

## APPLICATION FOR MICN AUTHORIZATION

APPLICANT INFORMATION						<input type="checkbox"/> INITIAL	<input type="checkbox"/> RENEWAL
Last Name			First Name		Middle Initial		
Mailing Address: PO Box/Street			Residence Address if Different from Mailing Address				
City	State	Zip Code	City		State	Zip Code	
Is this a change of address? <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>			Is this a change of address? <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>				
Cell Phone Number	Home Telephone Number		Home Email		Work Email		
Date of Birth	Driver's License Number		RN State License #		Expiration Date		
Primary Employer			Other Employer				
Name		Phone	Name		Phone		
Address			Address				
City	State	Zip Code	City		State	Zip Code	
DECLARATION							
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 <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are there any criminal charges currently pending against you?						On File with <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
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 <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<p style="color: red; font-weight: bold;">If you answered yes to any of these questions, you must submit with this application</p> 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.							
<input type="checkbox"/> <b>MICN RENEWAL ONLY</b> – I certify that I have met the requirement of twelve (12) Base Hospital Meetings or the equivalent in the last two (2) years.							
<p>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 the EMS Agency to contact any person or agency for information related to my role and function as a MICN. I also understand that the <b>application fees are non – refundable</b> and that I am required to notify the EMS Agency in writing within 30 days of any change in my mailing address.</p>							
Signature of Applicant:						Date:	

**SUBMIT THE FOLLOWING ITEMS WITH APPLICATION**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

MICN INITIAL AUTHORIZATION	MICN RE-AUTHORIZATION
<input type="checkbox"/> Completed Application <input type="checkbox"/> Letter from County of SLO Base Hospital confirming 1 year of ED experience <input type="checkbox"/> Certificate of Completion From MICN Authorization Course <input type="checkbox"/> \$340 <b>Non-refundable</b> MICN course fee <input type="checkbox"/> ACLS Card Expiration Date: _____ <input type="checkbox"/> RN License #: _____ <input type="checkbox"/> Expiration Date: _____ <input type="checkbox"/> CPR Card Expiration Date: _____ <input type="checkbox"/> AHA – BLS Provider <input type="checkbox"/> CAL FIRE <input type="checkbox"/> Atascadero Fire <input type="checkbox"/> Other _____ <input type="checkbox"/> Base Hospital Orientation <input type="checkbox"/> 15 proctored radio calls <input type="checkbox"/> 6 hours ALS transport Field Orientation <input type="checkbox"/> 4 hours ALS non-transport or MedCom Orientation	<input type="checkbox"/> Completed Application <input type="checkbox"/> Letter from employer confirming employment in ED <input type="checkbox"/> Certificate of Completion From a Re-Authorization Course <input type="checkbox"/> \$130 <b>Non-refundable</b> MICN course fee <input type="checkbox"/> ACLS Card Expiration Date: _____ <input type="checkbox"/> RN License #: _____ <input type="checkbox"/> Expiration Date: _____ <input type="checkbox"/> CPR Card Expiration Date: _____ <input type="checkbox"/> AHA – BLS Provider <input type="checkbox"/> CAL FIRE <input type="checkbox"/> Atascadero Fire <input type="checkbox"/> Other: _____ <input type="checkbox"/> Base Hospital Meetings <input type="checkbox"/> Ride along time (up to 6 hrs)
<b>***** EMS Agency Use Only Below This Line *****</b>	
Verified by: _____ Date Verified: _____ Megan's Law: _____ Access Updated: _____ County No: _____ Effective Date: _____ Expiration Date: _____ Copy to Employer: _____ Date Emailed/Picked Up: _____ Added to NOMIS: _____	