

EMS Licensing Unit MC 1876 P.O. Box 149347 Austin, Texas 78714-9347 Main: (512) 834-6734 ~ Fax (512) 206-3779

Email: EMSCert@dshs.texas.gov

For DSHS Use Only	
ZZ100-160	
Receipt #	
Date	
Amount	

Volunteer to Paid Status Change

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 years remaining in your certification/licensure period when paid employment begins. Submit this completed form with check or money order payable to: Texas Department of State Health Services.

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

	TYPE OR PRINT I	N BLACK INK				
Last Name	First Name	Middle Name	EMS ID Number			
Mailing Address						
City	County		State	Zip		
Telephone	Email					
EMS Certification Le	vel					
ECA	EMT		Advanced EMT			
EMT-P	Licensed-Paramedic		Coordinator			
EMS Instructor	EMS Information Operator	Instructor				
year counts as a full ye	ear. Fees are <u>NOT</u> refundable Advanced EMT or E		amedic Lic	censure level		
EMS Coordinator level	EMS Instructor leve	i EM	S Info Ope	erator Instructo	· level	
Section 4 – Signatur	e and Date					
I understand that false	clare that all information submetatements or information on ification or decertification.				ient	
Signature of Applicant: _		D	ate			

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)