



**Connecticut Department of Public Health  
Office of Emergency Medical Services**



**EMS Education and Training Physician Medical Director Sponsorship**

<b>EMS Instructor Information</b>			
Name:			
Level of Provider:	<input type="checkbox"/> EMR	<input type="checkbox"/> EMT	<input type="checkbox"/> Advanced EMT <input type="checkbox"/> Paramedic
EMS Certification #		Expiration:	
EMSI Certification #		Expiration:	
<b>EMS Education Program Information</b>			
Start Date:		End Date:	
Title/Topic:			
Location:			
Expiration:	Medical Director sponsorship is valid until:		
<b>Physician Medical Director Information</b>			
Physician			
Sponsor Hospital			
<b>Approved Programs (cross out any program not approved)</b>			
<input type="checkbox"/> EMR Initial	Minimum of 60 hours. Complies with current NHTSA DOT EMS Education Standards.		
<input type="checkbox"/> EMT Initial	Minimum of 150 hours. Complies with current NHTSA DOT EMS Education Standards. Requires minimum of 10 patient assessments and orientation to operations of an ED.		
<input type="checkbox"/> AEMT Initial	Minimum of 150 hours. Complies with current NHTSA DOT EMS Education Standards. Requires clinical internship in ED, OR and various other hospital departments.		
<input type="checkbox"/> Paramedic Initial	Minimum terminal competencies in accord with CoAEMSP approval and paramedic program advisory committee. Requires comprehensive internship and field externship.		
<input type="checkbox"/> Continuing Medical Education	Follows current OEMS Education Manual or CAPCE guidelines and generally accepted principles of pre-hospital continuing medical education. NCCR programs follow current NREMT guidelines.		
<input type="checkbox"/> Other – Please Describe			
<b>Certification</b>			
Physician	I certify that I am a licensed physician, employed by a Connecticut EMS sponsor hospital, approved by such hospital to provide EMS education medical direction. I am providing medical oversight, clinical resources and quality assurance support to the above named EMS instructor and education program. I am knowledgeable of the EMS education system, scopes of practice and provision of EMS medical direction. In the absence of direct oversight, I will delegate an EMS coordinator to serve as a primary contact for such program. RSA <a href="#">19a-179-1(p)</a>		
Signature		Date:	
Instructor	I certify that the EMS education program listed herein complies with and will continue to comply with the current US Department of Transportation EMS Educational Standards and the Office of Emergency Medical Services Education Manual. I am aware of the requirements of Regulations pertaining to EMS education in RSA <a href="#">19a-179-17</a> .		
Signature		Date:	