



Date: May 14th, 2024
To: All Sponsored Paramedics
From: North Central Connecticut Regional Sponsor Hospitals
Re: Annual Sponsorship Renewal

Attached is the application for your **2025 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/ALS, PALS, and CPR) with this application.

Sponsorship Renewal Forms are due to your sponsor hospital(s) by **January 6th, 2025**. 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

Hartford Hospital: David.bailey@hhchealth.org

Johnson Memorial Hospital: Paul.Wentworth@trinityhealthofne.org

Eastern Connecticut Health Network: crafuse@echn.org

Trinity Health of New England- SFH: Patrick.gauthier@trinityhealthofne.org

The Hospital of Central Connecticut: sean.fitch@hhchealth.org

UCONN Health Center: Canning@uchc.edu

Annual Paramedic Authorization Renewal Policy

- Paramedics must obtain thirty-six hours of Continuing Education Units (CEU's) annually between January 1st and December 31st of each year.
- Newly Licensed paramedics must start obtaining CMEs from the date of license issuance.
- Continuing education must be in a variety of topic areas. 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 (for the Preceptor)

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.

No more than 8 hours will be accepted for any single topic area regardless of presentation medium.

1. Hospital sponsored in-service program i.e. Case Review, Clinical topics
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.
5. PHTLS (class or hybrid), PEPP, AMLS, HAZMAT Course other than HAZWOPER
6. ACLS-EP – 4 additional hours (if using as ACLS refresher)

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/ALS 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 ESU Enfield Glastonbury Granby UHCFD MFRE NBEMS Newington
- Rocky Hill Simsbury Somers Suffield WHFD Windsor Windsor Locks Trinity EMS
- 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
- AHA/ARC ACLS/ALS Certification
- AHA/ARC PALS Certification
- AHA/ARC 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(ALS)/PALS may be issued by either the AHA or Red Cross, 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/ALS
3. At all times, maintain current certification in PALS
4. At all times, maintain current state license/certification

Printed Name of EMS Provider

Signature of EMS Provider
(Typed signature is valid)

Date

Note: Except for AHA/ARC 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 – Page 1

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
	Practical Skills Session	NA	NA	2
	ACLS/ALS	NA	NA	4
	PALS	NA	NA	4

Continuing Education Log – Page 2

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
			TOTAL HOURS	