

Yale New Haven Sponsor Hospital Program Medical Authorization Application



Date _____

DEMOGRAPHICS - Please print clearly

Name _____
(Last) (First) (Middle Initial or Maiden Name)

Social Security No. _____ Date of Birth _____

Home Address _____

(City) (State) (Zip Code)

Mailing Address _____

(if different) _____
(City) (State) (Zip Code)

Home Phone # _____ Work Phone # _____

Cell Phone # _____ Beeper Number _____

e-mail address _____

EDUCATION - Please print clearly

1. _____
School Name Location Degree Concentration

Start Year End Year Year of Graduation

Sponsor Hospital Program
77D Willow Street
New Haven, CT 06511
Phone: 203-562-3320
Fax: 203-562-9070

ynhh.org

YaleNewHavenHealth

LAST NAME: _____ Date: _____

3. _____
School Name Location Degree Concentration

Start Year End Year Year of Graduation

4. _____
School Name Location Degree Concentration

Start Year End Year Year of Graduation

5. _____
School Name Location Degree Concentration

Start Year End Year Year of Graduation

EMPLOYMENT –Refers to current employment.

Primary EMS Employer _____

Start Date _____ Approximate hours/week _____

Other EMS Employers

1. _____
Start Date _____ Approximate hours/week _____

2. _____
Start Date _____ Approximate hours/week _____

3. _____
Start Date _____ Approximate hours/week _____

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LAST NAME: _____ Date: _____

Primary Non-EMS Employer

1. _____
Start Date _____ Approximate hours/week _____

Other Non-EMS Employers

1. _____
Start Date _____ Approximate hours/week _____

2. _____
Start Date _____ Approximate hours/week _____

MILITARY EXPERIENCE

Branch of Service _____ Service Number _____

Military Occupational Status _____

Years of Service _____

Overseas Duty Station _____

Reserve Status _____

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LAST NAME: _____ Date: _____

CERTIFICATION/CREDENTIALS

Please complete for *all* levels achieved.

All dates should be listed as *month* and *year*.

MRT or EMT

MRT or EMT Number _____

Location of MRT or EMT Course _____

Completion Date _____

Certification Date _____

Expiration Date _____

MRT/EMT D

Location of Early Defibrillation Course _____

Completion Date _____

Certification Date _____

Expiration Date _____

EMT-I

EMT-I Number _____

Location of EMT-I Course _____

Completion Date _____

Certification Date _____

Credential Date _____

Expiration Date _____

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LAST NAME: _____ Date: _____

EMT-P

EMT-P Number _____

Location of EMT-P Course _____

Completion Date _____

Certification Date _____

Credential Date _____

Expiration Date _____

EMS-I

EMS-I Number _____

Location of EMT-P Course _____

Completion Date _____

Initial Certification Date _____

Credential Date _____

Expiration Date _____

OTHER - Please list all other EMS related certifications such as:
BLS, ACLS, PHTLS, PALS, PEPP, BTLS, BDLS, ADLS, etc.

<u>Type</u>	<u>Location of Course</u>	<u>Completion Date</u>
	<u>Expiration Date</u>	

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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LAST NAME: _____ Date: _____

Have you ever been convicted of or pled “no contest to” a law violation other than a minor traffic offense? *(For purposed of this application, reckless driving, evading responsibility, engaging in pursuit, driving while impaired and driving while intoxicated are NOT considered minor traffic offenses.)*

_____ Yes

_____ No

If yes, please explain:

Have you ever been fired or asked to resign from a job? ___ Yes
___ No

If yes, please explain:

Are you a United States citizen or are you authorized to work in the United States? ___ Yes ___ No

I certify that there are no misrepresentations, omissions or falsifications in the foregoing statements and answers. I further certify that the responses given are true, complete and accurate to the best of my knowledge and are med in good faith. I understand that any misrepresentation, omission or falsification may be grounds for rejection of my application, or immediate revocation of medical control.

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LAST NAME: _____ Date: _____

COMMENTS – Please include any other pertinent information you think we should know about you!

Applicant's Printed Name: _____

Signature: _____

Date: _____