



Verification of Eligibility for MICN Challenge

I certify that the RN listed below meets the requirements of the MICN Challenge as specified in REMSA policy #1211, because: *(check)*

	S/he is currently employed in the Emergency Department (ED) at this Base Hospital and has been approved by the Prehospital Liaison Nurse (PLN) AND
	S/he possesses an MICN authorization from Riverside County <u>which is over one (1+) year, but less than three (3) years expired</u> OR
	S/he possesses a current and valid MICN authorization from the Inland Counties Emergency Medical Agency (ICEMA), or an ICEMA authorization, which has been expired <u>less than three (3) years</u> .

I further certify that s/he has successfully completed an MICN orientation course within the last 3 months (90 days) that includes a minimum of: *(initial)*

	Four (4) hours of protocol review and successful completion of an approved MICN written examination. <i>Protocol review may include self-paced learning.</i>
	Eight (8) hours of precepted Coronary Observation Radio (COR) / EMS radio time.
	Twelve (12) shifts of probationary* COR/EMS radio experience.
	Eight (8) hours of ride-along time.
	Two (2) hours of field care audits, with at least three (3) of the audited cases being runs that the individual participated in as a MICN challenge candidate.
	Proof of participation in an ALS SCV course within 365 days of the date of application. <i>A REMSA-approved skills verification competency form must be submitted at the time of the challenge.</i>

**During the precepted and probationary time, the RN will be referred to as a MICN Candidate, or "MICN-C."*



Verification of Eligibility for MICN Challenge - Signatures

MICN Challenge Candidate (printed, first & last)	CA BRN License #
Form Completed by (printed, first & last)	Title, Base Hospital Name
Signature	Date