



COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Mobile Intensive Care Nurse: Reauthorization Requirements		Policy Number: 322	
APPROVED: Administration:  Steven L. Carroll, Paramedic		Date: July 1, 2025	
APPROVED: Medical Director:  Daniel Shepherd, MD		Date: July 1, 2025	
Origination Date: April 1983		Effective Date: July 1, 2025	
Date Revised: April 10, 2025			
Date Last Reviewed: April 10, 2025			
Next Review Date: April 30, 2028			

- I. PURPOSE: To define the reauthorization requirements for a Ventura County Mobile Intensive Care Nurse (MICNs).
- II. AUTHORITY: Health and Safety Code Sections 1797.56 and 1797.58, 1797.213 and 1798.
- II. POLICY: Ventura County (MICNs) shall meet the reauthorization requirements and apply for reauthorization every two years (Appendix A-C).
- III. PROCEDURE:
 - A. Ventura County MICNs shall:
 1. Complete the following mandatory education during their MICN Authorization cycle:
 - a. Case Review by a Ventura County approved CE Provider: 4 hours
 - b. EMS Update: 4 hours, up to 2 times per year, as offered in Spring and Fall
 - c. ACLS recertification: 4 hours credit
 - d. PALS, PEPP, or ENPC recertification: 4 hours credit
 - e. Ventura County Basic MCI Refresher Training for the MICN: 2 hours
 - f. Letter of Recommendation (Appendix A)
 - f. Ride along with an approved Ventura County Paramedic unit, preferably a transport unit, may be required or authorized at the PCC's discretion.
 2. Verification of attendance must be retained by the MICN.
 - B. To Maintain MICN Authorization:
 1. Function as an MICN for an average of 32 hours per month over a six-month period or

2. An MICN whose duties for his/her primary employer are administering a VC ALS Program may, with approval of the EMS Medical Director, maintain his/her MICN status by performing MICN clinical functions at a VC Base Hospital for 8 hours per month, averaged over a six-month period.
 3. In the event the MICN takes a leave of absence from their employer, he/she will have 60 days from the date of return to work to complete any outstanding CE, prior to reauthorization. If an EMS Update was offered during the leave of absence, it must be made up prior to their next MICN assignment.
 4. Maintain current ACLS and PALS, PEPP or ENPC certification.
- C. Upon successful completion of mandatory education requirements, the MICN shall be reauthorized for a period of two years.
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Appendix A

LETTER OF RECOMMENDATION
REAUTHORIZATION

_____ is recommended for Mobile Intensive Care Nurse
Reauthorization in Ventura County.

We have reviewed the attached Mobile Intensive Care Nurse Application and verify that the applicant:

_____ Holds a valid California Registered Nurse License.

_____ Holds a valid and current ACLS card (front and back of card)

_____ Holds a valid and current PALS, PEPP, or ENPC card (front and back of card)

_____ Currently employed at _____ as an MICN
(Name of Base Hospital or Agency)

Emergency Department Medical Director/
Paramedic Liaison Physician

Emergency Department Clinical Manager

Prehospital Care Coordinator

Date: _____

Appendix B

MICN AUTHORIZATION APPLICATION

	County of Ventura Emergency Medical Services Agency 2220 E. Gonzales Road, Suite 130 Oxnard, CA 93036 805-981-5301		
<i>Application processing requires a minimum of 10 days once all materials are received. Authorization cards will be mailed. Complete application in ink.</i>			
Name:			
Street Address:			
City:		State:	Zip code:
Home phone: ()		Work Phone: ()	
Base Hospital:			
Current/Prior Authorization Number:		Expiration Date:	
Initial Authorization: <ul style="list-style-type: none"><input type="checkbox"/> Pass the Ventura County EMS MICN Exam with a score of 80% or higher.<input type="checkbox"/> Provide a copy of a valid and current license as a registered nurse in California<input type="checkbox"/> Provide a copy of a valid and current ACLS card (front and back of card)<input type="checkbox"/> Provide a copy of a valid and current PALS, PEPP, or ENPC card (front and back of card)<input type="checkbox"/> Letter of Recommendation (VCEMS Policy 321, Appendix A) (to include 1040 hours of Critical Care Experience & 520 hours of Ventura County ED experience)<input type="checkbox"/> Field Observation Verification (VCEMS Policy 321, Appendix C)<input type="checkbox"/> Communication Equipment Performance Evaluation Form (VCEMS Policy 321, Appendix D)<input type="checkbox"/> Verification of Internship Completion (VCEMS Policy 321, Appendix E)			
Reauthorization <ul style="list-style-type: none"><input type="checkbox"/> Provide a copy of a valid and current license as a registered nurse in California<input type="checkbox"/> Provide a copy of a valid and current ACLS card (front and back of card)<input type="checkbox"/> Provide a copy of a valid and current PALS, PEPP, or ENPC card (front and back of card)<input type="checkbox"/> Verification of employment as an MICN at a designated base hospital<input type="checkbox"/> Letter of Recommendation (VCEMS Policy 322, Appendix A)<input type="checkbox"/> Continuing Education Log (VCEMS Policy 322, Appendix D)			
Applicant Signature:		Date	
Prehospital Care Coordinator Signature:		Date	

Appendix C

FIELD OBSERVATION REPORT
(PCC discretion for reauthorization)

MICN NAME: _____ AUTH. NO.: _____

EMPLOYER: _____ RIDE-ALONG DATE: _____

TIME IN: _____ TIME OUT: _____ TOTAL HOURS: _____

BASE CONTACT MADE WITH ALS PROCEDURES PERFORMED: YES: _____ # _____ NO _____

ALS PROVIDER: _____

SUMMARY OF FIELD OBSERVATION

Paramedic Signature

EMT/Paramedic Signature

MICN Signature

PCC Signature

(Use other side for additional comments)

Appendix D

NAME: _____

EMPLOYER: _____ Authorization #: M _____

Ventura County Authorization Requirements
Continuing Education Log

This form should be used to track your continuing education requirements. This form must be turned in when it is time for your reauthorization. When attending a continuing education course, remember to get a course completion, as EMS will audit 10% of all MICN's reauthorizing and if you are randomly selected you must provide a course completion for each course attended in order to receive credit for that course. Course completions must have the name of the course, number of hours, date, provider agency and provider number.

The EMS Update requirements are mandatory, and they must be completed in the stated time frames or negative action will be taken against your MICN authorization.

Lecture Hours					
Required Courses		# of Hours	Date	Location	Provider Number
1.	EMS UPDATE #1: 1 hour				
2.	EMS UPDATE #2: 1 hour				
3.	EMS UPDATE #3: 1 hour				
4.	EMS UPDATE #4: 1 hour				
EMS Updates are completed as the new or changed policies are put into place. This is usually done every 6 months in May and November.					
5.	ACLS Course: 4 hours				
6.	PALS, PEPP or ENPC: 4 hours				
7.	Basic MCI for the MICN- Refresher: 2 Hours				

Case Review Hours (4 hours are required)				
	Date	# of Hours	Name of Topic Discussed	Provider Number
1.				
2.				
3.				
4.				