

County of San Luis Obispo Public Health Department
 Division: Emergency Medical Services Agency

Policy 350 & 351 Attachment A
 Effective Date: 03/01/2023

MICN AUTHORIZATION APPLICATION

Check One: **Initial Authorization** **Re-authorization: SLO Co #:**

APPLICANT INFORMATION					
Last Name:			First Name and Middle Initial:		
Mailing Address, PO Box/Street:			Residence Address (if different than mailing):		
City:	State:	Zip:	City:	State:	Zip:
<input type="checkbox"/> This is a change of address			<input type="checkbox"/> This is a change of address		
Cell Phone Number:			Personal Email:		
Home Phone Number:			Work Email:		
Date of Birth:	CA Driver's License #:		CA RN License #:	Expiration:	
Primary Employer Information			Secondary Employer Information		
Name:		Phone Number:	Name:		Phone Number:
Address:			Address:		
City:	Sate:	Zip:	City:	Sate:	Zip:
For Initial Authorization, Liaison/Preceptor Name:			For Initial Authorization, Orientation Start Date:		
****EMS AGENCY USE ONLY BELOW THIS LINE****					
<input type="checkbox"/> Megan's Law Checked			<input type="checkbox"/> Access Database Updated		
County Number:		Effective Date:	Expiration Date:		
Date Letter Sent to Applicant:			Date Letter Sent to Employer(s):		
Verified by:			Verified Date:		

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USE APPROPRIATE CHECK LIST BELOW AND SIGN. SUBMIT BOTH PAGES.

Applicant Name:

Date:

MICN AUTHORIZATION	MICN RE-AUTHORIZATION
<input type="checkbox"/> Completed Application (both pages).	<input type="checkbox"/> Completed Application (both pages).
<input type="checkbox"/> Letter from SLO County Base Hospital confirming employment as an RN in ED for at least 1 year.	<input type="checkbox"/> Letter from SLO County Base Hospital confirming employment as an RN in ED.
<input type="checkbox"/> Waived for Previous SLO County Accredited Paramedics	
<input type="checkbox"/> Copy of CA RN License.	<input type="checkbox"/> Copy of CA RN License.
Expiration:	Expiration:
<input type="checkbox"/> Copy of CPR Card.	<input type="checkbox"/> Copy of CPR Card.
Expiration:	Expiration:
<input type="checkbox"/> AHA-BLS Healthcare Provider	<input type="checkbox"/> AHA-BLS Healthcare Provider
<input type="checkbox"/> ARC-BLS Healthcare Provider	<input type="checkbox"/> ARC-BLS Healthcare Provider
<input type="checkbox"/> Other (CAPCE approved BLS Healthcare Provider).	<input type="checkbox"/> Other (CAPCE approved BLS Healthcare Provider).
<input type="checkbox"/> Copy of ACLS Card.	<input type="checkbox"/> Copy of ACLS Card.
Expiration:	Expiration:
<input type="checkbox"/> Proof of MICN Initial Authorization Course	<input type="checkbox"/> Proof of Annual MICN EMS Update Classes (2).
<input type="checkbox"/> Copy of Base Station Orientation Checklist -Attachment B	<input type="checkbox"/> Copy of Base Station Meeting Certificates (4).
<input type="checkbox"/> Copy of Radio Proctoring Form -Attachment C	<input type="checkbox"/> Non-refundable application fee.
<input type="checkbox"/> Copy of MedCom Orientation Checklist -Attachment D	
<input type="checkbox"/> Copy of Field Orientation Checklist -Attachment E	
<input type="checkbox"/> Waived for Previous SLO County Accredited Paramedics	
<input type="checkbox"/> Non-refundable application fee.	

DECLARATION and ATTESTATION

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)?

On File with SLO EMSA Yes No

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?

On File with SLO EMSA Yes No

Are there any criminal charges currently pending against you? Yes No

If you answered yes to any of the above questions, you must submit with this application a written explanation that describes the crime(s), date, location, court, sentence served, and parole if any, and/or the action taken against your certification, accreditation or professional license, any corrective action, and/or remediation as a result of the action. You must also attach any applicable court documents and police reports.

Attestation: *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 MICN Authorization in the County of San Luis Obispo. I understand all information on this application is subject to verification, and I hereby give my express permission for this certifying entity to contact any person or agency for information related to my role and function as an MICN. It is my responsibility to notify the EMS Agency within 7 days of any arrest or change in my eligibility status. I also understand that I am required to notify the EMS Agency in writing within 30 days of any change in my mailing address.*

Signature of Applicant:

Date: