

County of Orange Health Care Agency
Emergency Medical Services (EMS)
405 W. Fifth Street, Suite 301A
Santa Ana, CA 92701



**MOBILE INTENSIVE CARE NURSE (MICN)
AUTHORIZATION RENEWAL CHECKLIST**

OCEMS Policy 400.00: In order to be eligible for **renewed** authorization, an individual shall meet the following requirements:

MICN Applicant: _____

- Currently licensed as a Registered Nurse in California
 - ✓ RN License number: _____
 - ✓ Expiration Date: _____
- Current employment in the emergency department (ED) of an Orange County base hospital
 - Hoag Memorial Hospital Huntington Beach Hospital Mission Hospital St. Jude Medical Center UCIMC WMSA
- Possess a current, valid Orange County EMS MICN authorization certificate
 - ✓ MICN number: N-00
 - ✓ Expiration Date: _____
- Successful completion of continuing education requirements: **summary attached**
 - ✓ Minimum of thirty (30) hours of continuing education every two years from an approved CE provider
 - ✓ Attendance at OCEMS approved mandatory in-services: **dates:** _____
- RPAC attendance: Attendance of a minimum of two (2) RPAC meetings per year for a total of four (4) RPACs every certification period
 - Year 1 (dates):** _____ **Year 2 (dates):** _____
- Field observation:
 - First reauthorization period: Directly observe paramedics providing care for eight (8) hours or three (3) ALS level calls
 - Reauthorization period 2 and above: Directly observe paramedics providing care for four (4) hours
 - Reauthorization period 6 and above (optional): Provide four (4) hours of paramedic education in lieu of direct observation at the discretion of the Base Hospital Coordinator (**Reauth period #** _____)
- Sufficient radio contact experience to maintain the skills proficiency level required to safely direct prehospital emergency medical care; minimum of 2/month (aggregate 6/quarter)
_____ **# calls directed during authorization period**
- Written recommendation by the sponsoring hospital's base hospital coordinator, and/or ED nursing supervisor and the base hospital physician director
 - ✓ letter of recommendation attached
- Completion of an Orange County EMS MICN application form
 - ✓ completed and signed application enclosed
- Payment of the established fee
 - check is enclosed
 - check to be mailed under separate cover

Form completed by: _____ Base Hospital Coordinator

Date: _____

Submit this checklist and all other paperwork as noted above to OCEMS, Attn: Facilities Coordinator