

**EMS Licensing Unit**  
**Texas Department of State Health Services**  
**Cash Receipts Branch, MC 2003**  
**P.O. Box 149347**  
**Austin, Texas 78714-9347**  
**Telephone: (512) 834-6734**  
**E-mail: emscert@dshs.texas.gov**

<u>For DSHS Use Only</u>	
ZZ100-160	
Receipt #	_____
Date	_____
Amount	_____

**RENEWAL APPLICATION EMS PERSONELL**  
**ECA, EMT, AEMT, EMT-P, Licensed Paramedic**  
 Revised 02/09/2022

VISIT OUR WEBSITE FOR MORE INFORMATION:  
[www.dshs.state.tx.us/emstraumasystems](http://www.dshs.state.tx.us/emstraumasystems)

**SECTION 1 – PERSONNEL DATA**

**TYPE OR PRINT IN BLACK INK**

Last Name	First Name	Middle Name	
Texas EMS ID number or Social Security Number*			
Address: Street, Apt. Number or PO Box			
City	County	State	Zip
Telephone Number: _____			
Email Address: _____			
✓ Check the level for which you are applying: <input type="checkbox"/> ECA <input type="checkbox"/> EMT-Paramedic <input type="checkbox"/> EMT <input type="checkbox"/> Licensed Paramedic <input type="checkbox"/> AEMT			
* Disclosure of your social security number is mandatory under Family Code, Chapter 231.302(c)(1)			

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

**EMS CERTIFICATION DOES NOT EXTEND PAST YOUR EXPIRATION DATE.**

**Option 1/Written Assessment Exam**

- Testing Instructions: All levels can contact National Registry at: [www.nremt.org](http://www.nremt.org)
- In addition to state fee, you must pay all applicable National Registry fees.

**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 number: \_\_\_\_\_ NR expiration date: \_\_\_\_\_

**Option 4/Recertification Course** DSHS Course Number: \_\_\_\_\_

**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.

**Military Re-entry** – Texas certification expired renewing after returning from deployment. Include copy of DD214, Member copy 4 preferred, and/or demobilization orders. Late fees are not required.

**Downgrade**

- I am requesting downgrade of my next certification period. I am choosing to forfeit my higher-level certification/licensure at the end of this certification/licensure period. I have completed one of the renewal requirements as check marked on the application form for this downgrade level. I realize I have one year from the acceptance of the lower-level application to regain certification/licensure at the higher level.

**Renew as Inactive**

- I am hereby applying for inactive certification/licensure. I understand that while in inactive status I shall not provide patient care as that of certified or licensed personnel and may only act as a bystander. Performance in any capacity regulated under the Health and Safety Code, for compensation or as a volunteer, is prohibited and failure to comply shall be cause for certification or license revocation and may be cause for denial of future applications.

**SECTION 3 – APPLICATION FEE - Check the fee(s) you are submitting.**

√	Level	Renewal Timeframe	Fee Owed
	<b>ECA or EMT</b>	<b>Prior to expiration date</b>	<b>\$64</b>
	ECA or EMT	Within 90 days after expiration date	\$94
	ECA or EMT	Within 91 days to 1 year after expiration date	\$124
	<b>AEMT or EMT-P</b>	<b>Prior to expiration date</b>	<b>\$96</b>
	AEMT or EMT-P	Within 90 days after expiration date	\$141
	AEMT or EMT-P	Within 91 days to 1 year after expiration date	\$186
	<b>Licensed Paramedic</b>	<b>Prior to expiration date</b>	<b>\$126</b>
	Licensed Paramedic	Within 90 days after expiration date	\$186
	Licensed Paramedic	Within 91 days to 1 year after expiration date	\$246
	Volunteer	I am not submitting a fee because I'm a volunteer	Attach Verification
	Military	Return after deployment: Include copy of DD214, Member copy 4 preferred.	No late fees required
	<b>Inactive</b>	<b>Inactive Administrative fee</b> (Inactive submits renewal fee and administrative fee.)	<b>\$30</b>
	Other – Explain		
	Total	Total Amount being submitted	

- Make check or money order payable to  
**Texas Department of State Health Services ZZ100-160**
- Fees are NOT refundable or transferable.

**SECTION 4 – CRIMINAL/DISCIPLINARY HISTORY – Everyone Must Answer**

- Have you ever been subject to limitation, suspension, or revocation of a license (not driver’s license), including your right to practice in a healthcare occupation?  
 Yes or  No
- Have you ever surrendered any type of license (not driver’s license) in any state or to a state agency that had issued you a license?  
 Yes or  No
- Have you ever been denied any type of license (not driver’s license) in any state or by a state agency?  
 Yes or  No
- Do you need to report new criminal history information since your last EMS renewal application submission?  
 Yes or  No

Please explain any Yes answer.

I have attached a separate piece of paper listing the crimes, arrest dates, state, county/parish name and the name of the court and court case numbers. Please put your full name at the top of the paper.

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Name \_\_\_\_\_ EMS ID Number \_\_\_\_\_

**SECTION 6 – SIGNATURE AND DATE**

I swear or affirm that all information on this application is true and correct. I further certify by signature hereon, that I am authorized to execute this document. I am not delinquent in the payment of any child support owed under Chapter 232, Family Code. I further certify that I have read, understood, and agree to abide to Chapter 773 of the Health and Safety Code and the applicable provisions of 25 TAC, Chapter 157, and agree to abide by them.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name of Applicant:** \_\_\_\_\_

If you are granted certification/licensure you will be responsible for reporting any changes to the information you provide on this form. The address change instructions are available at the following website:  
[www.dshs.state.tx.us/emstraumasystems/formsresources.shtm#EMS](http://www.dshs.state.tx.us/emstraumasystems/formsresources.shtm#EMS)

**PRIVACY NOTIFICATION**

With a few exceptions, you have the right to request and be informed about information that the State of Texas collects 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 information on Privacy Notification. (Reference Government Code, Section 522.021, 522.023 and 559.004)