



# Mountain-Valley

**Emergency Medical Services Agency**

TO: MICNs Due to Reauthorize

SUBJECT: Reauthorization Packet

Enclosed is a reauthorization application and the required forms and associated instructions needed to renew your MICN Authorization. The Reauthorization fee is \$30 and payment must be included with your application. **Please be aware that a late fee of \$15.00 will be assessed to applicants who are late in submitting reauthorization material. Late means less than 15 days prior to the date on which your authorization expires.**

Please complete and submit the application form along with copies of:

- Current MICN Certificate
- Picture Identification, for example, California Drivers License
- Current Registered Nurse License
- Documentation of successful completion of 16 hours of Continuing Education

All requirements must be completed and all documents, fee and forms received at the EMS Agency, 1101 Standiford Avenue, Suite D-1, Modesto, CA 95350 **15 DAYS PRIOR TO YOUR EXPIRATION DATE**, in order to avoid a late fee.

After your documents and forms have been reviewed and found complete, your new authorization card will be mailed to you.

If you have any questions, please do not hesitate to contact the EMS Agency at 209-529-5085.

**\*\*\*Submit application early to allow for the TEN (10) day processing time!\*\*\***



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Emergency Medical Services Agency

## APPLICATION FOR MICN AUTHORIZATION

(Check One)

- INITIAL AUTHORIZATION - \$50.00  
 REAUTHORIZATION - \$30.00 MICN AUTHORIZATION #: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_  
 LATE FEE - \$15.00

SSN#: \_\_\_\_\_

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ POSITION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE #: ( ) \_\_\_\_\_

CITY/STATE: \_\_\_\_\_ FAX #: ( ) \_\_\_\_\_

HOME MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP \_\_\_\_\_

HOME TELEPHONE #: ( ) \_\_\_\_\_ CELL PHONE #: ( ) \_\_\_\_\_

PAGER #: ( ) \_\_\_\_\_ EMAIL: \_\_\_\_\_

RN LICENSE # \_\_\_\_\_ EXPIRATION DATE: \_\_\_/\_\_\_/\_\_\_ (attach copy of card)

DRIVERS LICENSE #: \_\_\_\_\_ (attach copy of card) DOB: \_\_\_/\_\_\_/\_\_\_

Have you ever had any action taken against your nursing license?  Yes  No

Have you ever had any action taken against your MICN Authorization?  Yes  No

**If yes, thoroughly explain on a separate piece of paper and attach to this application.**

**FOR OFFICE USE ONLY:** CERT #: \_\_\_\_\_ CO.: \_\_\_\_\_ DATE: \_\_\_\_\_ EXP: \_\_\_\_\_

TEST DATE: \_\_\_\_\_ SCORE: \_\_\_\_\_ Paid: \_\_\_\_\_ Date: \_\_\_\_\_ Check#: \_\_\_\_\_

Signatures  ID  RN license  ACLS  CE  Fee  Late fee  Tests  
database: \_\_\_\_\_ card sent: \_\_\_\_\_ letter sent: \_\_\_\_\_

**TRAINING (Initial Authorization)**

Please document where you received your initial MICN training:

INSTITUTION: \_\_\_\_\_ INSTRUCTOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

**CONTINUING EDUCATION (Reauthorization)**

**Please use a pen and neatly print the requested information in the proper space. This form will not be accepted without your signature. Copies of all continuing education certificates or documents must be attached.**

Document successful completion of at least sixteen (16) hours of education relating to ALS care obtained during the current authorization period, Attach documentation to validate all continuing education listed.

Date	# Hours	Name of Course	C.E. Provider

**READ CAREFULLY BEFORE SIGNING:**

I hereby certify under penalty of perjury that I am not precluded from authorization for those reasons defined in Section 1798.200 of the Health and Safety Code, which are as follows:

- (1) Fraud in the procurement of any certification under this division.
- (2) Gross negligence.
- (3) Repeated negligent acts.
- (4) Incompetence.
- (5) The commission of any fraudulent, dishonest, or corrupt act which is substantially related to the qualification, functions, and duties of prehospital personnel.
- (6) Conviction of any crime which is substantially related to the qualifications, functions, and duties of prehospital personnel. The record of conviction or certified copy of the record shall be conclusive evidence of such conviction.
- (7) Violating or attempting to violate directly or indirectly, or assisting in or abetting the violation of, or conspiring to violate, any provision of this division or the regulations promulgated by the authority pertaining to prehospital personnel.
- (8) Violating or attempting to violate any federal or state statute or regulation which regulates narcotics, dangerous drugs, or controlled substances.
- (9) Addiction to the excessive use of, or the misuse of, alcoholic beverages, narcotics, dangerous drugs, or controlled substances.
- (10) Functioning outside the supervision of medical control in the field care system operating at the local level, except as authorized by any other license or certification.
- (11) Demonstration of irrational behavior or occurrence of a physical disability to the extent that a reasonable and prudent person would have reasonable cause to believe that the ability to perform the duties normally expected may be impaired.

I have read and understand Section 1798.200 of the Health and Safety code (above). I am not precluded from being authorized for any reason defined in Section 1798.200, or I have enclosed a complete explanation of any item that applies to me. I hereby certify 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 by the Mountain-Valley EMS Agency. I understand all information on this application is subject to verification and I hereby give my express permission for the Mountain-Valley EMS Agency to contact any employer or agency for information related to my role and function as an MICN.

**PRINTED NAME:** \_\_\_\_\_ **CERT#:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Remember to enclose your application fee, and late fee if applicable, payable to the EMS Agency.

**\*\*\*Submit application early to allow for the TEN (10) day processing time!\*\*\***