



**NORTHERN CALIFORNIA EMS, INC.**

930 Executive Way Suite 150, Redding, CA 96002-0635  
 Phone: (530) 229-3979 Fax: (530) 229-3984  
 Email: [mail@norcalems.org](mailto:mail@norcalems.org) Web: [www.norcalems.org](http://www.norcalems.org)

**MICN**

**INITIAL AUTHORIZATION**

**NEED IT FAST? APPLY ONLINE!**

**GO TO: [WWW.NORCALEMS.ORG](http://WWW.NORCALEMS.ORG)**

**APPLICATION FOR INITIAL 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: (IF UPGRADING TO FIELD ONLY)	
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 AMBULANCE PROVIDER (IF APPLICABLE):				

**APPLICATION REQUIREMENTS:** Fill out appropriate section below. Check (✓) items that have been completed.  
**Attach CURRENT, legible photocopies verifying all requirements.**

✓ INITIAL BASE MICN AUTHORIZATION	✓ UPGRADE TO FIELD MICN AUTHORIZATION
California BRN License. (provide photocopy)	Submit "Initial" Base MICN requirements or current Base MICN card if <u>upgrading</u> to Field MICN
BLS (CPR) Certification (provide photocopy)	Completion of Field MICN training requirements to including 10 ALS patient contacts. (provide documentation)
Check here for Proof of six (6) months critical care (provide documentation)	Completion of all required skills testing. (provide documentation)
Attendance at a SIDS class. (provide documentation)	Documentation of ICS 100 Course or equivalent
Completion of an approved MICN training program. (provide Course Completion Certificate)	✓ <b>BASE OR FIELD MICN CHALLENGE REQUIREMENTS</b>
Photo ID: Valid CA DL/ID or Military ID (provide photocopy)	Submit all "Initial" Base/Field MICN requirements, <i>Except</i> for the Training Program requirement (see below)
	<b>OUT OF AREA TRAINING:</b> Documentation of proof of Authorization, education, & experience.
	<b>CHALLENGE OF TRAINING:</b> Refer to Policy #302 Challenge of MICN Training Req, ALS Certifications Module

<b>OFFICE USE ONLY:</b>		CERT NO.: _____
DATE: _____ SCORE: _____	DATE PROCESSED: _____	EFF. DATE: _____
DATE: _____ SCORE: _____	PD: CK _____ VISA/ MC _____	EXP DATE: _____

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

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

\_\_\_\_ Yes \_\_\_\_ No

2. 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 YOU ANSWERED "YES," TO EITHER QUESTION ABOVE, YOU MUST SUBMIT THE FOLLOWING DOCUMENTATION:

- A SIGNED AND DATED DETAILED LETTER OF EXPLANATION REGARDING YOUR OFFENSE
- FINAL COURT DISPOSITION DOCUMENTS
- A CURRENT DMV PRINTOUT WITHIN THE LAST 30 DAYS
- DOCUMENTATION FROM ANY EMS AGENCY REGARDING ANY DISCIPLINARY ACTION IMPOSED

**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 FOR INITIAL MICN AUTHORIZATION; UPGRADE AUTHORIZATION OR CHALLENGE AUTHORIZATION
- REQUIRED FEES FOR MICN AUTHORIZATION:
  - BASE MICN AUTHORIZATION ONLY - \$80.00
  - DUAL BASE AND FIELD AUTHORIZATION - \$160.00
  - FIELD MICN UPGRADE ONLY - \$80.00 (CURRENT BASE MICN AUTHORIZATION REQUIRED)

SUBMIT YOUR CHECK MADE 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](http://www.norcalems.org)

SEND COMPLETED APPLICATION AND ALL DOCUMENTATION TO:

**NOR-CAL EMS  
CERTIFICATION DEPARTMENT  
1890 PARK MARINA DRIVE, SUITE 200  
REDDING, CA 96001**

ALL FEES ARE NON-REFUNDABLE, NON TRANSFERRABLE AND SUBJECT TO CHANGE  
A \$15.00 CHARGE WILL BE IMPOSED ON ALL CHECKS RETURNED FOR NON-SUFFICIENT FUNDS(NSF).



**NORTHERN CALIFORNIA EMS, INC.**

930 Executive Way Suite 150, Redding, CA 96002-0635  
Phone: (530) 229-3979 Fax: (530) 229-3984  
Email: [mail@norcalems.org](mailto:mail@norcalems.org) Web: [www.norcalems.org](http://www.norcalems.org)

**MICN RECOMMENDATION FORM**

**Instructions:**

This form to be completed by applicant and submitted to Nor-Cal EMS with required original signature. Incomplete forms will be returned to applicant for completion.

_____	_____
<b>Applicants Full Name</b>	<b>Name of Base Hospital or Provider Agency</b>
_____	<b><u>Recommendation for (check one only):</u></b>
<b>CA BRN License Number</b>	_____ <b>Initial Base MICN</b>
	_____ <b>Upgrade to Field MICN</b>
	_____ <b>Challenge Base &amp; Field MICN</b>

**INITIAL MICN AUTHORIZATION:**

**We recommend** the above named registered nurse be authorized to function as a Mobile Intensive Care Nurse, as defined by the MICN policy in the Nor Cal EMS Policy Manual. This candidate has successfully completed a Nor-Cal EMS approved Mobile Intensive Care Nurse Course to include base or field internship as outlined in the Nor-Cal EMS training requirements for Mobile Intensive Care Nursing. This individual is currently employed as a registered nurse for this base hospital or one of its approved provider agencies.

**UPGRADE TO FIELD MICN:**

**We recommend** that the above named registered nurse be authorized to function as a Mobile Intensive Care Nurse -FIELD. This candidate has successfully completed a field internship as outlined in the Nor-Cal EMS training requirements for Mobile Intensive Care Nursing or qualifies for exemption approved by Nor Cal EMS. This individual is currently employed as a registered nurse for this base hospital or one of its approved provider agencies.

**CHALLENGE MICN AUTHORIZATION:**

**We recommend** that the above named registered nurse be authorized to function as a Mobile Intensive Care Nurse. Candidate has met all requirements necessary for challenging MICN authorization, as defined by the MICN Challenge Policy per Nor-Cal EMS Policy Manual. This individual is currently employed as a registered nurse for this base hospital or one of its approved provider agencies.

_____
<b>Signature Pre-hospital Care Coordinator</b>
_____
<b>Date this form completed</b>