



Date: 06/30/2020

To: All Sponsored Paramedics

From: North Central Connecticut Regional Sponsor Hospitals

Re: Annual Sponsorship Renewal

Attached is the application for your 2021 Medical authorization renewal to practice as a paramedic as provided by the North Central Connecticut Regional Sponsor Hospitals. Do not submit this policy with your application. Keep for your files

Please complete the application and CME Log. Attached annual skills session attendance, state license and copies of your certifications (ACLS, PALS, CPR) with this application.

Sponsorship Renewal Forms are due to your sponsor hospital(s) by **January 8<sup>th</sup>, 2021**. If your completed paperwork is not received by this deadline, your medical sponsorship will automatically be suspended.

Please submit your complete renewal application electronically, unless otherwise noted, to each North Central CT EMS Sponsor Hospital you have authorization to practice.

Bristol Hospital: [dkoscuk@bristolhospital.org](mailto:dkoscuk@bristolhospital.org)

Eastern Connecticut Health Network: [mletitia@echn.org](mailto:mletitia@echn.org) (prefer paper submission)

Hartford Hospital: [David.bailey@hhchealth.org](mailto:David.bailey@hhchealth.org)

Johnson Memorial Hospital: [Paul.Wentworth@trinityhealthofne.org](mailto:Paul.Wentworth@trinityhealthofne.org)

The Hospital of Central Connecticut: [sean.fitch@hhchealth.org](mailto:sean.fitch@hhchealth.org)

Trinity Health of New England - Saint Francis Hospital and Medical Center:

[Jquinlav@trinityhealthofne.org](mailto:Jquinlav@trinityhealthofne.org)

UCONN Health Center: [Canning@uchc.edu](mailto:Canning@uchc.edu)

## **Annual Paramedic Authorization Renewal Policy**

Paramedics must obtain thirty-six hours of Continuing Education Units (CEU's) annually between January 1<sup>st</sup> and December 31<sup>st</sup> of each year. Continuing education must be in a variety of topic areas. ***No more than 8 hours will be accepted for any single topic area regardless of presentation medium.*** Continuing education must be reflective of a ***mix*** of the following topic areas:

- Airway and ventilation
- Cardiology
- Special Patient Populations (i.e. OB, pediatrics, geriatrics)
- EMS Operations
- Trauma
- Medical
- Neurology inclusive of Stroke

### **Accepted forums for Continuing Education Credits**

**\*Due to COVID-19 ALL CME hours may be completed in distributive format for this renewal cycle.\***

**The following courses are approved. All course credit will be hour by hour.**

1. Hospital sponsored In-service program i.e. Case Review, Clinical topics (if completed using online platform, student MUST be able to ask questions during program).
2. Established EMS / Medical Conference
3. CAPCE or DPH approved Distance Learning Training Program (up to a max of 8 hours).
4. Hospital Based Clinical Observation Time / Simulator Training (up to a max of 8 hours).
5. ACLS –EP, PHTLS (class or hybrid), PEPP, AMLS, HAZMAT Course other than Awareness level (up to 4 hours per course).
6. EMS Instructional time at the level of certification/licensure up to 8 hours. May not count presentation of the same material more than once per year
7. Precepting of new paramedic (not student paramedics) up to ***6 hours if primary***, full-time preceptor
8. Health Care accredited college credit course. Must be ***pre-approved*** by primary sponsor hospital, and have direct relevance to EMS practice. 1 hour CEU awarded per credit hour.



North Central Connecticut  
EMS Council

Check here if your address/contact info has  
changed since your last renewal

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_  Paramedic  AEMT

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone (circle: mobile or home): (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

State License/cert #: \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

BLS CPR Exp. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

ACLS Exp. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

PALS Exp. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Sponsor Hospital Medical Authorizations (check all that apply):**

- Bristol Hospital  Eastern Connecticut Health Network  
 Hartford Hospital  Hospital of Central Connecticut  
 Johnson Memorial Hospital  Trinity Health - Saint Francis Hospital and Medical Center  
 UCONN Health Center  
 Other \_\_\_\_\_

**Service Affiliations (check all that apply):**

- AMR  Aetna  ASM  Bradley Field  BVA  Bristol  Canton  East Windsor  
 EHFD  ERM  ESU  Enfield  Glastonbury  Granby  UHCFD  MFRE  NBEMS  
 Newington  Plymouth  Rocky Hill  Simsbury  Suffield  Vintech  WHFD  Wethersfield  
 Windsor  Windsor Locks  Other \_\_\_\_\_



## ATTESTATION

I attest the information provided in this Annual Sponsorship Renewal Form has been completed by me and that it is accurate and truthful. I understand any false or misleading information may result in a loss of sponsorship and notification of same to the CT Department of Health and other Sponsor Hospitals with whom I have Medical Authorization. In addition, I have all the necessary documentation to support my attendance at the Continuing Education Sessions on the attached log and am willing to provide such documentation upon request by an EMS Sponsor Hospital Representative.

I have enclosed the following documentation as required for continuance of sponsorship:

- Paramedic License or  AEMT Certification
- ACLS Certification (paramedics only)
- PALS Certification (paramedics only)
- CPR certification (all providers)
- Continuing Education Log (all providers)
- Skill Session Verification – Provided on Regional form (all providers)

The following is required to renew **and maintain** Medical Authorization:

1. At all times, maintain current certification in CPR (all)
2. At all times, maintain current certification in ACLS (paramedic)
3. At all times, maintain current certification in PALS (paramedic)
4. At all times, maintain current state license/certification (all)

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Printed Name of EMS Provider      Signature (Printed or Electronic) of EMS Provider      Date

**Continuing Education Log** *(attach additional sheets if needed)*

**CE Categories: F1/F2 - Live, in person; F3- Online distributive; F4: Pre-approved standardized course (i.e. AHA, PHTLS) F5: Virtual Instructor (i.e. live but via web)**

Date	Subject	Location	CE Category	CT-DPH or CAPCE Approval # and/or Hospital approved activity	Hours
	<b>Practical Skills Session</b>				<b>2</b>
	<b>ACLS</b>				<b>4</b>
	<b>PALS</b>				<b>4</b>
<b>TOTAL HOURS</b>					

*Note: Except for AHA cards and skill session documentation, certificates of attendance are not required to be submitted with this log. Maintain copies of certificates/ proof of attendance in your own files for at least 3 years; the Sponsor Hospital may audit this log and request proof of attendance/completion anytime during the three (3) years following submission.*