

**MOBILE INTENSIVE CARE NURSE  
(RE)AUTHORIZATION APPLICATION**

**Check One:**

New Authorization:  Reauthorization:

ATTACH A COPY OF CURRENT ADVANCED CARDIAC LIFE SUPPORT (ACLS) CARD

<b>PLEASE PRINT</b>				
Name:	_____			
	First	Middle Initial	Last	
Mailing Address:	_____			
	Street	City	State	Zip
Social Security #:	_____	Home Phone #	( _____ )	
Date of Birth:	_____	Driver's License	_____	
		and State, if other than CA		
RN License #:	_____	Expiration Date of RN License:	_____	
ACLS Expiration Date:	_____			

**COMPLETE ONLY IF APPLICANT RECENTLY COMPLETED AN APPROVED MICN COURSE**

MICN Training Institution:	_____		
Instructor's Name:	_____	Last Day of Class:	_____

**FEE FOR MICN AUTHORIZATION IS \$80, REAUTHORIZATION \$50. IF APPLICANT IS REQUIRED TO TAKE THE MICN WRITTEN AND SKILLS AUTHORIZATION EXAMINATION, THERE IS AN ADDITIONAL FEE AND MUST PAY THE \$80 AUTHORIZATION FEE.**

**EMS USE ONLY**

Receipt #:	_____	Amount:	_____	Date Rec'd:	_____	How Paid:	_____	Authorization #:	_____
Current Auth.:	_____	Auth. Date:	_____	Class #:	_____	Test Session #	_____	Last Test Date:	_____
Additional Info.:	_____		Issue Date:	_____	Exp. Date:	_____			

**PRIMARY SPONSORSHIP**

Primary Base Hospital: \_\_\_\_\_

PCMD Signature: \_\_\_\_\_ Date: \_\_\_\_\_

By my signature below, I am assuring that if the named individual has completed a training program outside the region, they have successfully completed ten precepted radio calls, OR if the above named individual is reauthorizing, they have successfully completed twenty (20) radio calls (ten (10) evaluated by me).

PCNC Signature: \_\_\_\_\_ Date: \_\_\_\_\_

By my signature above, I verify that the MICN **re-authorization applicant** has completed the required 2-hour class and exam.  
Date Completed: \_\_\_\_\_

**SECONDARY SPONSORSHIP**

Secondary Base Hospital: \_\_\_\_\_

PCMD Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PCNC Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ALL APPLICANTS MUST:**

1. Applicant must be at least eighteen (18) years of age at the time of submitting request for MICN authorization.
2. Document current and valid California license to practice nursing as a registered nurse.
3. Document current and valid ACLS card according to the standards of American Heart Association.
4. Submit an application for (re)authorization, including signatures of base hospital Prehospital Care Medical Director (PCMD) and Prehospital Care Nurse Coordinator (PCNC) for all North Coast EMS approved base hospitals where applicant is employed as an MICN, authorization fee, and testing fee(s), if applicable.

**MICN AUTHORIZATION REQUIREMENTS:**

1. Applicant must provide evidence of previous authorization as a Mobile Intensive Care Nurse, OR
2. Applicant must provide evidence of successful completion of a basic MICN course which has been approved by the local EMS with jurisdiction over that program.
3. Individuals obtaining training outside the North Coast EMS region must also:
  - a. Document 500 hours experience as a registered nurse within the emergency department of an acute care hospital within the last year.
  - b. Provide evidence of satisfactory completion of ten (10) actual precepted radio and/or telephone calls. Calls will be evaluated by the Prehospital Care Nurse Coordinator (PCNC), utilizing the MICN tape audit form. Simulated calls during the MICN class will not be accepted.
4. Applicant must pass the North Coast EMS written and skills authorization examinations with a minimum score of 80%.
5. Applicant must document successful completion of New Personnel Orientation and field patient observations.

**MICN REAUTHORIZATION REQUIREMENTS:**

1. Applicant should submit the reauthorization application, documentation and fee up to one (1) month prior to expiration of current authorization.
2. Applicant must document current North Coast EMS MICN authorization.
3. Applicant must document successful completion of the MICN authorization maintenance requirements (field care audit attendance, yearly ride-along observation time, continuing education) as stated in North Coast EMS policies. Only authorization maintenance requirements completed within the last twenty-four (24) months prior to submitting request for MICN authorization will be accepted.

**MICN REINSTATEMENT REQUIREMENTS (MICN authorization has expired):**

1. If authorization expiration is less than two (2) years, applicant must:
  - a. Document expired MICN authorization no longer than four (4) years prior to applying for MICN authorization.
  - b. Achieve a score of 80% or above on the North Coast EMS MICN written and skills authorization examinations.
  - c. Document successful completion of the MICN authorization maintenance requirements (field care audit attendance, yearly ride-along observation time, continuing education) as stated in North Coast EMS policies. Only authorization maintenance requirements completed within the last twenty-four (24) months prior to submitting request for MICN authorization will be accepted.
  - d. Document evidence of a minimum of twenty (20) evaluated radio and/or telephone calls (ten (10) calls evaluated by the base hospital PCNC), utilizing the MICN tape audit form.
2. If authorization expiration is two (2) years or more, applicant must:
  - a. Complete above requirements, and
  - b. Complete the new personnel orientation and field patient observation, as described in New Personnel Orientation policy.
  - c. Complete any additional training evaluation required by the North Coast EMS Medical Director.
3. As an alternative to the above requirements, applicant may successfully complete an entire MICN training program.

**HEALTH AND SAFETY CODE, SECTION 1798.200 (January 1, 2000)**

- (a) The medical director of the local EMS agency may, in accordance with regulation adopted by the authority, deny, suspend or revoke any EMT-I, EMT-II, or MICN certificate issued under this division, or place any EMT-I, EMT-II, or MICN certificate holder on probation upon the finding by that medical director of the occurrence of any of the actions listed in subdivision (c).
- (b) The authority may deny, suspend or revoke any EMT-P license issued under this division, or place any EMT-P license holder on probation upon the finding by the director of an imminent threat to the public health and safety as evidenced by the occurrence of any of the actions listed in subdivision (c).
- (c) Any of the following actions shall be considered evidence of a threat to public health and safety and may result in the denial, suspension, or revocation of a certificate or license issued under this division, or in the placement on probation of a certificate or license holder under this division:
  - (1) Fraud in the procurement of any certificate or license under this division.
  - (2) Gross negligence.
  - (3) Repeated negligent acts.
  - (4) Incompetence.
  - (5) The commission of any fraudulent, dishonest, or corrupt act which is substantially related to the qualifications, functions, and duties of prehospital personnel.
  - (6) Conviction of any crime which is substantially related to the qualifications, functions, and duties of prehospital personnel. The record of conviction or certified copy of the record shall be conclusive evidence of such conviction.
  - (7) Violating or attempting to violate directly or indirectly, or assisting in or abetting the violation of, or conspiring to violate, any provision of this division or the regulations adopted by the authority pertaining to prehospital personnel.
  - (8) Violating or attempting to violate any federal or state statute or regulation which regulates narcotics, dangerous drugs, or controlled substances.
  - (9) Addiction to the excessive use of, or the misuse of, alcoholic beverages, narcotics, dangerous drugs, or controlled substances.
  - (10) Functioning outside the supervision of medical control in the field care system operating at the local level except as authorized by any other license of certification.
  - (11) Demonstration of irrational behavior or occurrence of a physical disability to the extent that a reasonable and prudent person would have reasonable cause to believe that the ability to perform the duties normally expected may be impaired.

**I verify that I am not precluded from certification for any of the reasons defined in the California Health and Safety Code, Section 1798.200, as defined above.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

**ALL APPLICANTS REQUESTING MICN CERTIFICATION MUST ANSWER THE FOLLOWING:**

1. Have you ever applied for any prehospital certification in any county or state and been denied?

NO \_\_\_\_\_ YES \_\_\_\_\_ If YES, explain (attach additional documentation, if necessary):

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

2. Have you ever been the subject of a formal prehospital care certification disciplinary action or proceeding?

NO \_\_\_\_\_ YES \_\_\_\_\_ If YES, explain (attach additional documentation, if necessary):

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

3. Have you ever been convicted of a misdemeanor crime within the past 7 years or any felony crimes?

NO \_\_\_\_\_ YES \_\_\_\_\_

**IF YOU HAVE EVER BEEN CONVICTED OF A MISDEMEANOR CRIME WITHIN THE PAST 7 YEARS OR ANY FELONY CRIMES, YOU MUST ENCLOSE A WRITTEN EXPLANATION WITH THIS APPLICATION THAT DESCRIBES THE VIOLATION, DATES, FINES, PROBATION, DIVERSION, AND/OR CONVICTION, ETC. IN DETAIL, AND INCLUDE A SELF-EVALUATION OF THE INCIDENT AND OUTCOME. ALSO, PLEASE INCLUDE COPIES OF VERIFYING DOCUMENTATION FROM THE COURT.**

4. Do you have any pending EMS fact-finding/certification review actions?

NO \_\_\_\_\_ YES \_\_\_\_\_ If YES, explain (attach additional documentation, if necessary):

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

5. If applicant has previously notified North Coast EMS about the actions mentioned above, was certified by North Coast EMS, and has not received any further violations since that date, please initial. \_\_\_\_\_  
If the certification issued from North Coast EMS was "Probationary", please initial. \_\_\_\_\_

**I hereby certify that all statements made on or in connection with this application are true to the best of my knowledge and belief, and I understand and agree that any falsification or omission of material fact may cause forfeiture on my part of all rights to EMT certification. I hereby authorize North Coast EMS to perform any and all necessary background checks in order to validate the information that I have provided.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_