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

APPLICATION AND FEE*

- ☐ Certification - $155
- ☐ Recertification – $65 (lapse less than 6 months)
- ☐ Recertification - $225 (lapse 12 mo – < 24 mo.)
- ☐ Recertification - $65
- ☐ Recertification - $135 (lapse 6 mo. – < 12 mo.)
- ☐ Challenge - $225

***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 ____/____/_____
(Last) (First) (M.I.)

Mailing Address _____

_____
(City) (State) (Zip Code)

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 _____/_____/_____

(continued on reverse side)

DO NOT WRITE BELOW THIS LINE

(For EMS Agency Use Only)

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

Section 3

PROFESSIONAL EXPERIENCE AND SPONSORING AGENCY APPROVAL

Currently employed by: _____Position: _____ Since:_____/_____
Month/Yr

Total years of experience: RN _____ Emergency Dept. _____ Critical Care _____

I hearby ☐ Recommend MICN Certification ☐ Approve MICN Recertification

Sponsoring Coordinator's Signature _____

Section 4

ALL APPLICANTS MUST ANSWER THE FOLLOWING:

Have you ever had an application for MICN certification denied in any county or State? ☐ Yes ☐ No

If yes, please explain _____

As a juvenile or adult, have you ever been convicted of a misdemeanor or felony? ☐ Yes ☐ No

If yes, indicate the type of conviction and attach a detailed explanation with any supporting documentation for each conviction:

☐ Misdemeanor ☐ Felony

Have you ever been, or are you currently, the subject of a formal prehospital care certification disciplinary action or proceeding?

☐ Yes ☐ No If yes, please explain _____

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: 02/14