



LOS ANGELES COUNTY EMERGENCY MEDICAL SERVICES AGENCY MOBILE INTENSIVE CARE NURSE (MICN) APPLICATION



APPLICATION AND FEE*

- | | | |
|---|---|--|
| <input type="checkbox"/> Certification - \$175 | <input type="checkbox"/> Recertification – \$50
(lapse less than 6 months) | <input type="checkbox"/> Recertification - \$300
(lapse 12 mo – < 24 mo.) |
| <input type="checkbox"/> Recertification - \$50 | <input type="checkbox"/> Recertification - \$200
(lapse 6 mo. – < 12 mo.) | <input type="checkbox"/> Challenge - \$300 |

*A non-refundable fee in the amount indicated, payable to “Los Angeles County DHS,” must accompany this application. The County charge will be imposed on all checks returned for non-sufficient funds.

PLEASE PRINT IN INK OR TYPE

Section 1	Legal Name _____ Birthdate ____/____/____ <small>(Last) (First) (M.I.)</small>
	Mailing Address _____ _____ <small>(City) (State) (Zip Code)</small>
	Contact Phone _____ - _____ - _____ Work Phone _____ - _____ - _____
	Social Security No. _____ - _____ - _____ e-mail _____
	Sponsoring Base Hospital/Agency _____

Section 2	LICENSURE/CERTIFICATION (Certification and challenge candidates must attach copies)
	California RN License No. _____ Exp. Date ____/____/____ ACLS Exp. Date ____/____/____
	MICN Certification No. _____ County _____ Exp. Date ____/____/____ <i>(continued on reverse side)</i>

DO NOT WRITE BELOW THIS LINE

(For EMS Agency Use Only)

MICN Candidate	MICN Renewal	EMS Agency Review	Certification
<input type="checkbox"/> Application <input type="checkbox"/> Letter of Recommendation <input type="checkbox"/> RN License Copy <input type="checkbox"/> ACLS Certification Copy <input type="checkbox"/> Field Observation <input type="checkbox"/> Course Completion Cert <input type="checkbox"/> Confirmation Letter <input type="checkbox"/> Entered into PEPSI	<input type="checkbox"/> Application <input type="checkbox"/> CE Summary <input type="checkbox"/> Entered into PEPSI <hr/> Certification Fee <hr/> Amount Received \$ _____ DR # _____ Date ____/____/____ Received by _____	Reviewed by _____ <input type="checkbox"/> Approved <input type="checkbox"/> Denied Note: _____ _____	Exam Date ____/____/____ Exam: Pass Fail Retake: Pass Fail <input type="checkbox"/> Radio Internship Evaluation Certification No. N _____ Cert. Date ____/____/____ Exp. Date ____/____/____

Section 3	<p>PROFESSIONAL EXPERIENCE AND SPONSORING AGENCY APPROVAL</p> <p>Currently employed by: _____ Position: _____ Since: _____/_____/_____ Month/Yr</p> <p>Total years of experience: RN _____ Emergency Dept. _____ Critical Care _____</p>
	<p>I hereby <input type="checkbox"/> Recommend MICN Certification <input type="checkbox"/> Approve MICN Recertification</p> <p>Sponsoring Coordinator's Signature _____</p>

Section 4	<p>ALL APPLICANTS MUST ANSWER THE FOLLOWING:</p> <p>Have you ever had an application for MICN certification denied in any county or State? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please explain _____</p> <p>As a juvenile or adult, have you ever been convicted of a misdemeanor or felony? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, indicate the type of conviction and attach a detailed explanation with any supporting documentation for each conviction: <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Felony</p> <p>Have you ever been, or are you currently, the subject of a formal prehospital care certification disciplinary action or proceeding? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain _____</p>
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I hereby certify that all statements made on or in connection with this application are true to the best of my knowledge and belief. I understand and agree that any falsification or omission of material facts may cause forfeiture on my part of all rights to MICN certification in the County of Los Angeles. I authorize the EMS Agency to provide prehospital care employers with my certification status.

_____ Applicant's Signature

_____ Date

Mail to:

Los Angeles County
Emergency Medical Services Agency
Office of Certification
10100 Pioneer Boulevard, Suite 200
Santa Fe Springs, CA 90670
(562) 347-1500

Revised: 06/17