



Date: April 11<sup>th</sup>, 2023  
To: All Sponsored Paramedics  
From: North Central Connecticut Regional Sponsor Hospitals  
Re: Annual Sponsorship Renewal

Attached is the application for your **2024 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 download, complete and save the application and CME Log. Include, 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>, 2023**. If your completed paperwork is not received by this deadline, your medical sponsorship will automatically be suspended.

*ALL* submissions must be done vial email (see below), to each North Central EMS Sponsor Hospital where you have authorization to practice.

**Electronic submissions MUST be submitted as a single (.pdf), as an attachment in an email.**

**Do not use (.jpg) or any file sharing service (i.e. Google Drive)**

Bristol Hospital: [emara@bristolhospital.org](mailto:emara@bristolhospital.org)  
Hartford Hospital: [David.bailey@hhchealth.org](mailto:David.bailey@hhchealth.org)  
Johnson Memorial Hospital: [Paul.Wentworth@trinityhealthofne.org](mailto:Paul.Wentworth@trinityhealthofne.org)  
Eastern Connecticut Health Network: [crafuse@echh.org](mailto:crafuse@echh.org)  
Trinity Health of New England- SFH: [Patrick.gauthier@trinityhealthofne.org](mailto:Patrick.gauthier@trinityhealthofne.org)  
The Hospital of Central Connecticut: [sean.fitch@hhchealth.org](mailto:sean.fitch@hhchealth.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 & Ventilation
- Cardiology
- Special Patient Populations (i.e. OB, pediatrics, geriatrics)
- EMS Operations
- Trauma
- Medical
- Neurology (inclusive of stroke)
- Precepting

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

**\*ALL CME hours may be completed in a 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. Please include a breakdown of topic hours.
4. Hospital Based Clinical Observation Time / Simulator Training (up to a max of 8 hours).
5. PHTLS (class or hybrid), PEPP, AMLS, HAZMAT Course other than Awareness level (up to 4 hours per course).
6. ACLS-EP – 8 hours of CME if taking separate (i.e. not in place of) ACLS.
7. EMS Instructional time at the level of certification/licensure. May not count presentation of the same material more than once per year
8. Precepting of new paramedic (not student paramedics) up to ***4 hours if primary***, full-time preceptor
9. Health Care accredited college credit course (Must be ***pre-approved*** by primary sponsor hospital. 1 hour CEU awarded per credit hour, and have direct relevance to EMS practice).



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):**

- |  |  |
|--|--|
| <input type="checkbox"/> Bristol Hospital          | <input type="checkbox"/> Eastern Connecticut Health Network        |
| <input type="checkbox"/> Hartford Hospital         | <input type="checkbox"/> Hospital of Central Connecticut           |
| <input type="checkbox"/> Johnson Memorial Hospital | <input type="checkbox"/> Saint Francis Hospital and Medical Center |
| <input type="checkbox"/> UCONN Health Center       | <input type="checkbox"/> Other _____                               |

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

- AMR  Aetna  ASM  Bradley Field  Bristol  Canton  East Windsor
- EHFD  ERM  ESU  Enfield  Glastonbury  Granby  UHCFD  MFRE  NBEMS
- Newington  Rocky Hill  Simsbury  Suffield  Vintech  WHFD  Windsor  Windsor Locks
- Trinity EMS  Somers  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
- ACLS Certification
- PALS Certification
- CPR certification
- Continuing Education Log
- Skill Session Verification

\*BLS may be issued by either the AHA or Red Cross, and **MUST** include a hands on skill evaluation.\*

\*ACLS/PALS can only be issued by the AHA and **MUST** include a hands on skill evaluation\*

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/certification

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Printed Name of EMS Provider

Signature of EMS Provider  
*(Typed signature is valid)*

Date

**Note: Except for AHA cards and skill session documentation,** certificates of attendance are not required to be submitted with this log. Skills session documentation **MUST** be on the approved North Central skills matrix. 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.

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

| Topic                                      | Abbreviation | Topic          | Abbreviation |
|--|--------------|----------------|--------------|
| Airway & Ventilation                       | AV           | EMS Operations | OPS          |
| Cardiology                                 | C            | Trauma         | T            |
| Special Populations (OB, pedi, geriatrics) | SP           | Medical        | M            |
| Neurology                                  | N            | Precepting     | FTO          |

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