



## REGIONAL PARAMEDIC / AEMT RENEWAL APPLICATION for 2019 MEDICAL AUTHORIZATION

Date: **02/19/2018**

To: **All Sponsored Paramedics and Advanced EMTs**

From: **North Central Connecticut Regional Sponsor Hospitals**

Re: **Annual Sponsorship Renewal**

Attached is the application for your medical authorization renewal to practice as a paramedic or Advanced EMT, as provided by one or more of the eight North Central Connecticut Regional Sponsor Hospitals.

This authorization renewal will be contingent upon you maintaining your Connecticut licensure as a paramedic or certification as an AEMT at all times throughout the renewal period.

Please complete the forms electronically or print legibly to reduce the chance of making an error with your paperwork.

- Complete the application
- Complete the CME Log. **Documentation of skills session attendance must be attached. Do not send copies of other certificates of attendance. Skills session must be completed annually for all paramedics and AEMTs.**
- ❖ **PARAMEDICS: Regionally required 36 hours per year.**
- ❖ **AEMT'S: For hospitals continuing to sponsor this provider level Copy of State certification, CPR card, and documentation of annual skills session attendance. State certification requires a triennial mandated 30 hrs EMT-B refresher course AND 23 hrs of continuing education which must include IV techniques and airway management. [19a-179-16a(c)(2)].**
- Include copies of your certification or license and required credentials (ACLS, PALS, CPR). In absence of a card, a copy from the State license site will suffice.**  
<https://www.elicense.ct.gov/Lookup/LicenseLookup.aspx>

**Sponsorship Renewal Forms are due to your sponsor hospital(s) by January 7, 2019.** If your completed paperwork is not received by this deadline your medical sponsorship for all regional sponsor hospitals will automatically be suspended. Any questions or problems, please contact your primary sponsor hospital EMS coordinator.

Please submit your complete renewal application **electronically, unless otherwise noted**, (scan cards/skills certificates) via email to the EMS coordinator at each North Central CT EMS Sponsor Hospital through which you have authorization to practice.

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

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

Johnson Memorial Hospital [Paul.Wentworth@jmmc.com](mailto:Paul.Wentworth@jmmc.com) (prefer paper submission)

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

Saint Francis Hospital and Medical Center [Jquinlav@stfranciscare.org](mailto:Jquinlav@stfranciscare.org)

The Hospital of Central Connecticut [David.Buono@hhchealth.org](mailto:David.Buono@hhchealth.org)

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



## **Annual Paramedic / Advanced EMT Medical 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. Advanced EMT's must have a triennial 30 hour EMT-B refresher course and 23 hours of annual continuing education. It is the responsibility of each paramedic/ AEMT to maintain personal education logs and submit to the EMS Coordinator yearly a completed Annual Renewal for Sponsorship form. Failure to submit one's renewal form by the prescribed date will result in immediate withdrawal of medical authorization privileges from all sponsor hospitals without additional notification.

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:

1. Airway and ventilation
2. Cardiology, STEMI recognition and treatment, 12 Lead ECG Imposters
3. Special Patient Populations (OB, pediatrics, geriatrics, patients with special needs)
4. EMS Operations
5. Trauma
6. Medical
7. Neurology inclusive of Stroke
8. Additional specific subject matter may be dictated by local medical control

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

#### **A minimum of 12 hours of face-to-face instructional time is required for renewal**

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

1. American Heart Association / American Red Cross / National Safety Council approved courses are only accepted:
  - ACLS recertification Course (4 hours given annually)
  - PALS recertification Course (4 hours given annually)
  - CPR renewal will no longer count towards annual renewal hours*
2. National Registry Recertification Course
3. Hospital sponsored In-service program i.e. Case Review, Clinical topics
4. Sponsor Hospital approved EMS Service sponsored EMS related CME's
5. Established EMS Conference or EXPO's
6. Distance Learning Training Program. Certification of Completion & CAPCE accreditation or preapproval by Primary Sponsor Hospital Medical Authorization required
7. Hospital Based Clinical Observation Time / Simulator Training (up to a max of 8 hours). (Documentation of attendance & preapproval by Primary Sponsor Hospital Medical Authorization required)
8. Articles from Professional Journals (Must be CAPCE approved or have pre-authorization from sponsor hospital medical control. Submission of Certification of Completion required)



9. PHTLS, PEPP, AMLS, HAZMAT Course other than Awareness level (up to 4 hours per course)
10. 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.
11. Precepting of new paramedic (not student paramedics) up to 12 hours if primary, full-time preceptor.
12. Health Care accredited college credit course (***Must be pre-approved by primary sponsor hospital.*** 1 hr CEU awarded per credit hour. Must have direct relevance to EMS practice).
13. Other courses which have been pre-approved by Primary Sponsor Hospital Medical Authorization

**National Registered Providers:** Completion of this form is still necessary to document the annual CEU and skills review requirements.

### **Skills maintenance**

Every paramedic / AEMT must demonstrate competency in the following skills (as applicable to their level of license / certification) annually through successful completion of practical skills stations. The mutually agreed upon skills for 2019 will be as follows:

- Advanced airway – adult and pediatric
  - Endotracheal intubation, alternate device, surgical airway
- Vascular Access
  - IO (site(s) determined by medical control and service specifications)
- Megacode (based on 2015 AHA Guidelines)
- Flexible additional skill to reflect the need of service or sponsor hospital

### **Service Affiliation**

To maintain medical authorization, an individual must maintain active service affiliation with a sponsored service. Upon notification from the service or individual that this affiliation has been terminated, medical authorization will be withdrawn.

### **Certification Requirements**

In order to maintain current medical authorization in good standing, the paramedic/AEMT's must maintain, **at all times**, a current State of Connecticut Paramedic license/ AEMT Certification and the following certifications:

- Basic Life Support (all providers)
- Advanced Cardiac Life Support (ACLS) ( Paramedics only)
- Pediatric Advanced Life Support (PALS) ( Paramedics only)

### **National Registry Recertification**

It is the responsibility of each individual to complete the National Registry Recertification form and present it to the EMS Coordinator for appropriate signature(s). Required documentation shall be attached, particularly for skills review. *Incomplete forms will be held for completion prior to signing.*

### **Compliance with Quality Improvement (QI) Program**

Sponsored individuals shall comply with all requests for additional documentation for QI systems



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analysis or other reasons. Each paramedic is to participate in QI Sessions as required.

**Do not submit this policy with your application. Keep for your files**

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
- 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.

In addition, I give the EMS Sponsor Hospital(s) permission to request proof of attendance from the instructor/coordinator for any of the listed continuing education programs. Furthermore, I give permission for the EMS Sponsor Hospital to share information with other EMS Sponsor Hospitals and the CT DPH regarding my medical control authorization. Failure to provide the required documentation by December 31<sup>st</sup>, 2018 shall cause my medical authorization at all regional sponsor hospitals to automatically terminate without additional notice.

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 (all providers)

The following is required to renew and maintain Medical Authorization:

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

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Printed Name of EMS Provider

Signature of EMS Provider

Date



**Continuing Education Log**

Date	Subject	Location / Instructor	Topic Area (SEE PAGE 2)	Hours
	<b>Practical Skill Session (all)</b>			<b>2</b>
	<b>ACLS Certification (paramedic)</b> (4 hrs per year)			<b>4</b>
	<b>PALS Certification (paramedic)</b> (4 hrs per year)			<b>4</b>
<b>TOTAL HOURS</b>				

**Note:** Except for skill session documentation, do not send your certificates of attendance with this log. Keep them in your own files in a safe place; however they may be requested at anytime during the three (3) years after they have been awarded for verification