



**SAINT FRANCIS HOSPITAL
(regional) PARAMEDIC RENEWAL
APPLICATION for 2020 MEDICAL
CONTROL AUTHORIZATION**

This form must be submitted via email: jquinlav@stfranciscare.org

Check if your contact info has changed since your last renewal

Date: ____/____/____

Name: _____

Street Address: _____

City, State, Zip: _____

Email: _____ Phone: (____) _____

State License #: _____ Exp. Date: ____/____/____

BLS CPR Exp. Date: ____/____/____

ACLS Exp. Date: ____/____/____

PALS Exp. Date: ____/____/____

Check here if St. Francis is your PRIMARY medcon

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
- ESU
- Enfield
- Glastonbury
- Granby
- UHCFD
- MFRE
- NBEMS
- Newington
- Plymouth
- Rocky Hill
- Simsbury
- Suffield
- Vintech
- WHFD
- Wethersfield
- Windsor
- Windsor Locks
- Other _____ 1st



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ATTESTATION

I attest the information provided in this Annual Sponsorship Renewal Form has been completed by myself and is accurate and truthful. I understand any false or misleading information may result in a loss of sponsorship and notification 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 January 15th, 2020 shall cause my medical authorization to automatically terminate without additional notice.

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

- Paramedic License
- ACLS Certification
- PALS Certification
- CPR certification
- Continuing Education Log AND
- skills session verification

The following is required to renew and maintain Medical Authorization:

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

Printed Name of EMS Provider

Signature of EMS Provider -
e-signature is acceptable

Date

