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