

DEPARTMENT OF HEALTH SERVICES  
COUNTY OF LOS ANGELES

SUBJECT: **CERTIFICATION/RE-CERTIFICATION  
REQUIREMENTS**

REFERENCE NO. 1000

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Paramedic Accreditation	1006
Paramedic Accreditation Application	1006.1
Mobile Intensive Care Nurse (MICN) Certification/Recertification	1010
Mobile Intensive Care Nurse (MICN) Field Observation	1011
EMS Continuing Education (CE) Provider Approval and Program Requirements	1013
EMT-I Certification	1014