



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 Web: www.norcalems.org

MICN
REAUTHORIZATION

NEED IT FAST? APPLY ONLINE!
GO TO: WWW.NORCALEMS.ORG

**APPLICATION FOR RE- 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:		LAST 4 OF SOCIAL SECURITY #:	MICN NUMBER AND EXPIRATION DATE:	
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 AMBULANE PROVIDER (IF APPLICABLE):				

RE-AUTHORIZATION REQUIREMENTS: Attach CURRENT, legible photocopies verifying all requirements

Check (✓) items that have been completed..

✓	RE-AUTHORIZATION BASE OR FIELD MICN	
	California BRN License	(provide photocopy)
	BLS (CPR) Certification	(provide photocopy)
	Current MICN Authorization card	(provide photocopy)
	Continuing Education form	(provide photocopy)
	Photo ID: Valid CA DL/ID or Military ID	(provide photocopy)
FEES:	<u>BASE MICN:</u> \$ 80.00 with current MICN authorization. \$120.00 with expired MICN authorization	<u>FIELD MICN:</u> \$ 80.00 with current MICN authorization. \$120.00 with expired MICN authorization.

OFFICE USE ONLY:

PD: CK _____ / CC _____	TESTING IF REQUIRED:	CERT NO: _____
DATE PROCESSED: _____	DATE: _____ SCORE: _____	EFF. DATE: _____
	DATE: _____ SCORE: _____	EXP DATE: _____

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

THE FOLLOWING QUESTIONS MUST BE ANSWERED BY ALL APPLICANTS

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

_____ YES _____ NO

IF YES TO THE ABOVE QUESTION, ATTACH THE FOLLOWING DOCUMENTATION TO THIS APPLICATION:

- FINAL COURT DISPOSITION DOCUMENTS
- A CURRENT DMV PRINTOUT WITHIN THE LAST 30 DAYS
- A SIGNED AND DATED DETAILED LETTER OF EXPLANATION REGARDING YOUR OFFENSE

17. 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 YES TO THE ABOVE QUESTION, ATTACH THE FOLLOWING DOCUMENTATION TO THIS APPLICATION:

- A SIGNED AND DATED DETAILED LETTER OF EXPLANATION REGARDING YOUR OFFENSE
- DOCUMENTATION FROM ANY EMS AGENCY REGARDING ANY DISCIPLINARY ACTION IMPOSED

FAILURE TO SUBMIT REQUIRED DOCUMENTS WILL DELAY PROCESSING YOUR REQUEST FOR CERTIFICATION. AN ADMINISTRATIVE FEE OF \$75.00 WILL BE CHARGED TO APPLICANTS PLACED ON PROBATION DUE TO PRIOR FELONY AND/OR MISDEMEANOR CONVICTIONS.

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 OF THIS APPLICATION FOR BASE OR FIELD MICN REAUTHORIZATION
- MICN AUTHORIZATION FEES:
 - **BASE MICN - \$ 80.00 WITH CURRENT MICN CARD**
 \$120.00 WITH EXPIRED MICN CARD
 - **FIELD MICN - \$ 80.00 WITH CURRENT MICN CARD**
 \$120.00 WITH EXPIRED MICN CARD

SUBMIT YOUR CHECK 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

SEND COMPLETED APPLICATION AND ALL DOCUMENTATION TO:

**NOR CAL EMS
CERTIFICATION DEPARTMENT
930 Executive Way, Suite 150
REDDING, CA 96002**

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



303A - MICN Continuing Education Form

NAME OF MICN: _____ BASE / FIELD CERT #: _____

EMPLOYER: _____ BASE HOSPITAL: _____

BASE AND FIELD MICN: The following requirements must be completed every Authorization period (every two (2) years).

- 1. Documented attendance of at least six (6) hours of Field Care Audits during authorization period.

Date	FIELD CARE AUDITS	Where Obtained?	CE's

- 2. Submit documentation of the following:
 - Current healthcare provider CPR Certification.
 - Current ACLS and PALS certification card.
 - ICS 100 training or equivalent, (Recommended for Base, **Required** for Field MICN).

FIELD MICN ONLY- In addition to the requirements listed above, the Field MICN must complete the following:

- 3. Patient Contact/Field Time:
 - I am currently employed as a **Full/Part** time employee in the prehospital setting; **OR**
 - I have obtained four (4) ALS contacts in the pre-hospital setting during this authorization period, **OR**
 - I have completed eight (8) hours of structured field time, supervised by a MICN/MICP, as authorized by the base station during this authorization period.
- 4. I have completed the biennial skills competencies (date): _____ and completed them at: _____.

I certify that the above information is true and correct:

MICN's Signature

Date