



Texas EMSC State Partnership Program Voluntary Recognition Program

APPLICATION FOR ENROLLMENT

Thank for your interest in participating in the Texas EMSC Recognition Program. In order to process your application, please complete the following form and forward this request to participate to the Texas EMS for Children State Partnership office via mail, fax, or email. The same form is also available online at this link:

<https://app.smartsheet.com/b/form?EQBCT=dec3bb3fd70d4c12b89479883b593d3a>

EMS Agency Name:	
Address:	
Texas License Number:	
Primary Contact Official:	
Email address for Official:	
EMS Agency Medical Director:	
Address:	
Contact Number:	
Email Address:	

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LEVEL OF RECOGNITION

(Instructions: Please initial which level you are applying for and initial if you have met the required items for level of recognition you are applying for)

<input type="checkbox"/>	Bronze Level	Equipment Standards and Protocols Compliance Reporting Affidavit	<table border="1" style="width: 100%;"><tr><td style="height: 20px;"> </td></tr><tr><td style="height: 20px;"> </td></tr></table>			
<input type="checkbox"/>	Silver Level	Bronze Level Requirements Compliance/Verification Reporting Form	<table border="1" style="width: 100%;"><tr><td style="height: 20px;"> </td></tr><tr><td style="height: 20px;"> </td></tr></table>			
<input type="checkbox"/>	Gold Level	Bronze Level Requirements Silver Level Requirements Community Outreach	<table border="1" style="width: 100%;"><tr><td style="height: 20px;"> </td></tr><tr><td style="height: 20px;"> </td></tr><tr><td style="height: 20px;"> </td></tr></table>			

Once we receive your application and any required documents, the program manager will inform you if we need additional information. A paper copy can be mailed to: *EMS for Children State Partnership, Texas, Program Manager, 1102 Bates Ave., Suite 1850, Houston, TX 77030, (832) 824-6028, (832) 825-1182 – fax EMSCTexas@bcm.edu*