



MICN CERTIFICATION/RECERTIFICATION APPLICATION

ALL REQUIRED DOCUMENTS MUST BE ATTACHED WHEN APPLICATION IS TURNED IN

CHECK ONE-

Initial Certification

The Base Hospital Coordinator shall notify the El Dorado County EMS Agency in writing of applicant's successful completion of the below requirements and submit all requirements for certification.

1. Provide proof of current certification as a Mobile Intensive Care Nurse in a California county and pass El Dorado County Protocol test with at least 80% OR
Completion of El Dorado County Basic Mobile Intensive Care Nurse Course which includes orientation to El Dorado County Protocols, Policies and Procedures, radio communications, Trauma and MCI plans.
 - a. Pass El Dorado County Protocol Test with at least 80%
 - b. Complete MICN Radio Orientation
 - c. Complete Advanced Life Support (ALS) emergency response vehicle observation experience and MICN Field Observation Form:
 - i. Direct observation of at least four (4) hours, which must include at least two (2) patient contacts in which the patient is assessed.
 - ii. If two (2) patient contacts are not completed, two (2) ALS scenarios will be conducted by the Paramedic within the four (4) hour observation period.
2. Completed application and pay associated fee.
3. Evidence of a valid and current license as a Registered Nurse in California.
4. Evidence of a valid and current ACLS card according to the standard of the AHA.
5. Evidence of a valid and current PALS card according to the standard of the AHA.
6. Government issued Photo Identification.
7. Proof of employment and endorsed by the Manager or Pre-Hospital Care Coordinator of an El Dorado County Base Hospital emergency department within the last six (6) months.

Recertification

The Base Hospital Coordinator shall notify the El Dorado County EMS Agency in writing of applicant's successful completion of the below requirements and submit all requirements for re-certification.

1. Completed application and pay associated fee.
2. Evidence of a valid and current El Dorado County (EDC) MICN certification card.
3. Completion of El Dorado County Basic Mobile Intensive Care Nurse Course.
4. Evidence of a valid and current license as a Registered Nurse in California.
5. Evidence of a valid and current ACLS card according to the standard of the AHA.
6. Evidence of a valid and current PALS card according to the standard of the AHA.
7. Government issued Photo Identification.
8. Proof of employment on Department Letterhead endorsed by the Manager or Pre-Hospital Care Coordinator of an El Dorado County Base Hospital emergency department within the last six (6) months.
9. Obtain a minimum of eight (8) hours of instructor based credit of prehospital focused education. Prehospital education may be fulfilled by the following means:
 - a. Attendance at Continuous Quality Improvement (CQI), Medical Advisory (MAC) or Paramedic Advisory (PAC) committee meetings.
 - b. Provide completed MICN filed Observation Form Advanced of Life Support (ALS) emergency response vehicle observation experience.
 1. Direct observation of at least four (4) hours, which must include at least two (2) patient contacts in which the patient is assessed.
 2. If two (2) patient contacts are not completed, two (2) ALS scenarios will be conducted by the Paramedic within the four (4) hour observation period.
 - c. Run reviews or attendance of pre-approved EMS educational conferences or seminars.
10. Completion of EDC EMS Annual Policy, Protocol, and Procedure Update classes.

Lapse in certification:

Recertification is required under the following conditions:

1. Lapse in California State RN license
2. Lapse of current MICN certification from 1 day to 12 months
 - a. MICNs who have not satisfied the requirements or lack documentation to demonstrate completion shall be reported to the EMS Agency and will not be allowed to function as MICN until recertified.

To recertify following a lapse in certification, complete all the steps in MICN Recertification section.

MICN inactive status:

Current MICN certification but no longer employed by an El Dorado Base Hospital

To reactivate provide proof of employment and endorsed by the Manager or Pre-Hospital Care Coordinator of an El Dorado County Base Hospital Emergency Department.

SSN#: _____

LAST NAME: _____ FIRST NAME: _____ MI: _____

EMPLOYER: _____ POSITION: _____

ADDRESS: _____ PHONE #: _____

CITY/STATE: _____ FAX #: _____

HOME MAILING ADDRESS: _____

EMAIL: _____

DRIVERS LICENSE #: _____ DOB: ____ / ____ / ____

Age Range:	Gender:	Race/Ethnicity:	
<input type="checkbox"/> 18-20 <input type="checkbox"/> 41-45	<input type="checkbox"/> Male	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Black/African American
<input type="checkbox"/> 21-25 <input type="checkbox"/> 46-50	<input type="checkbox"/> Female	<input type="checkbox"/> Asian	<input type="checkbox"/> White
<input type="checkbox"/> 26-30 <input type="checkbox"/> 51-55		<input type="checkbox"/> Hispanic Latino	<input type="checkbox"/> Choose to not identify
<input type="checkbox"/> 31-35 <input type="checkbox"/> 56-60		<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	
<input type="checkbox"/> 36-40 <input type="checkbox"/> Older			

INITIAL CERTIFICATION ONLY:

COURSE LOCATION: _____

INSTRUCTOR: _____ COURSE COMPLETION DATE: ____ / ____ / ____

In what setting will you be using your certification? (please check one)
 Ambulance Paid Firefighter Volunteer Firefighter Industrial Clinic
 General Info Seeking Employment with Ambulance Company Seeking Employment with Fire
 Other

Have you ever been convicted of any felony or misdemeanor offense in California or in any other state or place, including entering a plea of nolo contendere or no contest, and including any conviction which has been expunged (set aside) or records sealed under Penal Code Section 1203.4? Yes ____ No ____

Are there any criminal charges currently pending against you? Yes ____ No ____
(You must answer these questions or your application will be returned.) If yes, attach a detailed statement describing the crime(s), date, location, court, sentence served, and parole if any. You must also attach any applicable court documents and police reports.

Have you ever had a certification, accreditation, or professional healing arts license denied, suspended, revoked, or placed on probation, or are you under investigation at this time? Yes ____ No ____
(You must answer this question or your application will be returned.) If yes, you must enclose with this application a written explanation that describes the action, any corrective action, and/or remediation as a result of the action.

The Medical Director shall deny or revoke an EMT certificate if any of the following apply to the applicant:

- a. has committed any sexually related offense specified under Section 290 of the Penal Code
- b. been convicted of murder, attempted murder, or murder for hire
- c. been convicted of two or more felonies
- d. is on parole or probation for any felony
- e. been convicted and released from incarceration during the preceding fifteen years of the crime of manslaughter or involuntary manslaughter
- f. been convicted and released from incarceration during the preceding ten years for any offense punishable as a felony
- g. been convicted of two misdemeanors within the preceding five years for any offense relating to the use, sale, possession, or transportation of narcotics or addictive or dangerous

drugs

- h. been convicted of two misdemeanors within the preceding five years for any offense relating to force, violence, threat or intimidation
- i. been convicted within the preceding five years of any theft related misdemeanor has committed any act within the preceding seven years involving fraud or intentional dishonesty for personal gain

I hereby certify under penalty of perjury 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 EMT certification in the state of California. I understand all information on this application is subject to verification, and I hereby give my express permission for the El Dorado County EMS Agency to contact any employer, agency, or any other person for information related to my role and function as an EMT in the state of California.

Signature of Applicant: _____

Print Name: _____

Date: _____