

Date: 01 April 2016

To: All Sponsored Paramedics




From: Yale-New Haven Sponsor Hospital Program

Re: Annual Sponsorship Renewal for Medical Authorization

Attached is the application for your medical authorization renewal to practice as a paramedic within the Yale-New Haven Sponsor Hospital authority.

This authorization renewal will be contingent upon your maintaining your Connecticut licensure as a paramedic at all times during this 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. You do not need to send copies of class certificates if attended at YNHSHP, *however*, if attended somewhere other than YNHSHP a copy of the certificate or the signed/dated roster will suffice, (*this includes individual service in-house CMEs and skills sessions*).
-  Include copies of *all* your certification or licenses and required credentials (ACLS, PALS, CPR, PEPP or EPC, PHTLS, CT State Paramedic license, CT State Driver's license, and if applicable, NREMT Paramedic card. In the absence of a card from the State of CT, a copy from the State license site will suffice: <https://www.elicense.ct.gov/Lookup/LicenseLookup.aspx>

Sponsorship Renewal Forms are due to **YNHSHP by March 1, 2018**. If your completed paperwork is not *received by March 15, 2018 at 23:59 hours*, your medical authorization will be *automatically suspended*. Any questions or problems, please contact the Operations Coordinator at 203-562-3320 or patricia.palaia@ynhh.org.

Please submit your complete renewal application electronically (scan cards, skills/CME certificates) via email to the Operations Coordinator at patricia.palaia@ynhh.org

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notification from the service or individual that this affiliation has been terminated, medical authorization will be withdrawn.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, a current NREMT paramedic certification (if YNHSHP medical authorization was obtained after 2009), as well as the following:

- Basic Life Support / CPR
- ACLS
- PALS
- PEPP or EPC
- PHTLS

National Registry Recertification

It is the responsibility of each individual to complete the National Registry Recertification form and submit electronically to the Sponsoring Agency. All paramedics holding medical authorization with YNHSHP must be “affiliated” with YNHSHP on their NREMT account in order for the approval process to work.

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.

Yale-New Haven Sponsor Hospital Paramedic Regional
Renewal Application for 2016-2018 Medical Authorization



Yale New Haven
Hospital

Name:		Yale New Haven Hospital
Street Address:		
City/State/Zip:		
Phone:		circle one: Mobile or Home
Email: (if providing a company/municipal email address, please also provide an alternate email address in case the company address blocks auto-generated emails from the YNHSHP registration software)		
Affiliated Agencies: List all that apply		
State Lic # and expiration	NREMT cert # and expiration	
BLS/CPR expiration	ACLS expiration	
PALS expiration	PEPP or EPC expiration	
PHTLS expiration	Driver's Lic # and expiration	

I attest that 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 medical authorization and notification to the Connecticut Department of Health and any 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 YNHSHP permission to request proof of attendance from the instructor/coordinator for any of the listed continuing education programs. Furthermore, I give permission for the YNHSHP to share information with other EMS Sponsor Hospitals, my EMS agency, and the CT DPH regarding my medical control authorization. Failure to provide the required documentation by March 1, 2018 shall cause my medical authorization to automatically terminate without additional notice.

I have enclosed the following documentation as required for continuance of sponsorship and agree to renew and maintain for medical authorization:

CT Paramedic license	NREMT certification (if medical authorization granted 2009 or later)	ACLS
PALS	CPR	PEPP or EPC
PHTLS	Continuing education log	Skills session verification
CT Driver's License		

Printed name

Signature

Date

77D Willow Street
New Haven, CT 06511
Office (203) 562-3320
Fax (203) 562-9070
www.sponsorhospital.org

Continuing Education Log for (print name) _____

Date	Subject	Location	Instructor	Hours
	Practical skills	YNHSHP		1 hour
	ACLS			8 hours per 2 years
	PALS			8 hours per 2 years
	CPR			4 hours per 2 years
	PEPP			8 hours per 2 years
	EPC			8 hours per 4 years
	PHTLS			8 hours per 4 years

Total Hours for the two year cycle

Note: As with skill session documentation, do not send your certificates of attendance *for classes taken at YNHSHP* with this log. Keep them in your own files in a safe place; however they may be requested at any time during your sponsored medical authorization. **Any classes attended outside of YNHSHP will require copies attached to this log.**