



NORTHERN CALIFORNIA EMS, INC.

43 Hilltop Drive, Redding, California 96003-2807
Phone (530) 229-3979 Fax (530) 229-3984

MICN

INITIAL AUTHORIZATION

NEED IT FAST? APPLY ONLINE!
GO TO: WWW.NORCALEMS.ORG

**APPLICATION FOR INITIAL AUTHORIZATION
MOBILE INTENSIVE CARE NURSE**

INSTRUCTIONS: PRINT CLEARLY! ONLY LEGIBLE, COMPLETED APPLICATIONS WILL BE ACCEPTED. INCOMPLETE APPLICATIONS WILL BE RETURNED

GENERAL INFORMATION:

LAST NAME, FIRST NAME, MIDDLE INITIAL:		SOCIAL SECURITY NUMBER:	MICN NUMBER AND EXPIRATION DATE: (IF UPGRADING TO FIELD ONLY)	
E-MAIL ADDRESS:		HOME PHONE NUMBER: ()	CA BRN LICENSE NUMBER:	
MAILING ADDRESS:		WORK PHONE NUMBER: ()	CA DRIVERS LICENSE NUMBER:	
CITY, STATE, ZIP:	COUNTY OF RESIDENCE::	DATE OF BIRTH:	AGE	SEX (✓) <input type="checkbox"/> M <input type="checkbox"/> F
NAME OF FACILITY WHERE EMPLOYED OR AMBULANE PROVIDER (IF APPLICABLE):				

APPLICATION REQUIREMENTS: Fill out appropriate section below. Check (✓) items that have been completed.
Attach CURRENT, legible photocopies verifying all requirements.

✓ INITIAL BASE MICN AUTHORIZATION	✓ UPGRADE TO FIELD MICN AUTHORIZATION
California BRN License. (provide photocopy)	Submit "Initial" Base MICN requirements or current Base MICN card if <u>upgrading</u> to Field MICN
BLS (CPR) Certification (provide photocopy)	Completion of Field MICN training requirements to including 80 hr. field internship. (provide documentation)
Check here for Proof of six (6) months critical care (provide documentation)	Documentation of ICS 100 Course or equivalent
Attendance at a SIDS class. (provide documentation)	✓ BASE OR FIELD MICN CHALLENGE REQUIREMENTS
Completion of an approved MICN training program. (provide Course Completion Certificate)	Submit all "Initial" Base/Field MICN requirements, <i>Except</i> for the Training Program requirement (see below)
Photo ID: Valid CA DL/ID or Military ID (provide photocopy)	Completion of Internship radio and/or field contacts (provide documentation)
	Completion of all required skills testing (provide documentation)
	OUT OF AREA TRAINING: Documentation of proof of Authorization, education, & experience.
	CHALLENGE OF TRAINING: Two (2) yrs Full Time MICEP in the Nor-Cal EMS region within the past five (5) years

OFFICE USE ONLY:		CERT NO.: _____
DATE: _____ SCORE: _____	DATE PROCESSED: _____	EFF. DATE: _____
DATE: _____ SCORE: _____	PD: CK _____ VISA/ MC _____	EXP DATE: _____

AUTHORIZATION TO VERIFY ELIGIBILITY: MUST BE COMPLETED BY ALL APPLICANTS!

1. HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR OR DO YOU HAVE ANY CRIMINAL CHARGES PENDING?

____ Yes ____ No

2. HAVE YOU HAD ANY DISCIPLINARY ACTION(S) TAKEN OR CURRENTLY PENDING BY ANOTHER EMS AGENCY AGAINST ANY CERTIFICATION/LICENSE THAT YOU HOLD OR HAVE HELD?

____ Yes ____ No

IF YOU ANSWERED "YES," TO EITHER QUESTION ABOVE, YOU MUST SUBMIT THE FOLLOWING DOCUMENTATION:

- A SIGNED AND DATED DETAILED LETTER OF EXPLANATION REGARDING YOUR OFFENSE
- FINAL COURT DISPOSITION DOCUMENTS
- A CURRENT DMV PRINTOUT WITHIN THE LAST 30 DAYS
- DOCUMENTATION FROM ANY EMS AGENCY REGARDING ANY DISCIPLINARY ACTION IMPOSED

FAILURE TO SUBMIT REQUIRED DOCUMENTS WILL DELAY PROCESSING YOUR REQUEST FOR MICN AUTHORIZATION

I DECLARE UNDER PENALTY OF PERJURY THAT I AM ELIGIBLE FOR MICN AUTHORIZATION IN THE CATEGORY SO SPECIFIED BY THIS APPLICATION. I AM NOT PRECLUDED FROM MICN AUTHORIZATION FOR REASONS DEFINED IN SECTION 1798.200 OF THE CALIFORNIA HEALTH AND SAFETY CODE. I UNDERSTAND THAT ANY FRAUDULENT ENTRY OF THIS APPLICATION MAY BE CONSIDERED CAUSE FOR DENIAL OR SUBSEQUENT REVOCATION OF MY AUTHORIZATION AND I HEREBY AUTHORIZE NOR-CAL EMS TO VERIFY ANY AND ALL OF THE ABOVE INFORMATION.

APPLICANT SIGNATURE

DATE

ADDITIONAL REQUIREMENTS:

TO AVOID A DELAY IN PROCESSING OF YOUR AUTHORIZATION, THE FOLLOWING MATERIALS MUST BE SUBMITTED WITH THIS APPLICATION. INCOMPLETE APPLICATIONS WILL BE RETURNED. PHOTOCOPIING SERVICES ARE NOT PROVIDED AT NOR CAL EMS OFFICE YOU ARE REQUIRED TO PROVIDE PHOTOCOPIES.

REQUIRED DOCUMENTATION AND AUTHORIZATION FEES:

- SUBMIT PHOTOCOPIES OF ALL REQUIRED DOCUMENTATION INDICATED ON REVERSE SIDE FOR INITIAL MICN AUTHORIZATION; UPGRADE AUTHORIZATION OR CHALLENGE AUTHORIZATION
- REQUIRED FEES FOR MICN AUTHORIZATION:
 - BASE MICN AUTHORIZATION ONLY - \$80.00
 - DUAL BASE AND FIELD AUTHORIZATION - \$160.00
 - FIELD MICN UPGRADE ONLY - \$80.00 (CURRENT BASE MICN AUTHORIZATION REQUIRED)

SUBMIT YOUR CHECK MADE PAYABLE TO NOR CAL EMS OR IF PAYING BY CREDIT CARD COMPLETE THE FOLLOWING INFORMATION:

VISA OR MC

CREDIT CARD NUMBER

EXPIRATION DATE

AMOUNT OF PAYMENT

NAME AS IT APPEARS ON CARD

SIGNATURE

FOR MORE INFORMATION OR TO **APPLY ONLINE** VISIT OUR WEBSITE AT: www.norcalems.org

SEND COMPLETED APPLICATION AND ALL DOCUMENTATION TO:

**NOR-CAL EMS
CERTIFICATION DEPARTMENT
43 HILLTOP DRIVE
REDDING, CA 96003**

ALL FEES ARE NON-REFUNDABLE, NON TRANSFERABLE AND SUBJECT TO CHANGE
A \$15.00 CHARGE WILL BE IMPOSED ON ALL CHECKS RETURNED FOR NON-SUFFICIENT FUNDS(NSF).



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MICN RECOMMENDATION FORM

Instructions:

This form to be completed by applicant and submitted to Nor-Cal EMS with required original signatures. Incomplete forms will be returned to applicant for completion.

_____	_____
Applicants Full Name	Name of Base Hospital or Provider Agency
_____	<u>Recommendation for (check one only):</u>
CA BRN License Number	_____ Initial Base MICN
	_____ Upgrade to Field MICN
	_____ Challenge Base & Field MICN

INITIAL MICN AUTHORIZATION:

We recommend the above named registered nurse be authorized to function as a Mobile Intensive Care Nurse, as defined by the MICN policy in the Nor Cal EMS Policy Manual. This candidate has successfully completed a Nor-Cal EMS approved Mobile Intensive Care Nurse Course to include base or field internship as outlined in the Nor-Cal EMS training requirements for Mobile Intensive Care Nursing. This individual is currently employed as a registered nurse for this base hospital or one of its approved provider agencies.

UPGRADE TO FIELD MICN:

We recommend that the above named registered nurse be authorized to function as a Mobile Intensive Care Nurse -FIELD. This candidate has successfully completed a field internship as outlined in the Nor-Cal EMS training requirements for Mobile Intensive Care Nursing or qualifies for exemption approved by Nor Cal EMS.. This candidate has completed all requirements necessary to perform FIELD-MICN functions as required by Nor-Cal EMS. This individual is currently employed as a registered nurse for this base hospital or one of its approved provider agencies.

CHALLENGE MICN AUTHORIZATION:

We recommend that the above named registered nurse be authorized to function as a Mobile Intensive Care Nurse. This candidate has completed an approved MICN program; or has completed an eighty 80 hour field internship with a pre-identified preceptor to include ten (10) ALS field contacts; or qualifies for exemption approved by Nor Cal EMS. Candidate has met all requirements necessary for challenging MICN authorization, as defined by the MICN Challenge Policy per Nor-Cal EMS Policy Manual. This individual is currently employed as a registered nurse for this base hospital or one of its approved provider agencies.

_____	_____
Signature Base Hospital Medical Director	Signature Base Prehospital Liaison
_____	_____
Signature Employer Management	Applicant Signature

Date this form completed	

MICN AUTHORIZATION

PURPOSE: To define the requirements for individuals receiving initial authorization as a Base or Field Mobile Intensive Care Nurse (MICN). These provisions will govern the use of Registered Nurses (RN) as MICNs by facilities *currently designated as Base Hospitals* and ALS providers with provider agreements to provide care as defined in the **MICN Scope of Practice** policy located in the ALS Protocols Module.

POLICY:

- F **An authorization is a two (2) year period of time.**
- F **No person will hold themselves out or function in the role as an MICN, unless that person has met the MICN requirements and is currently authorized by Nor-Cal EMS.**
- F Out of region EMS aircraft nurses who provide auto-aid into the Nor Cal EMS region and are certified as a Flight Nurse through the National Flight Nurses Association do not have to be authorized as a Field MICN.

AUTHORITY: Division 2.5, Health and Safety Code.

PROCEDURE: The Nor-Cal EMS application process for authorization MUST be completed within a maximum of six (6) months from the date of completion of the MICN training requirements. **Incomplete applications will not be processed and will be returned; only legible photocopies will be accepted.**

1. **Base MICN** - The following criteria must be met and documentation submitted with application:
 - a) Currently licensed to practice as an RN in the State of California.
 - b) Current healthcare provider CPR Certification.
 - c) At least six (6) months experience as a full-time registered nurse in a critical care area (i.e., ER, ICU, CCU) in the past two (2) years.
 - d) Attendance at Sudden Infant Death Syndrome (SIDS) class.
 - e) Successful completion of an MICN training program.
 - f) Pass the Nor-Cal EMS authorization exam with a minimum score of eighty percent (80%). If the applicant is unsuccessful on the initial examination, see the Testing Procedures section of this policy.
 - g) Attendance at or viewing of the **current** Nor-Cal EMS-approved Standard Policy Orientation and Review of Trauma Systems (SPORTS) session.
 - h) Photo ID; Current Driver's License/California ID or valid Military ID.
 - i) Pay fee as set by Nor-Cal EMS. Fees are non-refundable and non-transferable.
2. **Field MICN** – The following requirements must be met and documentation submitted:
 - a) Complete and submit the Base MICN requirements listed above.
 - b) Successfully complete the additional education, training, skills testing and internship requirements as outlined in the Nor-Cal EMS Training Program for Field MICN's.
 - c) Completion of the ICS 100 course at minimum or equivalent training.
 - d) If initial authorization or if upgrading from Base to Field MICN, pay fee as set by Nor-Cal EMS. Fees are non-refundable and non-transferable.

TESTING PROCEDURES - Testing and/or retesting must be completed within six (6) months of course completion. An individual will be allowed to take the authorization exam three (3) times:

1. **First Attempt:** No waiting period.
2. **Second Attempt:** May be scheduled after a two (2) week waiting period from the initial examination.
3. **Third Attempt:** Remedial training through their training program relating to EMS protocols, policies/procedures must be completed prior to scheduling a third attempt for testing.
4. The individual must successfully complete an approved MICN course in order to re-enter the authorization process if one of the following occurs:
 - a) Failure to pass the written exam on the third attempt.
 - b) Failure to complete the authorization process within six (6) months. This time frame may be extended upon receipt of a request from the **employer**, in writing, outlining extenuating circumstances, i.e., illness, pregnancy, military duty, etc.

