



**San Joaquin County Emergency Medical Services Agency**  
 PO Box 220  
 French Camp, CA 95231  
 Telephone (209) 468-6818  
[www.sjgov.org/ems](http://www.sjgov.org/ems)

**MICN  
 AUTHORIZATION**

Please check one:  
 **Initial**  
 **Continuous**

**ONLY LEGIBLE AND COMPLETE APPLICATION PACKETS WILL BE ACCEPTED.**

**Attach each of the following documents:**

- Copy of current State of California Registered Nurse (RN) License
- Copy of MICN Course Completion (Initial Only)
- Copy of Course Completion for NIMS 700 or HICS equivalent (Initial Only)
- Copy of current ACLS Card
- MICN Continuing Education Form (Renewal Only)
- Copy of Valid State ID Card or Federal ID Card
- Copy of current CPR card for the Professional Rescuer or Healthcare Provider
- Application fee (Initial applicants or individuals with lapsed accreditation, Non-Refundable)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Alias/Maiden Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cellular Phone Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

State of California RN License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

List all EMS agencies where you are currently authorized: \_\_\_\_\_

I understand as an authorized MICN in San Joaquin County I am responsible to know and adhere to all of the EMS Agency's Policies. Further, I understand that the failure to follow EMS Agency Policies may result in disciplinary action being taken against my prehospital care authorization.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Written verification of experience (Initial Only):**

I certify that the above named RN has at least six (6) months experience as a full-time registered nurse in a critical care area (i.e., ED, ICU, CCU) in the past two (2) years.

Agency Name	Name/Title	Authorized Signature	Date
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**EMS Agency Use Only**

Authorization Number:	Effective Date:	Expiration Date:
Card Issued:	Paid:	

## San Joaquin County EMS Agency Application Affidavit

**Answer All Questions, Sign and Date Affidavit:**

**Yes    No**

- Have you ever applied for any pre-hospital certification in any county or state and been denied? If yes, thoroughly explain the action taken on a separate piece of paper including the name and address of the certifying authority involved.
- Have you **ever** been the subject of a formal pre-hospital care certification disciplinary action or proceeding? If yes, thoroughly explain on a separate piece of paper including the name and address of the certifying authority involved.
- Do you have any pending criminal actions, civil actions and/or EMS fact finding/certification review actions? If yes, thoroughly explain on a separate piece of paper including the name and address of the certifying authority involved.
- Have you **ever** been convicted of any crime (felony or misdemeanor), made a ward of the court, placed on probation, fined (excluding minor traffic violations), placed on a criminal diversion program or given a suspended sentence by any court? If yes, thoroughly explain the conviction(s) on a separate piece of paper including the name of the County and State where the conviction took place.
- Have you **ever** been required to register as a sex offender by any city, county or state? If yes, thoroughly explain the conviction(s) on a separate piece of paper including the name the County and State where the conviction took place.

I hereby certify that all statements made in this application are true and complete. I also hereby certify under penalty of perjury that I am not precluded from certification or authorization for those reasons defined in Division 2.5, Health and Safety Code, Section 1798.200, as listed below:

- (a) Fraud in the procurement of any certification under this division.
- (b) Gross negligence.
- (c) Repeated negligent acts.
- (d) Incompetence.
- (e) The commission of any fraudulent, dishonest, or corrupt act which is substantially related to the qualifications, functions, and duties of pre-hospital personnel.
- (f) Conviction of any crime which is substantially related to the qualifications, functions and duties of pre-hospital personnel. The record of conviction or certified copy of the record shall be conclusive evidence of such conviction.
- (g) Violation 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 pre-hospital personnel.
- (h) Violating or attempting to violate any federal or state statute or regulation which regulates narcotics, dangerous drugs, or controlled substances.
- (i) Addiction to the excessive use of, or the misuse of, alcoholic beverages, narcotics, dangerous drugs, or controlled substances.
- (j) 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.
- (k) 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 understand that the information on this application will be used in determining my qualifications for certification and that information contained on this application may be used for conducting a background investigation and may be released to the State of California EMS Authority and other local EMS agencies. I hereby request that the San Joaquin County EMS Agency process this application and authorize them to use this information in performing a background investigation.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## San Joaquin County EMS Agency Statement of Confidentiality

Prehospital emergency medical care personnel in San Joaquin County are expected to maintain and protect the confidentiality of patient information. Confidential patient information may be released only with the patient's written authorization, by court order, or as otherwise mandated by law.

### Confidential Patient Information includes but is not limited to:

- I. Patient name, address, date of birth, social security number, other information that is deemed protected health information under HIPAA and California Civil Code § 56 – 56.37, and other information obtained upon admission or registration at medical records, outpatient department, observation unit and urgent care clinic;
- II. All case discussions, diagnoses, consultations, examinations, and treatments;
- III. All forms of patient records and copies of orders; and
- IV. All information about the disposition or personal characteristics of patients.

Any breach of duty to maintain and protect the confidentiality of patient information, including the unauthorized release of confidential information to third parties is a violation of the California Health and Safety Code, Division 2.5, Chapter 7, §1798.200, (c)(12)(B), which states, "The failure to maintain confidentiality of patient medical information, except as disclosure is otherwise permitted or required by law in Sections 56 to 56.37, inclusive, of the Civil Code". Violators are subject their licenses and certification to disciplinary action including revocation, denial, suspension, or placement on probation.

I understand that it is my responsibility to maintain confidentiality of patient medical information and I acknowledge that I have read and understand the "Statement of Confidentiality" and will adhere to all requirements listed herein.

Name: \_\_\_\_\_ Lic/Cert #: \_\_\_\_\_  
(Please print)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_