APPLICATION FOR MEDICAL CONTROL AUTHORIZATION

Hartford HealthCare St. Vincent's Medical Center

Yale NewHaven Health Bridgeport Hospital

INSTRUCTIONS:

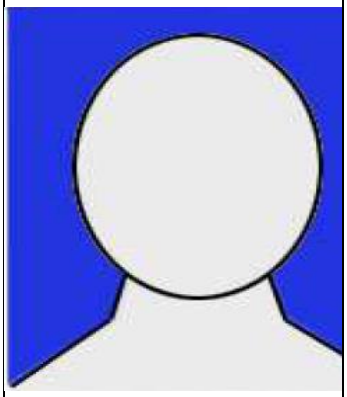
Sponsor Hospital Council of Greater Bridgeport (SHCGB) extends Medical Control Authorization for advanced level providers during a two-year cycle. This application form is effective for new medical control authorizations and all medical control renewals for the October 1, 2019 – September 30, 2021 period. **For renewal applications, to ensure uninterrupted Medical Control Authorization, suggested you have completed application submitted before September 25th 2021.** Later applications will be accepted, however, there is no guaranteed to be processed by October 1, 2021.

- EMRs and EMTs: NO application is required. SHCGB will extend medical control to all EMRs and EMTs with active, unencumbered State of Connecticut certification, unless a review is deemed necessary due to prior medical control issues. Your Service must advise SHCGB prior to your functioning at the EMR or EMT level. This also applies to Paramedics who are functioning with an EMS Organization at a BLS provider level.
- Paramedics: Application required. **Current Medical Control Authorizations expire on September 30, 2021.** Providers must submit completed application packages for renewal.

Medical Control Authorization is provided to EMS Providers in conjunction with active affiliation with a SHCGB sponsored EMS Organization. Once authorized, a provider may add a service affiliation by submitting pages 1-2 of this application

ATTACH A PASSPORT-SIZED (2" X 2") COLOR PHOTOGRAPH

NEW APPLICATIONS ONLY



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Please Print Clearly on all sections

DATE OF APPLICATION

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TYPE OF APPLICATION

- ☐ Initial (Complete all pages)
- ☐ Renewal (Complete all pages)
- ☐ Add Service Affiliation Only (Pages 1-2 only)

LAST NAME FIRST NAME

MAILING ADDRESS

STREET ADDRESS

CITY STATE ZIP CODE

HOME PHONE - - MOBILE PHONE - -

EMAIL ADDRESS

STATE OF CONNECTICUT EMS PARAMEDIC LICENSE EXPIRATION DATE

OTHER SPONSOR HOSPITAL MEDICAL CONTROL AUTHORIZATIONS:

☐	Greenwich Hospital	☐	Bridgeport Hospital Milford MC	☐	Norwalk Hospital
☐	Griffin Hospital	☐	New Haven Sponsor Hospital	☐	Stamford Hospital
☐	Other:				

Has your license/certification ever been subject to disciplinary action by the State of Connecticut, SHCGB, or another Sponsor Hospital?

☐ No
☐ Yes (Attach details)

ATTESTATIONS & SERVICE AFFILIATIONS

APPLICANT

I attest that the information provided in this Medical Control Authorization Application has been completed by myself and is accurate and truthful. I understand that any false or misleading information may result in withholding of Medical Control Authorization and notification to the Connecticut Department of Public Health (DPH) and other Sponsor Hospitals with whom I have Medical Control Authorization.

I give the EMS Coordinators and EMS Medical Directors permission to request further proof or audit my attendance from the instructor/coordinator of any of the listed continuing medical education programs listed in my application. I further give permission for the Coordinators and EMS Medical Directors to both request and share information with other Sponsor Hospitals and the DPH regarding my Medical Control Authorization. I further give the EMS Coordinators the permission to email me SHCGB information from time to time.

I understand that it is my responsibility to maintain the minimum requirements for Medical Control Authorization, and that failure to maintain such minimum requirements shall result in my Medical Control Authorization being withheld automatically without further notice. Minimum requirements are:

- Maintain active, unencumbered DPH licensure or certification at the authorized level
- Current CPR certification at the AHA BLS level
- Paramedics must maintain active certification in both ACLS and PALS.

Printed Name of EMS Provider	Signature of EMS Provider	Date

SERVICE AFFILIATION(S) – (ALS Services Only)

I attest that the individual named on this application is affiliated as an active member/employee or an applicant with whom our EMS Organization is considering for membership/employment. Our EMS Organization wishes to permit the applicant to function for our service at the advanced level indicated on this application. I further attest that our EMS Organization is not aware of any unreported, outstanding quality assurance issues relative to the applicant's prehospital care.

- For INITIAL / RENEWAL applications: COMPLETE BELOW FOR **ALL** AFFILIATED SERVICES and submit entire package
- To ADD A SERVICE AFFILIATION ONLY: COMPLETE BELOW **ONLY** FOR THE ADDITIONAL SERVICE and submit only pages 1-2

✓	Service	Name of Signing Official	Title	Signature	Date
	AMR - Bridgeport				
	Monroe EMS / VEMS				
	Nelson / Access				
	Stratford EMS				

	Trumbull EMS/ VEMS				
	SkyHealth				

CONTINUING MEDICAL EDUCATION

- ☐ Complete log below and attach copies of proof of attendance. (Note: copies of CPR, ACLS, and PALS and ITLS or PHTLS cards suffice for those courses)
- ☐ Ensure you have met total requirements: You need to show a variety including medical, trauma, pediatrics, OBGYN as detailed in the renewal document.
  - Paramedics: 32 hours.
- ☐ Maximum Contact Hours to Claim (refer to the document "CME Requirements" for clarification)

Date	Subject	Location	Instructor	Contact Hours
	AHA ACLS			
	AHA PALS			
	Practical Skills Session			
	AHA BLS Training			
	12-Lead Review			
	ITLS or PHTLS Initial Applications only			
	Paramedic Refresher if Done			
			TOTAL HOURS THIS PAGE	

CME LOG – PAGE 2 (IF NEEDED)

Date	Subject	Location	Instructor	Contact Hours
			TOTAL HOURS THIS PAGE	
			+ TOTAL HOURS FROM PREVIOUS PAGE	+
			GRAND TOTAL	

It is the EMS Provider's responsibility to maintain the minimum requirements for Medical Control Authorization, as described on page 2 of this application. Failure to maintain such requirements results in Medical Control Authorization being withheld automatically without further notice. During the application process, SHCGB verifies compliance with these requirements.

Attach copies of the following to your application:

- ☐ DPH Paramedic Licensure
- ☐ CPR card (AHA BLS)
- ☐ ACLS & PALS card
- ☐ Report showing total Intubations
- ☐ ITLS or PHTLS card initial application only
- ☐ Documentation of successful completion of skills station

PLEASE VERIFY THAT YOUR APPLICATION IS COMPLETE PRIOR TO SUBMISSION:

- ☐ Your information completed on page 1
- ☐ Your name printed on top of all pages of the application
- ☐ Your signature on page 2
- ☐ Signature(s) from all Services where you have affiliation
- ☐ Completed CME log with copies of proof of attendance attached
- ☐ Copies of all the attachments noted in above section
- ☐ Completed skills log or attached report from electronic patient care reporting system

PROTOCOL TEST

For initial authorization: You are required to make arrangements to take a protocol test and Medical Control interview. You must successfully pass both sections to obtain/maintain Medical Control Authorization. You may make arrangements through either of the EMS Coordinators as noted below.

SUBMIT COMPLETED APPLICATION TO EITHER EMS COORDINATOR: Note: if document is scanned or faxed color copy is required

Wesley Young Bridgeport Hospital 267 Grant Street Bridgeport, CT 06610 Office: 203-384-3116 Fax: 203-384-3639 wesley.young@bpthosp.org	Terence Sheehan St. Vincent's Medical Center 2800 Main Street Bridgeport, CT 06606 Office: 203-576-5138 Fax: 203-382-2330 Terence.Sheehan@hhchealth.org