

Date: **December 2011**
To: **All Sponsored Paramedics and EMT-Intermediates**
From: **Thomas Russell, EMS Coordinator**
Re: **Annual Sponsorship Renewal**

Happy Holidays! In keeping with tradition, it's that time of year again to complete and submit your Sponsorship Renewal Form.

Enclosed is the application for renewal of your "medical authorization to practice" as a paramedic or AEMT, as provided by MidState Medical Center, a Connecticut Sponsor Hospital.

This authorization renewal will be contingent upon your maintaining Connecticut licensure as a paramedic or certification as an AEMT at all times throughout the renewal period (2012).

Please print legibly to reduce the chance of making an error with your paperwork.

- ρ Complete the application
- ρ Complete the CME Log. **Do not send copies of your certificates of attendance!**

Hours accrued will be evaluated each year. Skills verification session must be completed annually.

❖ **PARAMEDICS: MidState endorsed 36 hours per year in 2012 (24 in Section 1A and 1B) and (12 in section 1C and II). To total 72 hours in two year cycle.**

❖ **INTERMEDIATES: State mandated 30 hrs EMT-B refresher training AND 23 hrs of cont educ that must include IV techniques and airway management. Plus a yearly protocol exam and skill review. [19a-179-16a(c)(2)] (New)**

- ρ Include copies of your certification or license and appropriate credentials (ACLS, PALS, CPR, PEPP and PHTLS). If you do not submit these items your renewal will be not be approved. In the absence of a card, a copy from the state license web site (<https://www.elicense.ct.gov/>) will suffice.

Sponsorship Renewal Forms are due in my office 12-noon January 15, 2012. If I do not receive your completed paperwork by the due date your "medical authorization to practice" automatically terminates. **NO EXCEPTIONS!!** Any questions or problems please feel free to call me at 203-694-5765 or email me at TJRusse@midstatemedical.org.

Please return Sponsorship Renewal Forms to:

Thomas Russell, EMS Coordinator
MidState Medical Center
435 Lewis Avenue
Meriden, CT 06451

Thank you

ANNUAL RENEWAL FOR SPONSORSHIP FORM 2012

License/Cert Number: _____ Paramedic AEMT Date: ____/____/____

Name: _____

Street Address: _____

City, State, Zip: _____

Home Phone: () _____ Cell Number: () _____ EMAIL: _____

Primary Service Affiliation:

Wallingford FD Hunters AMR MFD Middlesex Campion New Britain Other: _____

Secondary Service Affiliation:

AMR Campion New Britain Hunters Danbury Bristol Middlesex Branford

Guilford Other: _____

ADDITIONAL MEDICAL CONTROL HOSPITALS:

NHSHP BH Middlesex BMH HH SFH MM Backus other

SELF-SKILL EVALUATION

1. For the following procedures/skills, estimate the number of times you have successfully performed each skill/procedure in the clinical setting over the past calendar year. If you have not had an opportunity to use the skill, indicate this with a zero.

2. Level of Mastery Definitions:

Using the following definitions, estimate what you feel your success rate has been over the past calendar year for each of the following skills/procedures performed:

- 1 - 95% - 100% success rate at performing skill/procedure
- 2 - 80% - 95% success rate at performing skill/procedure
- 3 - 70% - 80% success rate at performing skill/procedure
- 4 - 50% - 70% success rate at performing skill/procedure
- 5 - less than 50% success rate at performing skill/procedure
- N/A Not authorized to perform this skill.

Procedure/Skill	Est # Done	Mastery					
Intravenous Access Peripherally		1	2	3	4	5	N/A
External Jugular Access		1	2	3	4	5	N/A
Pediatric IV Access		1	2	3	4	5	N/A
Intraosseous Insertion		1	2	3	4	5	N/A
Oral Intubation of Adult		1	2	3	4	5	N/A
Nasal Intubation of Adult		1	2	3	4	5	N/A
Oral Intubation of Child		1	2	3	4	5	N/A
Oral Intubation of Newborn		1	2	3	4	5	N/A
Cricothyroidotomy, Needle		1	2	3	4	5	N/A
Chest Decompression		1	2	3	4	5	N/A
Application of HARE Traction		1	2	3	4	5	N/A
Application of MAST		1	2	3	4	5	N/A
External Pacing		1	2	3	4	5	N/A
Combi-Tube Insertion		1	2	3	4	5	N/A
Insertion of Morgan Lens		1	2	3	4	5	N/A

ATTESTATION

I attest that the information provided in this Annual Sponsorship Renewal Form has been completed by myself and is accurate and truthful. I understand that false or misleading information may result in a loss of sponsorship and notification to the CT Department of Health. In addition, I have all the necessary documentation to support my attendance at the listed Continuing Education Sessions and I am willing to provide such documentation upon request by the EMS Coordinator and/or Medical Director.

In addition, I give the MidState Medical Center EMS Coordinator and/or Medical Director permission to request proof of attendance from the instructor/coordinator for any of the above listed continuing education programs.

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

- Paramedic License or Intermediate certification
- ACLS Certification (Paramedic Only)
- PALS Certification (Paramedic Only)
- PEPP Certification
- PHTLS Certification
- CPR certification
- Continuing Education Log (required even if national registry)

π I do not want to receive future correspondence electronically via web applications such as email or list servers.

π The contact information on page one has changed since my last application.

Printed Name of EMS Provider Signature of EMS Provider Date

MidState Medical Center
2012 PRACTICAL SKILLS WORKSHOP & TESTING

You must attend a Practical Skills Workshop & Testing session annually. The Practical skills will now be part of your 36 hours yearly. Everyone must attend 12 hours of Practical skills in 2012 as scheduled by your service. The MidState EMS Office and the services have met and agreed on the skills that need competency verification.

Multiple sessions will be offered. Each session will be determined by your service regarding the length and skills verified at each. Multiple sessions will be held so scheduling can fit the varied work schedules. And as always any technician with MidState Medical Control MUST schedule and attend 12 hours of skill verification in 2012 through their service. No excuses accepted!

Please confirm your dates of expected attendance and forward to your designated service representative. Also please fill out the bottom portion of this sheet signifying that you agree to attend 12 hours of Skill Verification and understand that they must be done at either Hunters Ambulance Service or Wallingford Fire Department. No other skill or training programs will be accepted by the MidState EMS Office

PLEASE PRINT!

_____		_____	
(First and Last Name)		(Social Security Number)	
_____		_____	
(Mailing or Street Address)		(City, State, Zip Code)	
_____	_____	_____	
(Home Phone #)	(Cell Phone)	(email address)	
_____		_____	
(Service Affiliation(s))		(Primary Sponsor Hospital)	

(Signature of agreement and understanding)			

Name: _____ Service: _____ Date: _____

Continuing Education Log 2012

New Graduates: Yearly continuing education credit is granted in full for 2008 graduates. If you completed a Paramedic or an EMT-Intermediate course this year, please indicate the program and date of graduation on this form.

National Registered Providers: Completion of this form **is still necessary** to document the **annual** CEU and skills review requirements.

Skills Station Session: All Paramedics and EMT-Intermediates must complete a **MidState** skill verification session **yearly**. Please indicate the date, location, and instructor of such session (training coordinator for service acceptable).

Date	Title of Program	Subject	Location	Instructor	CME Hours
	Skill Session A	Required Practical Skill Session	Wallingford or HAS (Circle one)	MidState EMS Office	
	Skill Session B	Required Practical Skill Session	Wallingford or HAS (Circle one)	MidState EMS Office	
	Skill Session C	Required Practical Skill Session	Wallingford or HAS (Circle one)	MidState EMS Office	
	Yearly Stroke Update	Mandatory Stroke Update	Wallingford or HAS (Circle one)	MidState FAST Team	

Note: Do not send your certificates of attendance with this log. Keep them in your own files at home in a safe place, however they may be requested at anytime during the three (3) years after they have been awarded for verification.

Accepted forums for Continuing Education Credits

A. Class "A" Continuing Education

1. Twenty four (24) of the annual thirty (36) hours of CEU requirements must be Class "A" or Class "B" courses. The following courses are approved as Class "A":
2. Twenty four (24) hours through the monthly CME program held at MidState (see schedule)
 - a) Other sponsor hospital in-services. (Hour for hour)
 - b) Case Review Sessions for MidState (hour for hour)
 - c) National Registry Recertification Course (12 hours) (**Must still do MMC Skills**)
 - d) Connecticut State Conference (hour for hour)
 - e) **Pre-approved** service sponsored EMS related in-services (hour for hour)
 - f) EMS Conferences (hour for hour)
 - g) ACLS Recertification Course (4 hours) (paramedic)
 - h) PALS Recertification Course (4 hours) (paramedic)
 - i) **Monthly CME Lectures held at MidState. Re-Starting 2012.**

B. Class "B" Continuing Education

1. No greater than twelve (12) hours of the annual thirty-six (36) hours of CEU requirements can be from Class "B" CEU courses. The following courses are approved as Class "B":
 - a) Video courses that include a post-test verified by service's Training Officer. Equivalent time for videos to the closest half hour.
 - b) Case Review Sessions at the service (hour per hour)
 - c) Articles from Professional Journals that provide a certificate of successful completion. Hours as awarded by journal certificate.
 - d) PHTLS course (8 hours)
 - e) PEPP course (8 hours)
 - f) HAZMAT course other than Awareness level (8 hours)
 - g) Other courses which have been pre-approved by EMS Coordinator.
 - h) ED clinical time with physician (hour per hour)
 - i) EMS instructional time (hour per hour)
 - j) Quality assurance review activities for sponsor hospital.
 - k) Patient care improvement activities (subject to approval).
 - l) Preceptor- 6 hours per year max

C. Certification Requirements

1. Maintain current certification in CPR biannually
2. Maintain current certification in ACLS biannually (paramedic)
3. Maintain current certification in PALS biannually (paramedic)
4. Maintain current certification in PHTLS (4 year certification)
5. Maintain current state license/certification
6. **Twelve (12) hours of MidState approved EMS education (classroom)**
7. **Twelve (12) hours of Skills verification at either MidState sponsored service**
8. **Eight (8) hours a year for ACLS & PALS education for a total of 36 hours a year**
9. **Note: Mandatory Monthly Educational Sessions have been reinstated for paramedics, yet our focus has remained skills verification. Remember, you are still required to attend any educational sessions scheduled as Mandatory.**
10. **Paramedics may attend the monthly CME's at MidState Conference Room 7.**