the accuracy of any answer or statement made on this document or supplemental documents. Further, I understand that it is a violation of Title 25 of the Texas Administrative Code Chapter 157 and the Texas Penal Code to submit a false statement to the Department. I consent to the release of confidential information to the Department and further authorize the Department to use and to release said information as needed for the evaluation and disposition of my eligibility. I will inform the Department of State Health Services of any changes to my disciplinary or criminal history to include, but not limited to, any new arrests, criminal charges or indictments, criminal investigations, motions to revoke probation/supervision that occur after the submission of this document. 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 document or other requested documents may result in revocation or denial of a 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.

Signature:

Date:

Print Name:

Date:

Privacy Notification: With a few exceptions, you have the right to request and be informed about information 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 552.021, 552.023 and 559.004)