

# STATE OF CONNECTICUT

## DEPARTMENT OF PUBLIC HEALTH

Dear Applicant:

Please be advised, pursuant to Section 17a-101 of the Connecticut General Statutes (see reverse side), certain health professions regulated by the Department of Public Health are mandated to report suspected child abuse or neglect to the Department of Children and Families (DCF) Child Abuse and Neglect Hotline or a law enforcement agency.

Reports must be made within twelve hours of the moment you suspect the abuse/neglect has occurred. Suspected child maltreatment of any kind, regardless of the identity of the alleged perpetrator must be reported. The Hotline number is 1-800-842-2288 and is available on a 24 hour 7 day a week basis. A copy of the child abuse reporting laws is enclosed. The Hotline can answer questions you may have regarding these laws.

It is important that you become familiar with Connecticut's reporting laws as failure to meet reporting responsibilities may subject you to criminal prosecution and possible action against your license or certificate.

Should you have any questions regarding your licensure or certification, please contact the Department of Public Health at the number in this application.



*Phone: (860) 509-7558  
Telephone Device for the Deaf (860) 509-7191  
410 Capitol Avenue – MS # 12EMS  
P.O. Box 340308 Hartford, CT 06134-0308  
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Connecticut General Statutes, Chapter 319a  
Child Welfare  
Child Abuse Reporting Laws

**Sec.17a-101. (Formerly Sec. 17-38a). Protection of children from abuse. Mandated reporters. Educational and training programs.** (a) The public policy of this state is: To protect children whose health and welfare may be adversely affected through injury and neglect; to strengthen the family and to make the home safe for children by enhancing the parental capacity for good child care; to provide a temporary or permanent nurturing and safe environment for children when necessary; and for these purposes to require the reporting of suspected child abuse, investigation of such reports by a social agency, and provision of services, where needed, to such child and family. (b) The following persons shall be mandated reporters: Any physician or surgeon licensed under the provisions of chapter 370, any resident physician or intern in any hospital in this state, whether or not so licensed, any registered nurse, licensed practical nurse, medical examiner, dentist, dental hygienist, psychologist, coach of intramural or interscholastic athletics, school teacher, school principal, school guidance counselor, school paraprofessional, school coach, social worker, police officer, juvenile or adult probation officer, juvenile or adult parole officer, member of the clergy, pharmacist, physical therapist, optometrist, chiropractor, podiatrist, mental health professional or physician assistant, any person who is a licensed or certified emergency medical services provider, any person who is a licensed or certified alcohol and drug counselor, any person who is a licensed marital and family therapist, any person who is a sexual assault counselor or a battered women's counselor as defined in section 52-146k, any person who is a licensed professional counselor, any person paid to care for a child in any public or private facility, child day care center, group day care home or family day care home licensed by the state, any employee of the Department of Children and Families, any employee of the Department of Public Health who is responsible for the licensing of child day care centers, group day care homes, family day care homes or youth camps, the Child Advocate and any employee of the Office of Child Advocate. (c) The Commissioner of Children and Families shall develop an educational training program for the accurate and prompt identification and reporting of child abuse and neglect. Such training program shall be made available to all persons mandated to report child abuse and neglect at various times and locations throughout the state as determined by the Commissioner of Children and Families. (d) Any mandated reporter, as defined in subsection (b) of this section, who fails to report to the Commissioner of Children and Families pursuant to section 17a-101a shall be required to participate in an educational and training program established by the commissioner. The program may be provided by one or more private organizations approved by the commissioner, provided the entire costs of the program shall be paid from fees charged to the participants, the amount of which shall be subject to the approval of the commissioner.

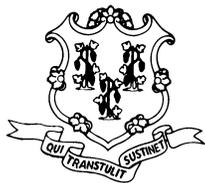
**Sec.17a-101a. Report of abuse, neglect or injury of child or imminent risk of serious harm to child. Penalty for failure to report.** Any mandated reporter, as defined in section 17a-101, who in the ordinary course of such person's employment or profession has reasonable cause to suspect or believe that any child under the age of eighteen years (1) has been abused or neglected, as defined in section 46b-120, (2) has had nonaccidental physical injury, or injury which is at variance with the history given of such injury, inflicted upon such child, or (3) is placed at imminent risk of serious harm, shall report or cause a report to be made in accordance with the provisions of sections 17a-101b to 17a-101d, inclusive. Any person required to report under the provisions of this section who fails to make such report shall be fined not less than five hundred dollars nor more than two thousand five hundred dollars and shall be required to participate in an educational and training program pursuant to subsection (d) of section 17a-101.

**Sec.17a-101b. Oral report by mandated reporter. Notification of law enforcement agency when allegation of sexual abuse or serious physical abuse. Notification of person in charge of institution, facility or school when staff member suspected of abuse or neglect.** (a) An oral report shall be made by a mandated reporter as soon as practicable but not later than twelve hours after the mandated reporter has reasonable cause to suspect or believe that a child has been abused or neglected or placed in imminent risk of serious harm, by telephone or in person to the Commissioner of Children and Families or a law enforcement agency. If a law enforcement agency receives an oral report, it shall immediately notify the Commissioner of Children and Families.

(b) If the commissioner or the commissioner's designee suspects or knows that such person has knowingly made a false report, the identity of such person shall be disclosed to the appropriate law enforcement agency and to the perpetrator of the alleged abuse.  
(c) If the Commissioner of Children and Families, or the commissioner's designee, receives a report alleging sexual abuse or serious physical abuse, including, but not limited to, a report that: (1) A child has died; (2) a child has been sexually assaulted; (3) a child has suffered brain damage or loss or serious impairment of a bodily function or organ; (4) a child has been sexually exploited; or (5) a child has suffered serious nonaccidental physical injury, the commissioner shall, within twelve hours of receipt of such report, notify the appropriate law enforcement agency.  
(d) Whenever a mandated reporter, as defined in section 17a-101, has reasonable cause to suspect or believe that any child has been abused or neglected by a member of the staff of a public or private institution or facility that provides care for such child or a public or private school, the mandated reporter shall report as required in subsection (a) of this section. The Commissioner of Children and Families or the commissioner's designee shall notify the person in charge of such institution, facility or school or the person's designee, unless such person is the alleged perpetrator of the abuse or neglect of such child. Such person in charge, or such person's designee, shall then immediately notify the child's parent or other person responsible for the child's care that a report has been made.

**17a-101c. Written report by mandated reporter.** Within forty-eight hours of making an oral report, a mandated reporter shall submit a written report to the Commissioner of Children and Families or his representative. When a mandated reporter is a member of the staff of a public or private institution or facility that provides care for such child or public or private school he shall also submit a copy of the written report to the person in charge of such institution, school or facility or the person's designee. In the case of a report concerning a certified school employee, a copy of the written report shall also be sent by the person in charge of such institution, school or facility to the Commissioner of Education or his representative. In the case of an employee of a facility or institution that provides care for a child which is licensed by the state, a copy of the written report shall also be sent by the mandated reporter to the executive head of the state licensing agency.

**Sec.17a-101d. Contents of oral and written reports.** All oral and written reports required in sections 17a-101a to 17a-101c, inclusive, and section 17a-103, shall contain, if known: (1) The names and addresses of the child and his parents or other person responsible for his care; (2) the age of the child; (3) the gender of the child; (4) the nature and extent of the child's injury or injuries, maltreatment or neglect; (5) the approximate date and time the injury or injuries, maltreatment or neglect occurred; (6) information concerning any previous injury or injuries to, or maltreatment or neglect of, the child or his siblings; (7) the circumstances in which the injury or injuries, maltreatment or neglect came to be known to the reporter; (8) the name of the person or persons suspected to be responsible for causing such injury or injuries, maltreatment or neglect; and (9) whatever action, if any, was taken to treat, provide shelter or otherwise assist the child.



# STATE OF CONNECTICUT

## DEPARTMENT OF PUBLIC HEALTH

### PARAMEDIC APPLICATION

AN APPLICATION WILL NOT BE REVIEWED BY PROFESSIONAL STAFF OF THE DEPARTMENT UNTIL ALL REQUIRED DOCUMENTS HAVE BEEN RECEIVED.

- The fee for initial licensure covers the cost of eligibility determination and related administrative functions. At such time as an applicant is determined eligible for licensure, the process of licensure issuance will proceed immediately. The licensure renewal fee is separate and distinct from the application fee. Licenses are renewed annually during the licensee's month of birth. Renewal will be required in the birth month, which immediately follows the issuance of licensure. The full renewal fee will be required regardless of the date of initial licensure.
- It is the responsibility of the applicant to arrange for submission of all required documentation for timely completion of the application. The Department does **NOT** notify applicants of incomplete documentation. It is recommended that applicants who are interested in expediting licensure contact the Department periodically to monitor the status of their file with regard to the receipt of supporting documents.
- Educational credentials earned in a country other than the United States (or Canada in some instances) must be evaluated by a credential evaluation service approved by the Department. Documents in a language other than English **MUST** be translated by a certified translation service in accordance with instructions from this office. Applicants to whom these provisions apply should request additional information from this office.
- No personal checks are accepted. Please remit the application fee, by **CERTIFIED CHECK** or **MONEY ORDER ONLY**, payable to "**TREASURER, STATE OF CONNECTICUT**", in United States dollars. All fees are non-refundable and non-transferable. The fee which accompanies an application covers the cost of reviewing and processing that specific application, **IT CANNOT BE REFUNDED, EVEN IF THE APPLICANT IS FOUND INELIGIBLE FOR LICENSURE.**
- Any incomplete application which has remained inactive for one year will be destroyed in accordance with the agency's record retention plan. To reactivate the application process, a completely new application and fee will be required.
- Licensure requirements are subject to change as a result of new legislation, new Rules and Regulations, or from new policies and procedures adopted by the Department of Public Health working, where appropriate, in cooperation with various Boards of Examiners. Applicants must meet current licensure requirements.
- Licensing examination questions are **NOT** included in the Freedom of Information Act as documents available for review. Whenever possible, however, this division will provide whatever feedback possible with regard to examination performance.
- The Privacy Act of 1974 requires any federal, state or local government agency that requires individuals to disclose their social security numbers to inform those individuals whether the disclosure is mandatory or voluntary, by what statutory or other authority the number is requested and how it will be used. Pursuant to Connecticut General Statutes, Section 17b-137a(a)(1), disclosure of the social security number is mandatory. The social security number is used in the administration and collection of taxes and is also used for child support collection. Please note that the Department will **ONLY** disclose social security numbers to government entities. Your social security number will **NOT** be released to the general public.



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## REQUIREMENTS FOR CONNECTICUT PARAMEDIC LICENSURE

### **LICENSURE BY EXAMINATION**

#### *ELIGIBILITY:*

An applicant for licensure must meet the eligibility requirements outlined below:

- Successful completion of a mobile intensive care training program, which adheres to the United States Department of Transportation National Standard Curriculum for the paramedic level. Programs completed in Connecticut must be approved by the Department;
- Successful completion of the National Registry of Emergency Medical Technicians (NREMT) Paramedic practical and written examination.

#### **Documentation Requirements:**

Applicants must arrange for the following to be submitted directly to this office:

1. **A completed, notarized application** (Pages 6&7) with photograph and fee of \$150.00. The fee must be in the form of a certified check or money order made payable to "Treasurer, State of Connecticut".
2. **Official verification**, sent directly from the educational institution to this office via fax at 860-509-7987 or by mail to the address indicated below, **of your mobile intensive care training program**.
3. **Official verification**, sent directly to this office, of successful completion **of the NREMT paramedic practical and written examination**. **Please note:** Due to the availability of on-line certification verification by the NREMT, this office can perform verification of registry's certifications. Please ensure that your NREMT certification number is indicated in the application (you do not need to arrange for verification of the exams results; you will be notified if your involvement is necessary). Please note that Paramedic applicants must contact either the instructor of the Paramedic course or if not trained in Connecticut then applicants may contact one of the Regional Offices in Connecticut to obtain examination information. To access contact information for one of the Connecticut's Regional Offices via the Internet please go to <http://www.ct.gov/dph/site/default.asp>.

### **LICENSURE BY ENDORSEMENT OF AN OUT OF STATE LICENSE**

#### *ELIGIBILITY:*

- An applicant holding a current, valid license or certification in a state or territory, which maintains licensing standards, at least equal to Connecticut's, may apply for licensure without examination. An applicant seeking licensure by endorsement shall, in addition to the documentation required below, ensure that current licensure or certification standards are forwarded directly to this office from the state of current licensure or certification, or
- An applicant holding a current, valid license in Maine, Massachusetts, New Hampshire, New Jersey, New York, Rhode Island or Vermont may apply for licensure by endorsement. An applicant seeking licensure under this route needs only to ensure the documentation required as outlined by "1" and "3" below are submitted to this office.

The Department will review this information and notify you, in writing, regarding your eligibility for licensure by endorsement. It is your responsibility to check the status of your application.

#### **Documentation Requirements:**

Applicants must arrange for the following to be submitted directly to this office:

1. **A completed, notarized application** (Pages 6&7) with photograph and fee of \$150.00. The fee must be in the form of a certified check or money order made payable to "Treasurer, State of Connecticut".
2. if applicable, **official verification**, sent directly to this office, of successful completion **of the NREMT paramedic practical and written examination**. **Please note:** Due to the availability of on-line certification verification by the NREMT, this office can perform verification of registry's certifications. Please ensure that your NREMT certification number is indicated in the application (you do not need to arrange for verification of the exams results; you will be notified if your involvement is necessary); and
3. if applicable, **official verification of all licenses or certifications ever held by the applicant**. The enclosed verification of licensure form must be forwarded to each state or territory in which the

applicant is or has ever been licensed. Additional forms may be reproduced if the applicant has been licensed in more than one state or territory. Most states or territories charge a fee for completion of the verification form; contact each state or territory for fee information. To access states contact information via the Internet please go to [http://www.nremt.org/EMTServices/emt\\_cand\\_state\\_offices.asp](http://www.nremt.org/EMTServices/emt_cand_state_offices.asp).

### **Reinstatement of an Expired Paramedic License**

### **What to do after the expiration of your license**

An applicant for reinstatement of an expired paramedic licensure must meet the eligibility requirements outlined below:

#### **Documentation Requirements:**

Applicants must arrange for the following to be submitted directly to this office:

1. **A completed, notarized application** (Pages 6&7) with photograph and fee of \$150.00. The fee must be in the form of a certified check or money order made payable to "Treasurer, State of Connecticut".
2. If applicable, **official verification of all licenses or certifications ever held by the applicant**. The enclosed verification of licensure form must be forwarded to each state or territory in which the applicant is or has ever been licensed. Additional forms may be reproduced if the applicant has been licensed in more than one state or territory. Most states or territories charge a fee for completion of the verification form; contact each state or territory for fee information. To access states contact information via the Internet please go to [http://www.nremt.org/EMTServices/emt\\_cand\\_state\\_offices.asp](http://www.nremt.org/EMTServices/emt_cand_state_offices.asp).
3. **A brief written summary of your credentials** to have your paramedic license reinstated. Be sure to include information on your work experience as a licensed professional, including positions held, dates and major duties. If you have had any lapses in your active practice as a paramedic, please explain the reason for any such lapses. If you are not currently working as a paramedic, please explain your plans for employment and describe how you intend to bring your paramedic skills up-to-date.
4. A letter directly from the appropriate authority confirming your most recent employment; including dates and evaluation of performance.

Holders of temporary EMT permits may qualify for reinstatement of a lapsed paramedic license provided the applicant can demonstrate that the applicant was under medical control of a sponsor hospital located in this state on the day such applicant's paramedic license expired. For information regarding temporary EMT permits please contact our office at 860-509-7558 or visit our website at <http://www.ct.gov/dph/site/default.asp>.

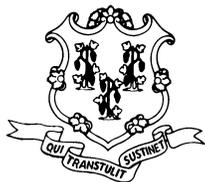
#### **Documentation Requirements for reinstatement of a lapsed paramedic license for holders of temporary EMT permits:**

1. A completed application for paramedic reinstatement with photograph and fee of \$150.00. The fee must be in the form of a certified check or money order made payable to "Treasurer, State of Connecticut"; and
2. A letter, submitted directly to this office from the appropriate authority of a sponsor hospital in Connecticut verifying the dates that the applicant was under medical control of such sponsor hospital.

EMS courses are available throughout the state. For a list of available courses in Connecticut please visit our website at: <http://www.ct.gov/dph/site/default.asp>.

For a copy of the 1994 United States Department of Transportation, National Highway Traffic Safety Administration, National Standard Curriculum, go the following website:  
[www.nhtsa.dot.gov/people/injury/ems/nsc.htm](http://www.nhtsa.dot.gov/people/injury/ems/nsc.htm)

All supporting documentation shall be submitted directly to: Department of Public Health • Paramedic Licensure • 410 Capitol Ave., **MS# 12EMS** • P.O. Box 340308 • Hartford, CT 06134-0308 • (860) 509-7558



# STATE OF CONNECTICUT

## DEPARTMENT OF PUBLIC HEALTH

### APPLICATION FOR LICENSE TO PRACTICE AS A PARAMEDIC

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Gender: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

Name and Mailing Address: This will be how your name and address will appear on your official license, your address of record for all mailings from this office and releasable pursuant to Freedom of Information requests.

Name on License: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**Name(s) and location of mobile intensive care program(s)** **Exact Dates**  
***(From/To)***

**WORK EXPERIENCE** **Exact Dates**  
***List all work experience as a paramedic*** ***(From/To)***

Have you taken, or do you plan to take, the National Registry of Emergency Medical Technicians paramedic examination? Yes  No . If yes, indicate the date of the examination \_\_\_\_\_

List all states/territories in which you are now or have ever been licensed/certified as a paramedic including your National information:

STATE	LICENSE NO.	EXPIRATION DATE	LICENSED BY:	
			EXAM	ENDORSEMENT

**PROFESSIONAL HISTORY:** Answer 1-8 by checking YES or NO. If you answer YES, follow directions below.

1. Have you ever been censured, disciplined, dismissed or expelled from, had admissions monitored or restricted, had privileges limited, suspended or terminated, been put on probation, or been requested to resign or withdraw from any of the following: **YES  NO**

- Any hospital, nursing home, clinic, or similar institution;
- Any health maintenance organization, professional partnership, corporation, or similar health practice organization, either private or public;
- Any professional school, clinical clerkship, internship, externship, preceptorship or postgraduate training program;
- Any third party reimbursement program, whether governmental or private?

2. Have you ever had your membership in or certification by any professional society or association suspended or revoked for reasons related to professional practice? **YES  NO**

3. Has any professional licensing or disciplinary body in any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction, limited, restricted, suspended or revoked any professional license, certificate, or registration granted to you, or imposed a fine or reprimand, or taken any other disciplinary action against you? YES  NO

4. Have you ever, in anticipation or during the pendency of an investigation or other disciplinary proceeding, voluntarily surrendered any professional license, certificate or registration issued to you by any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction? YES  NO

5. Have you ever been subject to, or do you currently have pending, any complaint, investigation, charge, or disciplinary action by any professional licensing or disciplinary body in any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction or any disciplinary board/committee of any branch of the armed services? You need not report any complaints dismissed as without merit. YES  NO

6. Have you ever been denied or surrendered a state or federal controlled substance registration, had it revoked or restricted in any way, or been warned, reprimanded, or fined by the responsible agency? YES  NO

*If your answer is "yes" to any of the above questions (1-6), please give full details, names, addresses, etc. on a separate NOTARIZED statement.*

7. Have you ever entered into, or do you currently have pending, a consent agreement of any kind, whether oral or written, with any professional licensing or disciplinary body in any state, the District of Columbia, a United States possession or territory, any branch of the armed services or a foreign jurisdiction? YES  NO

*If "yes", give full details, names, addresses, etc. on a separate, NOTARIZED statement. Also submit a NOTARIZED copy of the agreement.*

8. Have you ever been found guilty or convicted as a result of an act which constitutes a felony under the laws of this state, federal law or the laws of another jurisdiction and which, if committed within this state, would have constituted a felony under the laws of this state? YES  NO

*If "yes", give full details, dates, etc. on a separate NOTARIZED statement and furnish a Certified Court Copy (with court seal affixed) of the original complaint, the answer, the judgment, the settlement, and/or the disposition.*

**PHOTOGRAPH:**

**NOTARIZATION:**



On this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_ ,

\_\_\_\_\_ (applicant's name) personally appeared before me, who being duly sworn says that she/he is the person referred to in the foregoing application and that the photograph attached hereto is a true picture of self and that the statements made herein are true in every respect.

\_\_\_\_\_  
**SIGNATURE OF APPLICANT**

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_.

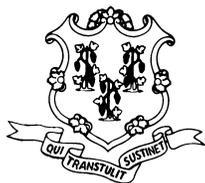
My commission expires \_\_\_\_\_

\_\_\_\_\_  
**SIGNATURE OF NOTARY PUBLIC**

**PLEASE RETURN THIS APPLICATION AND THE FEE FOR \$150.00 (CERTIFIED CHECK OR MONEY ORDER) MADE PAYABLE TO, "TREASURER, STATE OF CONNECTICUT" TO:**

DEPARTMENT OF PUBLIC HEALTH  
PARAMEDIC LICENSURE  
410 CAPITOL AVE., **MS# 12MQA**  
P.O. BOX 340308  
HARTFORD, CT 06134-0308  
860-509-7558  
<http://www.ct.gov/dph/site/default.asp>

**IMPORTANT:** The application packet for this profession consists of 12 pages, including instructions and eligibility requirements. Do not send this application unless you have read and understood all pertinent information.



**STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH**

**PARAMEDIC LICENSURE  
VERIFICATION OF MOBILE INTENSIVE CARE TRAINING PROGRAM**

**TO BE COMPLETED BY APPLICANT**

**APPLICANT:** PLEASE COMPLETE THE TOP PORTION OF THIS FORM AND FORWARD IT TO THE EDUCATIONAL INSTITUTION FOR OFFICIAL VERIFICATION OF COMPLETION OF COURSE OF TRAINING IN MOBILE INTENSIVE CARE AT THE PARAMEDIC LEVEL.

**NAME:** \_\_\_\_\_  
**LAST FIRST MIDDLE MAIDEN**

**SOCIAL SECURITY NO:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_~\_\_\_\_~\_\_\_\_\_

**DATE COURSE OF TRAINING COMPLETED:** \_\_\_\_\_

**TO BE COMPLETED BY EDUCATIONAL INSTITUTION ONLY**

THE APPLICANT LISTED ABOVE IS APPLYING FOR PARAMEDIC LICENSURE IN CONNECTICUT. PLEASE PROVIDE THE FOLLOWING INFORMATION REGARDING THE TRAINING PROGRAM THAT SUCH INDIVIDUAL COMPLETED.

Did this individual satisfactorily complete an approved United States Department of Transportation Emergency Medical Technician-Paramedic training program? **YES**  **NO** . If yes, where was such instruction completed?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dates of individual's attendance: From \_\_\_\_\_ To \_\_\_\_\_ Course Approval Number: \_\_\_\_\_

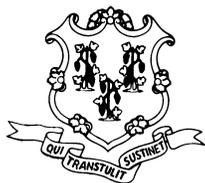
Name of Course Coordinator: \_\_\_\_\_ Total numbers of hours completed at the Course: \_\_\_\_\_

Signature of Course Coordinator: \_\_\_\_\_ Title: \_\_\_\_\_

Daytime Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-mail: \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE COMPLETE AND RETURN DIRECTLY TO:

DEPARTMENT OF PUBLIC HEALTH  
PARAMEDIC LICENSURE  
410 CAPITOL AVE., MS# 12EMS  
P.O. BOX 340308  
HARTFORD, CT 06134-0308  
860-509-7558  
<http://www.ct.gov/dph/site/default.asp>



**STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH**

**VERIFICATION OF PARAMEDIC LICENSURE**

**TO BE COMPLETED BY APPLICANT**

Applicant - complete the top portion of this form and forward it to each state where you have been licensed, certified or registered as a paramedic. Please also send it to the National Registry to verify examination and certification status (make copies as necessary).

Name: \_\_\_\_\_  
Last First Middle Maiden

Address: \_\_\_\_\_  
No. & Street City State Zip Code

Original License number \_\_\_\_\_ Date Issued \_\_\_\_\_  
(in the state to which the form is being forwarded)

I hereby authorize the \_\_\_\_\_ to furnish the Connecticut Department of Public Health the information requested below.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**TO BE COMPLETED BY LICENSING AGENCY ONLY**

This is to certify that the above named individual was issued number \_\_\_\_\_ as a paramedic.

Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Basis for licensure in your state:  Examination  Endorsement (Endorsement, from State(s)? \_\_\_\_\_)

Current Status:  Active  Inactive  Lapsed

What examination does your agency currently require for purposes of licensure?

National Registry  Professional Examination Service  State Board Examination  Other: \_\_\_\_\_

Has this individual completed a training program consistent with the United States Department of Transportation, National Highway Traffic Safety Administration Paramedic Curriculum?  Yes  No. **If no**, please provide a brief description of the requirements this individual completed for purposes of licensure.

Has this individual ever been subjected to disciplinary action of any type or is this individual currently the subject of a pending disciplinary action or unresolved complaint? **YES**  **NO** . If yes, please forward all publicly disclosable information regarding the individual's status and the basis for same.

SEAL Signed: \_\_\_\_\_ Title: \_\_\_\_\_  
State: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

PLEASE COMPLETE AND RETURN DIRECTLY TO:

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CONNECTICUT GENERAL STATUTES  
CHAPTER 384d  
PARAMEDICS

**Sec. 20-206jj. (Formerly Sec. 19a-193). Definitions.** As used in sections 20-206jj to 20-206oo, inclusive: "Paramedicine" means the carrying out of all phases of cardiopulmonary resuscitation and defibrillation, the administration of drugs and intravenous solutions under written or oral authorization from a licensed physician and the administration of controlled substances, as defined in section 21a-240, under the supervision of a physician by simultaneous communication.

**Sec. 20-206kk. Practice restricted to licensed persons. Exceptions. Title protection.** (a) Except as provided in subsection (c) of this section, no person shall practice paramedicine unless licensed as a paramedic pursuant to section 20-206ll.

(b) No person shall use the title "paramedic" or make use of any title, words, letters or abbreviations that may reasonably be confused with licensure as a paramedic unless licensed pursuant to section 20-206ll.

(c) No license as a paramedic shall be required of (1) a person performing services within the scope of practice for which he is licensed or certified by any agency of this state, or (2) a student, intern or trainee pursuing a course of study in paramedicine in an accredited institution of education or within an emergency medical services program approved by the commissioner, as defined in section 19a-175, provided the activities that would otherwise require a license as a paramedic are performed under supervision and constitute a part of a supervised course of study.

**Sec. 20-206ll. Licensure application. Renewal. Fees.** (a) The commissioner, as defined in section 19a-175, shall issue a license as a paramedic to any applicant who furnishes evidence satisfactory to the commissioner that the applicant has met the requirements of section 20-206mm. The commissioner shall develop and provide application forms. The application fee shall be seventy-five dollars.

(b) The license may be renewed annually pursuant to section 19a-88 for a fee of seventy-five dollars.

**Sec. 20-206mm. Qualifications.** (a) Except as provided in subsection (b) and (c) of this section, an applicant for a license as a paramedic shall submit evidence satisfactory to the commissioner, as defined in section 19a-175, that the applicant has successfully (1) completed a mobile intensive care training program approved by the commissioner and (2) passed an examination prescribed by the commissioner.

(b) An applicant for licensure by endorsement shall present evidence satisfactory to the commissioner that the applicant (1) is licensed or certified as a paramedic in another state or jurisdiction whose requirements for practicing in such capacity are substantially similar to or higher than those of this state and that the applicant has no pending disciplinary action or unresolved complaint against him or her, or (2) (A) is currently licensed or certified as a paramedic in good standing in any New England state, New York or New Jersey, (B) has completed an initial training program consistent with the United States Department of Transportation, National Highway Traffic Safety Administration paramedic curriculum, and (C) has no pending disciplinary action or unresolved complaint against him or her.

(c) Any person who is certified as an emergency medical technician-paramedic by the Department of Public Health on October 1, 1997, shall be deemed a licensed paramedic. Any person so deemed shall renew his license pursuant to section 19a-88, as amended, for a fee of seventy-five dollars.

**Sec. 20-206nn. Disciplinary action. Grounds.** The Commissioner of Public Health may take any disciplinary action set forth in section 19a-17 against a paramedic for any of the following reasons: (1) Failure to conform to the accepted standards of the profession; (2) conviction of a felony; (3) fraud or deceit in obtaining or seeking reinstatement of a license to practice paramedicine; (4) fraud or deceit in the practice of paramedicine; (5) negligent, incompetent or wrongful conduct in professional activities; (6) physical, mental or emotional illness or disorder resulting in an inability to conform to the accepted standards of the profession; (7) alcohol or substance abuse; (8) willful falsification of entries in any hospital, patient or other health record; or (9) violation of any provision of section 20-206jj, or any regulations adopted pursuant to 20-206oo. The commissioner may order a license holder to submit to a reasonable physical or mental examination if his physical or mental capacity to practice safely is the subject of an investigation. The commissioner may petition the superior court for the judicial district of Hartford to enforce such order or any action taken pursuant to said section 19a-17. The commissioner shall give notice and an opportunity to be heard on any contemplated action under said section 19a-17.

**Sec. 20-206oo. Regulations.** The Commissioner of Public Health may adopt regulations in accordance with the provisions of chapter 54 to carry out the provisions of subdivision (18) of subsection (c) of section 19a-14, subsection (e) of section 19a-88, subdivision (15) of section 19a-175, subsection (b) of section 20-9, subsection (c) of section 20-195, section 20-195aa to 20-195ff, inclusive, and sections 20-206jj to 20-206oo, inclusive.

## CONNECTICUT GENERAL STATUTES

### EMS Personnel

#### **Sec. 19a-88. Annual renewal of licenses by certain health practitioners.**

(e) Each person holding a license or certificate issued under section 19a- 514 and chapters 370 to 373, inclusive, 375, 378 to 381a, inclusive, 383 to 388, inclusive, 393a, 395, 398, 399 or 400a and section 20-206n or 20-206o shall, annually, during the month of his birth, apply for renewal of such license or certificate to the Department of Public Health, giving his name in full, his residence and business address and such other information as the department requests. Each person holding a license or certificate issued pursuant to section 20-475 or 20-476 shall, annually, during the month of his birth apply for renewal of such license or certificate to the department. Each entity holding a license issued pursuant to section 20-475 shall, annually, during the anniversary month of initial licensure, apply for renewal of such license or certificate to the department.

(f) Any person or entity which fails to comply with the provisions of this section shall be notified by the department that his license or certificate shall become void ninety days after the time for its renewal under this section unless it is so renewed. Any such license shall become void upon the expiration of such ninety-day period.

#### **Sec. 19a-88b. Renewal of license, certificate, permit or registration which becomes void while holder on active duty in the armed forces of the United States. Exceptions.**

(a) Notwithstanding section 19a-14 or any other provisions of the general statutes relating to continuing education or refresher training, the Department of Public Health shall renew a license, certificate, permit or registration issued to an individual pursuant to chapters 368d, 368v, 370 to 388, inclusive, 393a, 395, 398, 399, 400a and 400c which becomes void pursuant to section 19a-88 or 19a-195b while the holder thereof is on active duty in the armed forces of the United States, within six months from the date of discharge from active duty, upon completion of any continuing education or refresher training required to renew a license, certificate, registration or permit which has not become void pursuant to section 19a-88 or 19a-195b. A licensee applying for license renewal pursuant to this section shall submit an application on a form prescribed by the department and other such documentation as may be required by the department.

(b) The provisions of this section shall not apply to reservists or National Guard members on active duty for annual training that is a regularly scheduled obligation for reservists or members of the National Guard for training which is not a part of mobilization.

(c) No license shall be issued under this section to any applicant against whom professional disciplinary action is pending or who is the subject of an unresolved complaint.

**Sec. 19a-89. Change of office or residence address.** Whenever any person holding a license, certificate or registration issued by the Department of Public Health changes his office or residence address, he shall, within thirty days thereafter, notify said department of his new office or residence address.

## CONNECTICUT GENERAL STATUTES

### Chapter 368d

**Sec. 19a-179. (Formerly Sec. 19-73aa). Regulations. Issuance of certificate for certain applicants.** (a) The commissioner shall adopt regulations, in accordance with chapter 54, concerning (1) the methods and conditions for the issuance, renewal and reinstatement of licensure and certification or recertification of emergency medical service personnel, (2) the methods and conditions for licensure and certification of the operations, facilities and equipment enumerated in section 19a-177, and (3) complaint procedures for the public and any emergency medical service organization. Such regulations shall be in conformity with the policies and standards established by the commissioner. Such regulations shall require that, as an express condition of the purchase of any business holding a primary service area, the purchaser shall agree to abide by any performance standards to which the purchased business was obligated pursuant to its agreement with the municipality.

(b) The commissioner may issue an emergency medical technician certificate to an applicant who presents evidence satisfactory to the commissioner that the applicant (1) is currently certified as an emergency medical technician in good standing in any New England state, New York or New Jersey, (2) has completed an initial training program consistent with the United States Department of Transportation, National Highway Traffic Safety Administration paramedic curriculum, and (3) has no pending disciplinary action or unresolved complaint against him or her. (b) The commissioner may issue an emergency medical technician certificate to an applicant who presents evidence satisfactory to the commissioner that the applicant (1) is currently certified as an emergency medical technician in good standing in any New England state, New York or New Jersey, (2) has completed an initial training program consistent with the United States Department of Transportation, National Highway Traffic Safety Administration emergency medical technician curriculum, and (3) has no pending disciplinary action or unresolved complaint against him or her.

(NEW) (c) The commissioner may issue a temporary emergency medical technician certificate to an applicant who presents evidence satisfactory to the commissioner that (1) the applicant was certified by the department as an emergency medical technician prior to becoming licensed as a paramedic pursuant to section 20-206ll, and (2) the applicant's certification as an emergency medical technician has expired and the applicant's license as a paramedic has become void pursuant to section 19a-88 of the general statutes. Such temporary certificate shall be valid for a period not to exceed one year and shall not be renewable.

(NEW) (d) An applicant who is issued a temporary emergency medical technician certificate pursuant to subsection (c) of this section may, prior to the expiration of such temporary certificate, apply to the department for:

(1) Renewal of such person's paramedic license, giving such person's name in full, such person's residence and business address and such other information as the department requests, provided the application for license renewal is accompanied by evidence satisfactory to the commissioner that the applicant was under the medical control of a sponsor hospital on the date the applicant's paramedic license became void for nonrenewal; or

(2) Recertification as an emergency medical technician, provided the application for recertification is accompanied by evidence satisfactory to the commissioner that the applicant completed emergency medical technician refresher training approved by the commissioner not later than one year after issuance of the temporary emergency medical technician certificate. The department shall recertify such person as an emergency medical technician without the examination required for initial certification specified in regulations adopted by the commissioner pursuant to this section.

(NEW) (e) For purposes of subsection (d) of this section, "medical control" means the active surveillance by physicians of mobile intensive care sufficient for the assessment of overall practice levels, as defined by state-wide protocols, and "sponsor hospital" means a hospital that has agreed to maintain staff for the provision of medical control, supervision and direction to an emergency medical service organization, as defined in section 19a-175, and its personnel and has been approved for such activity by the Office of Emergency Medical Services.