



TEXAS DEPARTMENT OF STATE HEALTH SERVICES  
EMERGENCY MEDICAL SERVICES  
PROVIDER LICENSE ADMINISTRATOR OF RECORD INFORMATION

Revision Date: 09/22/2014

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>:

This form will provide information about the Administrator of Record for an EMS Provider or Applicant for an EMS Provider license. In order to complete the Administrator of Record process the individual must complete the Texas Department of Public Safety's Fingerprint Applicant Service of Texas (FAST) fingerprint based background check process in order for the Department to receive your criminal background check. In addition, you may be required to submit copies of court and/or hearing documents.

TYPE OR PRINT LEGIBLY IN BLACK INK

Section 1 – Administrator Information

\_\_\_\_\_  
Last First Middle  
(Full Legal Name)

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
24/7 Contact Telephone Number (Include Area Code)

\_\_\_\_\_  
E-mail Address

\_\_\_\_\_  
Date of Birth Social Security Number\*

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

Section 2- Fingerprint

FAST FINGERPRINT INFORMATION:

Link to DSHS EMS Compliance FAST form:

<http://www.dshs.state.tx.us/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=8589974530>

I completed fingerprinting on \_\_\_\_\_ date.

I will complete fingerprinting by \_\_\_\_\_ date.

### Section 3 – CRIMINAL/DISCIPLINARY HISTORY

You must answer each question below. Failure to report any limitation, suspension and revocation of a license and/or any conviction(s) and/or deferred adjudication and/or disciplinary action information may result in disciplinary action and/or denial of your agency's Texas EMS Provider License.

Have you ever:

- A. Been convicted of a misdemeanor?  
Yes      No
- B. Been convicted of a felony?  
Yes      No
- C. Received a deferred adjudication?  
Yes      No
- D. Received a pretrial diversion?  
Yes      No
- E. Received a deferred disposition?  
Yes      No
- F. Been placed on community supervision or court-ordered probation?  
Yes      No
- G. Been sentenced to serve jail or prison time or court-ordered confinement?  
Yes      No
- H. Been criminally charged or have any pending criminal charges?  
Yes      No
- I. Been or are currently the target or subject of a grand jury or governmental agency investigation?  
Yes      No
- J. Been excluded from participation with Medicare and/or Medicaid?  
Yes      No
- K. Been convicted of Medicare and/or Medicaid fraud?  
Yes      No
- L. Been subject of a court-martial or received any form of other military judgment, punishment or action?  
Yes      No
- M. Had any licensing/certification authority refuse to issue you a license or certification in Texas or another State?  
Yes      No
- N. Had any licensing/certification authority in Texas or another State revoke, annul, cancel, suspend, place on probation, refuse to renew, accept a surrender of a license or certificate held by you?  
Yes      No
- O. Had any licensing authority in Texas or another State fine, censure, and reprimand or otherwise discipline you?  
Yes      No

*Please use the attached Criminal Offense/Criminal Conduct Explanation Form if you answered "YES" to any of the above questions.*

Section 4 – License

*Must Choose One Answer. Do not list the EMS Provider License in this section.*

1. I hold a Texas EMS Personnel certification and/or license? (Must be EMT or Higher); or

Level: \_\_\_\_\_ License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

2. I hold a health care professional license issued by the state of Texas with a direct relationship to emergency medical services; or

License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Type: \_\_\_\_\_

3. Exempt – I was the administrator on/or before September 1, 2013 for an EMS provider that held a license on September 1, 2013, and I have at least eight years of experience providing emergency medical services.

Section 4 – EMS Provider Information

If you are the administrator for more than one for profit EMS Provider (agency) please list all of this information on a separate sheet of paper and attach with this document. Additional documents attached?  Yes  No

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.

\_\_\_\_\_  
Name of Legal Entity holding EMS Provider License License #

\_\_\_\_\_  
Doing Business As Name if applicable (Assumed Name)

\_\_\_\_\_  
Mailing Address City State Zip

\_\_\_\_\_  
Business Telephone (Include Area Code) Business Fax (Include Area Code)

\_\_\_\_\_  
E-mail Address

Section 5 - Course or Continuing Education (After January 1, 2015)

<p><input type="checkbox"/> I completed a course and the course completion certificate is attached.</p> <p><input type="checkbox"/> I completed 8 hours of continuing education.</p>
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Section 6 – Signature and Date

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)



