

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

Policy 350 Attachment D  
 Effective Date: 12/01/2022

## MICN - Med Com Orientation Checklist

**Submit this form with Initial Application for MICN Authorization**

MICN Applicant Name:	
Dispatcher Name:	Date:

Orientation Items Reviewed (4 Hours Total)	
<input type="checkbox"/> <b>Review of CAD System:</b>	<input type="checkbox"/> <b>Hospital Communications:</b>
<input type="checkbox"/> EMS	<input type="checkbox"/> All Call
<input type="checkbox"/> Sheriff	<input type="checkbox"/> Reddinet
<input type="checkbox"/> Watch Commander	• Location and Use
<input type="checkbox"/> Other:	
<input type="checkbox"/> <b>EDM Cards</b>	

I hereby certify that I completed the MICN Med Com Orientation:	
Signature of MICN Applicant:	Date:

I hereby certify that the MICN Applicant has completed the MICN Med Com Orientation:	
Signature of Dispatcher:	Date of Completion: