

NEW MICN PERSONNEL ORIENTATION DOCUMENTATION

I verify that _____ has been oriented to the local EMS system, including, but not limited to:

1. Base hospital radio operation.
2. Documentation of radio reports and orders.
3. North Coast EMS policies and procedures.
4. State mandated Sudden Infant Death Syndrome training, unless the individual has documented evidence of having received this training.
5. North Coast EMS Rural Trauma System orientation and emergency department approved for pediatrics (EDAP) program orientation, in participating hospitals.

Note: MICN candidates must also attach completed verification of Field Observation Form.

(The base hospital new personnel orientation shall be at least four (4) hours and not to exceed eight (8) hours.)

I acknowledge that this individual will be authorized to practice as an MICN within the North Coast EMS region and will be assigned to this facility. I have evaluated recordings of at least ten (10) precepted radio calls managed by this applicant and have found performance to be satisfactory.

Hospital

Prehospital Care Nurse Coordinator

Date