



MICN Reauthorization Continuing Education Form

Sierra-Sacramento Valley EMS Agency | Per Policy 915, MICN Authorization/Reauthorization
Submit with your MICN reauthorization application and supporting documents.

MICN NAME	RN LICENSE #	MICN #	BASE HOSPITAL ED
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REQUIRED FOR ALL MICNs: 12 hours of EMS CE during the current authorization cycle

- A. Field care audits (4 hrs):** review of base hospital audio recordings and/or written patient care records (PCRs).
- B. Field experience (4 hrs):** ride-along with an S-SV EMS approved ALS 911 ground ambulance provider, including two ALS contacts or two ALS patient scenarios conducted by the paramedic.
- C. EMS CE topics (4 hrs)** from any of these sources: S-SV EMS MICN Authorization course (limit 1 per year); S-SV EMS REMAC meeting (limit 2 per year); S-SV EMS Regional Training Module; formal field care case review; EMS-related CE from an S-SV EMS approved CE provider.

ADDITIONAL REQUIREMENTS IF AUTHORIZATION HAS LAPSED

Lapsed less than 12 months: attend the S-SV EMS MICN Authorization course within the previous 90 days.

Lapsed 12 to 24 months: the MICN Authorization course and a base hospital MICN re-orientation, both within the previous 90 days, plus an additional 4-hour ALS 911 ground ambulance ride-along with two more ALS contacts/scenarios (8 hours total). At least 4 ride-along hours must be within the previous 90 days.

Lapsed more than 24 months: all initial authorization requirements apply. Do not use this form.

AUTHORIZATION STATUS (check one): ☐ Current (not lapsed) ☐ Lapsed < 12 months ☐ Lapsed 12 to 24 months

A. FIELD CARE AUDITS (4 hours required)

Date(s)	Record Type	# of Calls / Records Reviewed	Base Hospital / Location of Review	Reviewed With (if applicable)	Hours
TOTAL FIELD CARE AUDIT HOURS					

B. FIELD EXPERIENCE: ALS 911 GROUND AMBULANCE RIDE-ALONG (4 hours required)

Lapsed 12 to 24 months: 8 hours total

EMS Provider Agency	Unit ID	Date	Hours	# ALS Contacts / Scenarios (min. 2)	Paramedic Name / Cert #

C. EMS CE TOPICS (4 hours required)

Date	Source	Course / Topic Title	Approved CE Provider Name	CE Provider #	Hours
TOTAL EMS CE TOPIC HOURS					

D. LAPSED AUTHORIZATION ONLY (must be completed within the previous 90 days)

MICN AUTHORIZATION COURSE DATE (all lapses)	BASE HOSPITAL MICN RE-ORIENTATION DATE (lapsed 12 to 24 months)
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MICN CERTIFICATION. I certify that the information on this form is true and complete, and that I will provide supporting documentation (CE certificates, ride-along verification) to S-SV EMS on request.

MICN Signature

Date