



**SAINT FRANCIS HOSPITAL  
(regional) PARAMEDIC RENEWAL  
APPLICATION for 2019 MEDICAL  
AUTHORIZATION**

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

Date: **12/11/2018**

To: **All St. Francis Hospital Sponsored Paramedics**

Re: **Annual Sponsorship Renewal**

Attached is the application for your medical authorization renewal to practice as a paramedic, 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 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. **The St. Francis application is a fillable PDF and an electronic signature is acceptable.**

Complete the application

Complete the CME Log.

**Attach a copy of your successful skills session completion and required certs. Do not send copies of other certificates of attendance.**

**PARAMEDICS: Regionally required 36 hours per year.**

**Include copies of your license and required credentials: ACLS, PALS, CPR and skills session documentation.**

(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 to my email inbox by **January 15, 2019**** If your completed paperwork is not received by January 15, 2019 at 11:59 pm, your medical control will automatically be suspended. Any questions or problems, please contact me.

Please submit your complete renewal application **electronically via email**, (scan cards/documents) 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 [MLetitia@echn.org](mailto:MLetitia@echn.org)

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)



**SAINT FRANCIS HOSPITAL  
(regional) PARAMEDIC RENEWAL  
APPLICATION for 2019 MEDICAL  
AUTHORIZATION**

**Annual Paramedic 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. It is the responsibility of each paramedic 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 without additional notification.

Continuing education should be in a variety of topic areas. No more than 10 hours will be accepted for any single topic area (e.g. trauma, pediatrics, cardiac, operations, etc.)

**Accepted forums for Continuing Education Credits**

**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)
2. National Registry Recertification Course (transition as needed)
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
6. Distance Learning Training Program (Certification of Completion & CECEMS accredited or preapproval by Primary Sponsor Hospital Medical Authorization required)
7. Hospital Based Clinical Observation Time / Simulator Training (up to 8 hours). (Documentation of attendance & preapproval by Primary Sponsor Hospital Medical Authorization required)
8. Articles from Professional Journals (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. May not count presentation of the same material more than once per year.
11. Precepting of new paramedic (not student paramedics) up to 8 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



## SAINT FRANCIS HOSPITAL PARAMEDIC RENEWAL APPLICATION for 2019 MEDICAL AUTHORIZATION

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

**Skill Maintenance:** The Paramedic must demonstrate competency of skills as defined and described annually by the regional Education Standards Committee and individual 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 must maintain, **at all times**, a current State of Connecticut Paramedic license and the following certifications:

- Basic Life Support
- Advanced Cardiac Life Support (ACLS)
- Pediatric Advanced Life Support (PALS)

### **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 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**