



San Joaquin County Emergency Medical Services Agency
Mobile Intensive Care Nurse Application
 PO Box 220
 French Camp, CA 95231
 Telephone (209) 468-6818
www.sjgov.org/ems

**MICN
AUTHORIZATION**

Please check one:
 Initial
 Continuous

ONLY LEGIBLE AND COMPLETE APPLICATION PACKETS WILL BE ACCEPTED.

<p>Attach each of the following documents:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Copy of Course Completion for NIMS 700 or HICS equivalent (Initial Only) <input type="checkbox"/> Copy of MICN Course Completion (Initial Only) <input type="checkbox"/> MICN Continuing Education Form (Renewal Only) <input type="checkbox"/> Copy of current State of California Registered Nurse (RN) License <input type="checkbox"/> Copy of current ACLS Card <input type="checkbox"/> Copy of current CPR card for the Professional Rescuer or Healthcare Provider <input type="checkbox"/> Copy of Valid State ID Card or Federal ID Card <input type="checkbox"/> Application fee (Non-Refundable) 	<p align="center">EMS Agency Use:</p> <p align="center" style="writing-mode: vertical-rl; transform: rotate(180deg);">Received Stamp</p>
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Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Alias/Maiden Name: _____

Date of Birth: _____ Email Address: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Residence Address if different: _____

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 hereby certify under penalty of perjury 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 in San Joaquin County. I understand all information on this application is subject to verification, and I hereby give my express permission for this certifying entity to contact any person or agency for information related to my role and function as an MICN in California.

Applicant's Signature: _____ Date: _____

Initial Only: Written verification of experience

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:	PSR Completed:

San Joaquin County EMS Agency Application Affidavit

Answer All Questions, Sign and Date Affidavit:

Yes No

Have you ever been convicted of any felony or misdemeanor offense in California or in any other state or place, including entering a plea of nolo contendere or no contest and, including any conviction which has been expunged (set aside) under Penal Code Section 1203.4?

Are there any criminal charges currently pending against you?

If you answered yes to either of these questions **you must attach a detailed statement** describing the crime(s), date, location, court, sentence served, and parole if any. You must also attach any applicable court documents and police reports. Check here if previously disclosed and on file with San Joaquin County EMS Agency.

Have you ever had a certification, accreditation or professional healing arts license denied, suspended, revoked or placed on probation, or are you under investigation at this time?

If yes, **you must enclose** with this application a written explanation that describes the action, any corrective action, any remediation as a result of the action, and the name and address of the certifying or licensing authority involved. Check here if previously disclosed and on file with San Joaquin County EMS Agency.

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.

Name: _____ Date: _____

Signature: _____

San Joaquin County EMS Agency
Statement of Confidentiality and Acknowledgement of Responsibility

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". Violator's licenses and/or certification are subject 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. In addition, I understand as an authorized Mobile Intensive Care Nurse in San Joaquin County I am responsible to know and adhere to all of the EMS Agency's Policies. Further, I understand that failure to follow EMS Agency Policies may result in disciplinary action being taken against my prehospital care certification. I acknowledge that I have read and understand the "Statement of Confidentiality and Acknowledgement of Responsibility" and will adhere to all requirements listed herein.

Name: _____ Date _____
(Please print)

Signature: _____