



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

**APPLICATION FOR RE-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:	
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):				

RE-AUTHORIZATION REQUIREMENTS: Attach CURRENT, legible photocopies verifying all requirements

Check (✓) items that have been completed..

✓	RE-AUTHORIZATION BASE OR FIELD MICN	
	California BRN License	(provide photocopy)
	BLS (CPR) Certification	(provide photocopy)
	MICN Authorization card	(provide photocopy)
	Continuing Education form	(provide photocopy)
	Photo ID: Valid CA DL/ID or Military ID	(provide photocopy)
FEES:	<u>BASE MICN:</u> \$ 80.00 with current MICN authorization. \$120.00 with expired MICN authorization	<u>FIELD MICN:</u> \$ 80.00 with current MICN authorization. \$120.00 with expired MICN authorization.

OFFICE USE ONLY:

PD: CK _____ / CC _____ DATE PROCESSED: _____	TESTING IF REQUIRED:	CERT NO: _____
	DATE: _____ SCORE: _____	EFF. DATE: _____
	DATE: _____ SCORE: _____	EXP DATE: _____

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

THE FOLLOWING QUESTIONS MUST BE ANSWERED BY ALL APPLICANTS

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

____ YES ____ NO

IF YES TO THE ABOVE QUESTION, ATTACH THE FOLLOWING DOCUMENTATION TO THIS APPLICATION:

- FINAL COURT DISPOSITION DOCUMENTS
- A CURRENT DMV PRINTOUT WITHIN THE LAST 30 DAYS
- A SIGNED AND DATED DETAILED LETTER OF EXPLANATION REGARDING YOUR OFFENSE

17. 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 YES TO THE ABOVE QUESTION, ATTACH THE FOLLOWING DOCUMENTATION TO THIS APPLICATION:

- A SIGNED AND DATED DETAILED LETTER OF EXPLANATION REGARDING YOUR OFFENSE
- DOCUMENTATION FROM ANY EMS AGENCY REGARDING ANY DISCIPLINARY ACTION IMPOSED

FAILURE TO SUBMIT REQUIRED DOCUMENTS WILL DELAY PROCESSING YOUR REQUEST FOR CERTIFICATION. AN ADMINISTRATIVE FEE OF \$75.00 WILL BE CHARGED TO APPLICANTS PLACED ON PROBATION DUE TO PRIOR FELONY AND/OR MISDEMEANOR CONVICTIONS.

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. PHOTOCOPYING 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 OF THIS APPLICATION FOR BASE OR FIELD MICN REAUTHORIZATION
- MICN AUTHORIZATION FEES:
 - **BASE MICN - \$ 80.00 WITH CURRENT MICN CARD**
\$120.00 WITH EXPIRED MICN CARD
 - **FIELD MICN - \$ 80.00 WITH CURRENT MICN CARD**
\$120.00 WITH EXPIRED MICN CARD

SUBMIT YOUR CHECK 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).*

MICN CONTINUING EDUCATION FORM

NAME OF MICN: _____ q BASE / q FIELD CERT #: _____

EMPLOYER: _____ BASE HOSPITAL: _____

BASE AND FIELD MICN: The following requirements must be completed every Authorization period (every two (2) years).

1. Documented attendance of at least six (6) hours of Field Care Audits during authorization period, with at least three (3) being in the Nor-Cal EMS Region:

Date	FIELD CARE AUDITS	Where Obtained?	CE's

2. Current Nor-Cal EMS SPORTS Session attended/viewed (enter date):

3. Submit documentation of the following:
 - q Current healthcare provider CPR Certification.
 - q Current ACLS certification card.
 - q ICS 100 competency training or equivalent, (Recommended for Base, **Required** for Field MICN).

FIELD MICN ONLY- In addition to the requirements listed above, the Field MICN must complete the following:

4. q Patient Contact/Field Time:
 - q I am currently employed as a **Full/Part** time employee in the prehospital setting; **OR**
 - q I have obtained four (4) ALS contacts in the pre-hospital setting during this authorization period, **OR**
 - q I have completed eight (8) hours of structured field time, supervised by a MICN/MICP, as authorized by the base station during this authorization period.
5. q I have completed the biennial skills competencies (date): _____ and completed them at: _____.

I certify that the above information is true and correct:

MICN's Signature

Date



MICN CONTINUING EDUCATION REQUIREMENTS

PURPOSE: To outline the ongoing requirements necessary to maintain a Base or Field MICN authorization in the Nor-Cal EMS region.

POLICY: Requirements listed must be completed and submitted to Nor-Cal EMS Certification Department **thirty (30) days prior to the expiration date** of the individual's current MICN authorization, **to avoid incurring a financial penalty.**

AUTHORITY: Division 2.5, Health and Safety Code.

BASE MICN:

1. Documented attendance of at least six (6) hours of Field Care Audits every authorization period, with at least three obtained in the Nor Cal EMS Region.
2. Documented attendance at or viewing of the current Nor-Cal EMS approved Standard Policy Orientation and Review of Trauma Systems (SPORTS) Session per reauthorization period.
3. Current ACLS certification.
4. It is recommended that Base MICN's obtain and maintain competency for ICS 100 or equivalent training once every authorization period.

FIELD MICN:

1. Fulfill the Base MICN requirements listed above.
2. Must fulfill **ONE** of the following during authorization period:
 - a. Be currently employed **full/part time** in the prehospital setting as a Field MICN; **OR**
 - b. Obtain four (4) ALS contacts in the prehospital setting every authorization period; **OR**
 - c. Documented experience of at least eight (8) hours structured field time, supervised by a Paramedic/MICN as authorized by the base station. The goal of this field time is re-orientation to the field equipment (ambulance, sager splint, suction, etc.).
3. Complete and submit documentation of biennial skills competencies listed in the ALS protocols. Each skill will occur one (1) time during an authorization period.
4. Submit documentation for ICS 100 or equivalent training once in an authorization period.



MICN REAUTHORIZATION

PURPOSE: To define the requirements for reauthorization of eligible individuals by the Regional Medical Director as a Mobile Intensive Care Nurse (MICN).

AUTHORITY: Division 2.5, Health and Safety Code.

PROCEDURE: An individual applying for re-authorization as a MICN must complete the MICN application process every two (2) years. Submit the following to Nor-Cal EMS **thirty (30) days prior to the expiration date, in order to avoid incurring a financial penalty. Incomplete applications will not be processed and will be returned; only legible photocopies will be accepted.**

1. Copy of current California RN license.
2. Complete the requirements in the MICN CE Requirements policy. The completed original copy of the MICN Continuing Education Form (see Appendix A of the **MICN Continuing Education Requirements** policy).
3. A legible copy of current MICN authorization card.
4. Photo ID: A legible copy of current Driver's license/California ID card or Military ID.
5. Fee as set by Nor-Cal EMS. All fees are non-transferable and non-refundable.

LAPSED MICN AUTHORIZATION:

1. If Authorization has lapsed 1 day up to six (6) months, an increased fee for authorization will be charged.
2. If Authorization has lapsed six (6) months or up to two (2) years, the individual must complete the following:
 - a) Complete the Base/Field MICN re-authorization requirements listed under "Procedure" above.
 - b) Pass the Nor-Cal EMS authorization exam with a passing score of eighty (80%) percent.
 - c) Pay the increased Nor-Cal EMS fee.
3. If authorization has lapsed more than two (2) years, it is necessary for the individual to go through the MICN authorization process.

