LOS ANGELES COUNTY
EMERGENCY MEDICAL SERVICES (EMS) AGENCY
MICN STATEMENT OF CONTINUING EDUCATION

Print in ink or type the requested information in the proper space. This form will not be accepted without your signature.
ENCLOSE THIS FORM WITH YOUR RECERTIFICATION APPLICATION.

FIELD CARE AUDIT					
Date	Course Title	EMS CE Provider Name	EMS CE Provider Number	Non-Instructor Based CE Hours	Instructor Based CE Hours
MINIMUM 12 HOURS REQUIRED			**TOTAL FIELD CARE AUDIT HOURS =**		

STRUCTURED FIELD OBSERVATION (Mandatory for an MICN Candidate and first MICN renewal)				
Date	Course Title	EMS CE Provider Name	EMS CE Provider Number	CE Hours
MINIMUM 4 HOURS REQUIRED TO MAXIMUM 8 HOURS				
TOTAL STRUCTURED FIELD OBSERVATION HOURS =				

MISCELLANEOUS EMS CONTINUING EDUCATION HOURS					
Date	Course Title	EMS CE Provider Name	EMS CE Provider Number	Non-Instructor Based CE Hours	Instructor Based CE Hours
TOTAL MISCELLANEOUS EMS CONTINUING EDUCATION HOURS =					

I certify under the penalty of perjury that I have successfully completed the continuing education listed above. I understand that falsification of records will result in immediate revocation or denial of my MICN certification. I also understand that the L.A. County EMS Agency may audit the information given above to certify accuracy.

TOTAL HOURS: MINIMUM 40 HOURS
PAGE 1 TOTAL HOURS =
PAGE 2 TOTAL HOURS =
OVERALL TOTAL HOURS =

PRINTED NAME: _____ DATE: _____

SIGNATURE: _____ MICN CERT # N _____

If you need additional space, use the reverse side of this form. You are required to maintain Continuing Education Records for four (4) years.

FIELD CARE AUDIT

Date	Course Title	EMS CE Provider Name	EMS CE Provider Number	Non-Instructor Based CE Hours	Instructor Based CE Hours

MINIMUM 12 HOURS REQUIRED　　　　　**TOTAL FIELD CARE AUDIT HOURS =**

MISCELLANEOUS EMS CONTINUING EDUCATION HOURS

Date	Course Title	EMS CE Provider Name	EMS CE Provider Number	Non-Instructor Based CE Hours	Instructor Based CE Hours

TOTAL MISCELLANEOUS EMS CONTINUING EDUCATION HOURS =