



Initial MICN Ride Along Form

Sierra-Sacramento Valley EMS Agency | Per Policy 915, MICN Authorization/Reauthorization
Submit with your MICN initial authorization application.

MICN NAME	RN LICENSE #	BASE HOSPITAL ED
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RIDE-ALONG REQUIREMENTS (POLICY 915)

The ride-along must be **at least 4 hours** with an **S-SV EMS approved ALS 911 ground ambulance provider** and must include **two ALS contacts, or two ALS patient scenarios conducted by the paramedic**. It is completed as part of an S-SV EMS approved MICN training program. If you completed an S-SV EMS MICN training program 12 to 24 months ago, completed another California LEMSAs MICN training program within the previous 24 months, or hold a current MICN authorization from another California LEMSAs, the ride-along must be completed within the previous 90 days.

1. RIDE-ALONG INFORMATION

EMS PROVIDER AGENCY (ALS 911 GROUND)	UNIT ID	DATE	START TIME	END TIME	TOTAL HOURS
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2. ORIENTATION (paramedic reviews each item with the MICN)

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| ☐ Communication methods (radio, phone, base contact) | ☐ Equipment carried on the unit (BLS and ALS) |
| ☐ MICN's role from the field perspective | ☐ Scene safety and typical hazards |

3. ALS CONTACTS / SCENARIOS (minimum 2)

Do not record patient names or identifiers

Type	Call Type / Chief Complaint	ALS Assessment and Interventions Observed	Base Hospital Contact Made?
TOTAL ALS CONTACTS / SCENARIOS			

4. OTHER CALLS AND BLS / ALS SKILLS OBSERVED

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5. MICN FEEDBACK

WHAT DID YOU LIKE BEST ABOUT THIS EXPERIENCE?	WHAT WOULD YOU CHANGE OR IMPROVE?

6. VERIFICATION AND SIGNATURES

Paramedic: I verify that the MICN named above completed this ride-along on the date and hours shown, and that the ALS contacts/scenarios listed were conducted by me or my partner paramedic. **MICN:** I certify that the information on this log is true and complete.

Paramedic Name (print)	Paramedic License #	Paramedic Signature	Date
MICN Signature		Date	