



**Charlotte Hungerford  
Hospital  
Department of EMS**



**Medical Control Renewal**

**Level:**  EMT-Paramedic       Advanced-EMT       EMT-B       MRT

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

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

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

Home Phone: ( ) \_\_\_\_-\_\_\_\_ Work Phone: ( ) \_\_\_\_-\_\_\_\_ Other: ( ) \_\_\_\_-\_\_\_\_

Email: \_\_\_\_\_

- |   |  |
|---|--|
| <input type="checkbox"/> Bantam Fire Company                  | <input type="checkbox"/> New Hartford Vol. Ambulance Association |
| <input type="checkbox"/> Campion Ambulance Service            | <input type="checkbox"/> Norfolk Lions Club Ambulance            |
| <input type="checkbox"/> Colebrook Vol. Fire Department       | <input type="checkbox"/> Northfield Volunteer Fire Company       |
| <input type="checkbox"/> Goshen Vol. Fire Company             | <input type="checkbox"/> Torrington Fire Department              |
| <input type="checkbox"/> Harwinton Ambulance Association      | <input type="checkbox"/> West Hartland Vol. Fire Department      |
| <input type="checkbox"/> Harwinton Westside Vol. Fire Company | <input type="checkbox"/> Winchester Police Department            |
| <input type="checkbox"/> Litchfield Vol. Ambulance            | <input type="checkbox"/> Winsted Area Ambulance Association      |

***Check only one EMS Organization affiliated with Charlotte Hungerford Hospital***

**Background Information**

- Have you ever been named a party in a medical malpractice suit?  Yes  No
- Have you ever been denied medical control authorization as an MIC provider?  Yes  No
- Have you ever had medical control authorization suspended or revoked?  Yes  No
- Have you ever had your medical control authorization placed on probation?  Yes  No
- Have you had your medical control authorization restricted in any manner since the last approval by CHH ?  Yes  No
- Have you ever had your state DPH OEMS certificate/license suspended/restricted/revoked?  Yes  No

If you answered yes to any question above, please attach an explanation of the situation(s) in detail.

**Release of Information**

I hereby apply to renew my medical control authorization through the Charlotte Hungerford Hospital Sponsor Hospital Program. I, the undersigned, declare the information provided herein is both accurate and truthful and I understand that any incorrect statement or omissions may be the basis for my disqualification for or revocation of medical control authorization. I hereby grant authority to The Charlotte Hungerford Hospital to conduct an investigation into my past employment, training records and personal background as applicable to medical control authorization. **I will also provide updated copies of all certifications as they become renewed and annually 30 days prior to my affiliation's MIC due date and as requested.** I further declare that I am willing to commit to attend any continuing medical education as required by the Sponsor Hospital and to undergo any review of skills and personal qualifications as deemed appropriate. I also agree to follow all applicable guidelines, policies, procedures and protocols appropriate for my level of authorization.

Date of initial application renewal \_\_\_\_\_ Date of last renewal application approval \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The above applicant has demonstrated competency on all skills and procedures approved by OEMS and the Sponsor Hospital for the EMS Agency, and has demonstrated knowledge on all policies, procedures and protocols.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Chief / President

\* Applicants must provide a letter from each Sponsor Hospital verifying control authorization in good standing Attach a copy of each with your application