



TO: Applicants for MICN Authorization

FROM: Brenda Freese, Management Services Assistant

SUBJECT: MICN Authorization Process

Please find attached the paperwork necessary to become authorized as an MICN in the counties of Amador, Calaveras, Mariposa, and Stanislaus.

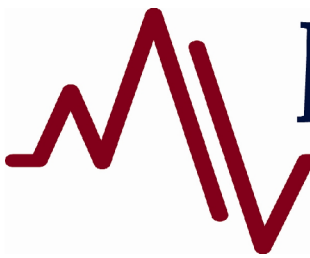
*The following outlines the steps to complete the **initial authorization** process. (SEE PAGE 2 FOR RE-AUTHORIZATION)*

- *Submit a completed and signed application that includes:*
 - *Copies of:*
 - *MICN Course Completion Certificate*
 - *Current and valid California R.N. license, (front and back, signed), or print-out from BreEZe.*
 - *Current ACLS Certification (front and back, signed)*
 - *Copy of photo identification (for example a California Driver's License)*
 - *Submit the 4 MCI CE Field Operations Module Certificates (<http://www.mvemsa.org>) in compliance with Agency policy #853.00 Prehospital Training Standards (if not included in MICN Course)*
 - *Payment of the \$100.00 non-refundable application fee (due if current MICN applying from a different county)*
- *Take and pass with a minimum of 80%, the Regional MICN Authorization Exam*
- *Take and pass with a minimum of 80%, the Regional ALS Treatment Protocol Exam*
- *Satisfactorily complete 10 ALS Radio calls. These calls must be documented on the Regional ALS Radio Call Evaluation Form and evaluated by an authorized Base MICN or Base Physician working in a Base Hospital Emergency Department. You may not obtain your 10 ALS calls until you have passed the Regional MICN Authorization and Regional ALS Treatment Protocol exams.*
- *An additional authorization requirement is to have one (1) year experience as an R.N. and six months experience in critical care or emergency department nursing.*
- *A digital photo taken on site during application processing*

The following outlines the steps to complete the **re-authorization** process.

- *Submit a completed and signed application that includes:*
 - *Copies of:*
 - *Current and valid California R.N. license (front and back, signed) or print-out from BreEze.*
 - *Copy of photo identification (for example a California Driver's License)*
 - *Proof of successful completion of **16 hours*** of Continuing Education (must be CE Certificates, cannot be a list of courses/hours completed), MUST be relating to ALS care obtained during the current authorization period.*
 - *Submit the 4 MCI Field Operations Module CE Certificates (<http://www.mvemsa.org>) in compliance with Agency policy #853.00 Prehospital Training Standards (dated not earlier than 90- days prior to re-authorization). * **These CE Certificates (total of 4 hours) can be used as part of your CE requirements for this certification period***
 - *Payment of the \$50.00 non-refundable application fee, made payable to MVEMSA*
 - *Payment of the \$15.00 non-refundable late fee if card is expired*
 - *A digital photo taken on site during application processing*

Once you have completed the above, please submit your application to our office (we do not accept applications by mail). We will review your application and issue authorization as appropriate. If I may answer any further questions regarding the MICN Authorization process, please feel free to contact me at 209-529-5085.



Mountain-Valley

EMERGENCY MEDICAL SERVICES AGENCY

APPLICATION FOR MICN AUTHORIZATION

(Check One)

- INITIAL AUTHORIZATION - \$100.00 *(due if current MICN applying from a different county)*
- REAUTHORIZATION - \$50.00 MICN AUTHORIZATION #: _____ EXPIRATION DATE: _____
- LATE FEE - \$15.00

SSN#: _____

LAST NAME: _____ FIRST NAME: _____ M.I. _____

EMPLOYER: _____ POSITION: _____

ADDRESS: _____ PHONE #: () _____

CITY/STATE: _____ FAX #: () _____

HOME MAILING ADDRESS: _____

CITY: _____ ZIP _____

HOME TELEPHONE #: () _____ CELL PHONE #: () _____

EMAIL: _____

RN LICENSE # _____ EXPIRATION DATE: ___/___/___ (attach copy of card)

DRIVERS LICENSE #: _____ (attach copy of card) DOB: ___/___/___

Have you ever had any action taken against your nursing license? Yes No

Have you ever had any action taken against your MICN Authorization? Yes No

If yes, thoroughly explain on a separate piece of paper and attach to this application.

FOR OFFICE USE ONLY: CERT #: _____ CO.: _____ card sent: _____ letter sent: _____

ISSUE DATE: _____ EFF. DATE: _____ EXP. DATE: _____

- Signatures ID RN license ACLS CE MCI Fee Late fee Tests

Paid: _____ Date: _____ Check#: _____ Cash: _____ Debit/Credit: _____

Age Range:

- 18-20 41-45
 21-25 46-50
 26-30 51-55
 31-35 56-60
 36-40 Older

Gender:

- Male
 Female

Race/Ethnicity:

- American Indian/Alaska Native Black/African American
 Asian White
 Hispanic Latino Choose to not identify
 Native Hawaiian or Other Pacific Islander

TRAINING (Initial Authorization)

Please document where you received your initial MICN training:

INSTITUTION: _____ INSTRUCTOR: _____

ADDRESS: _____

CONTINUING EDUCATION (Reauthorization)

Submit documentation (*must be CE Certificates*) of successful completion of at least **sixteen (16)*** hours of education relating to ALS care obtained during the current authorization period, INCLUDING: Submit the 4 MCI Field Operations Module CE Certificates (<http://www.mvemsa.org>) (dated not earlier than 90 days prior to reauthorization) in compliance with Agency policy #853.00 Prehospital Training Standards (***These CE Certificates (total of 4 hours) can be used as part of your CE requirements for this certification period**).

Copies of all continuing education certificates must be attached.

READ CAREFULLY BEFORE SIGNING:

I hereby certify under penalty of perjury that I am not precluded from authorization for those reasons defined in Section 1798.200 of the Health and Safety Code, which are as follows:

- (1) Fraud in the procurement of any certification 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 qualification, 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 promulgated 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 or 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 have read and understand Section 1798.200 of the Health and Safety code (above). I am not precluded from being authorized for any reason defined in Section 1798.200, or I have enclosed a complete explanation of any item that applies to me. I hereby certify that all information on this application is true and correct to the best of my knowledge and belief, and I understand that any falsification or omission of material facts may cause forfeiture on my part of all rights to MICN Authorization by the Mountain-Valley EMS Agency. I understand all information on this application is subject to verification and I hereby give my express permission for the Mountain-Valley EMS Agency to contact any employer or agency for information related to my role and function as an MICN.

PRINTED NAME: _____

CERT#: _____

SIGNATURE: _____ DATE: _____