



Regulatory Licensing Unit  
 EMS Certification & Licensing Group ZZ100-160  
 Department of State Health Services  
 Cash Receipts Branch, MC 2003  
 P.O. Box 149347  
 Austin, Texas 78714-9347  
 (512) 834-6700 FAX (512) 834-6714

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

**TEXAS DEPARTMENT OF STATE HEALTH SERVICES  
 PETITION FOR EMS CRIMINAL HISTORY PRE-SCREENING**

This form is intended for individuals petitioning the Department to provide a pre-screening criminal history record check for an emergency medical services (EMS) personnel applicant prior to enrolling in an EMS education course to determine the individual's eligibility for EMS certification or licensure, pursuant to Chapter 773 of the Texas Health and Safety Code. Failure to submit a complete petition, fee, personal statement, court documents (if required) and fingerprint based background check will delay the review of your petition. Your petition will not be deemed complete and a determination of eligibility will not be made until ALL requirements and requested information have been met and received, including the completion of the Texas Fingerprint Service Code Form fingerprint based background check.

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Last Name	First Name	Middle Name
Previous/ Maiden Names		
Social Security #:		Date of Birth
Address		Apt Number
City	State	Zip Code
E-mail		Phone Number

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**FEE**

**FEE REQUIRED** (Volunteers are not exempt from this payment)

\$50.00 Enclosed

**Make check or money order payable to:**  
 Texas Department of State Health Services (DSHS)  
**Mail to:**  
 DSHS Cash Receipts Branch, MC 2003  
 P.O. Box 149347  
 Austin, Texas 78714-9347

**Fees are NOT refundable or transferable.**  
 Do not combine fee payments for Texas Department of State Health Services, National Registry or Texas Fingerprint Service Code Form

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Name of EMS Education Program you are planning to enroll	City:
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Type of EMS Course

ECA                                      EMT                                      EMT-Intermediate/AEMT                                      Paramedic

**For any and all criminal offense(s) or conduct, including those pending an appeal, have you**

- A. been convicted of a misdemeanor?
- B. been convicted of a felony?
- C. received a deferred adjudication?
- D. received a pretrial diversion?
- E. received a deferred disposition?
- F. been placed on community supervision or court-ordered probation?
- G. been sentenced to serve jail or prison time or court-ordered confinement?
- H. been arrested?
- I. been criminally charged or have any pending criminal charges?
- J. been subject of a court-martial or received any form of other military judgment, punishment or action?
- K. been or are currently the target or subject of a grand jury or governmental agency investigation?
- L. had any licensing/certification authority refuse to issue you a license or certification?
- M. had any licensing/certification authority revoke, annul, cancel, suspend, place on probation, refuse to renew, accept a surrender of a license or certificate held by you for criminal conduct?
- N. had any licensing authority fine, censure, reprimand or otherwise discipline you for criminal conduct?

For each item to which you answered "Yes" provide a detailed written explanation on the Criminal Offense/Conduct Explanation Form. (See attached form)The explanation must include the name of the criminal charge and offense, , date of the charge, offense case number, description of sentence, punishment, or disciplinary action, location (City/County/State) where the offense occurred.

**You may be required to furnish additional information and/or court records for any of the items to which you answered yes.**

**Texas Fingerprint Service Code Form INFORMATION:** [Link to DSHS EMS Compliance Texas Fingerprint Service Code Form](#)

**Attestation:**

I, the Petitioner attest that the statements provided are true in every respect. I understand that no one else may submit this petition on my behalf and that I am accountable and responsible for the accuracy of any answer or statement made on this petition. 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 to obtain EMS Personnel certification or licensure. I will inform the Department of State Health Services of any changes to my 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 petition.

Petitioner's Signature \_\_\_\_\_

Petitioner's Name (Print)

Date

**For assistance with the criminal history petition process you may contact EMS Compliance at the following phone number: (512) 834-6700 and choose option 5.**

**PRIVACY NOTIFICATION**

With a few exceptions, you have the right to request and be informed about information that the State of Texas collects on 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)

Copy this form as needed.

### Criminal Offense/Conduct Explanation Form

Offense/Conduct

- Arrest
- Indictment
- Deferred adjudication
- Conviction
- Other

Date

Offense/Charge

Case Number

City/County/State

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Explanation:

Petitioner's Signature \_\_\_\_\_

Petitioner's Name (Print)

Date