



SACRAMENTO COUNTY
Department of Health & Human Services
Office of Emergency Medical Services
9616 Micron Avenue, Suite 635
Sacramento, CA 95827
Tel: (916) 875-9753 / Fax: (916) 875-9711

MICN CERTIFICATION APPLICATION

Please check one:
 Initial Certification
 Recertification
 Replacement Card \$ 5.00

*Application processing requires a minimum of 10 days once all materials are received.
 Cards will be mailed. Complete application in ink.*

Last Name:	First Name:	MI:
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Home Phone: □□□ □□□ - □□□□	Work Phone: □□□ □□□ - □□□□
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Mailing Address:

City:	State: □□	Zip: □□□□□ - □□□□
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Base Hospital:	Social Security #: □□□ - □□ - □□□□
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Current/Prior Certification Number:	Exp. Date: □□ - □□ - □□□□
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Applicant Signature:	Date: □□ - □□ - □□□□
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ALL candidates shall meet the following requirements:

- Complete and submit this application form.
- Provide a copy of a valid and current license as a Registered Nurse in California. Exp. Date: _____/_____/_____
- Provide a copy of a valid and current ACLS card according to the standards of the AHA. Exp. Date: _____/_____/_____
- Present a government issued photo identification Staff initials _____
- Provide evidence of employment within the emergency department of a designated base hospital.

Those candidates seeking INITIAL CERTIFICATION in Sacramento County shall complete the following:

- Pass the Sacramento County MICN written examination with a score of 80% or higher.
- Provide evidence of a minimum of six (6) months experience as a Registered Nurse within the emergency department of an acute care hospital.
- Provide evidence of successful completion of an MICN Course in California approved by the local EMS agency.

Those Out of County candidates seeking CERTIFICATION in Sacramento County shall complete the following:

- Provide a copy of a current MICN certification in a California County.
- Complete an ALS emergency response vehicle ride along of at least 8 hours, which must include two (2) patient contacts.
- Pass the Sacramento County MICN written examination with a score of 80% or higher.
- Attend a Sacramento County orientation class. Date: _____/_____/_____

Those candidates seeking RECERTIFICATION in Sacramento County shall complete the following:

- Provide proof of having 12 CE's in SCEMS approved classes: a minimum of 4 CE's of Regional pre-hospital focused education and a minimum of 4 CE's of ride along time.
- Provide a copy of the most current Sacramento County MICN certification card.

AND those candidates seeking RECERTIFICATION with LAPSED certifications shall also complete the following:

- Attend a Sacramento County orientation class. Date: _____/_____/_____
- Provide proof of an additional 0.5 Continuing Education Hours for each month in which there was a lapse of at least one day.

EMS OFFICE USE (04//07)

Date Received:		Certification #:		Logged:	
Date Completed:		Effective:		Computer:	
CEH #	CEH Date:	Expires:		Course #:	
Test Form:	Date:	Score:	Reviewer:	Auditor:	Date mailed: