

MICN ORIENTATION VERIFICATION

Sponsoring Base Hospital: _____

Applicant Name: _____

Prehospital Liaison Nurse Name: _____

This is to certify that the above named applicant has successfully completed all the items listed below:

1. An orientation of the San Joaquin County EMS system not to exceed eight hours, which includes at a minimum: use of base hospital specific radio systems, EMS system, BLS/ALS Treatment Protocols, MCI policies and procedures, and disaster management; and
2. Successfully complete a supervised pre-authorization evaluation to consist of no less than five (5) actual or simulated ALS base contacts.
3. Demonstrate knowledge of skills and medications which are part of the San Joaquin County Paramedic expanded scope of practice.

PLN Print Name

Signature

Date

This form must be completed and kept in the employees training file for the term of employment and shall be available for inspection by SJEMSA.

Effective: **6/15/06**

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Revised:

Supersedes:

Approved: Signature on file
Medical Director

Signature on file
EMS Administrator