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

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)

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Emergency Department Medical Director/  
Paramedic Liaison Physician

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Emergency Department Clinical Manager

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Prehospital Care Coordinator

Date: \_\_\_\_\_

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Appendix B

MICN AUTHORIZATION APPLICATION

|   |  |                  |  |
|---|--|------------------|--|
|    | County of Ventura<br>Emergency Medical Services Agency<br>2220 E. Gonzales Road, Suite 130<br>Oxnard, CA 93036<br>805-981-5301 |                  |  |
| <i>Application processing requires a minimum of 10 days once all materials are received.<br/>Authorization cards will be mailed. Complete application in ink.</i>   |  |                  |  |
| Name:   |  |                  |  |
| Street Address:   |  |                  |  |
| City:   | State:   | Zip code:        |  |
| Home phone:<br>(      )   | Work Phone:<br>(      )  |                  |  |
| Base Hospital:  |  |                  |  |
| Current/Prior Authorization Number:   |  | Expiration Date: |  |
| <b>Initial Authorization:</b>   |  |                  |  |
| <input type="checkbox"/> Pass the Ventura County EMS MICN Exam with a score of 80% or higher.<br><input type="checkbox"/> Provide a copy of a valid and current license as a registered nurse in California<br><input type="checkbox"/> Provide a copy of a valid and current ACLS card (front and back of card)<br><input type="checkbox"/> Provide a copy of a valid and current PALS, PEPP, or ENPC card (front and back of card)<br><input type="checkbox"/> Letter of Recommendation (VCEMS Policy 321, Appendix A)<br>(to include 1040 hours of Critical Care Experience & 520 hours of Ventura County ED experience)<br><input type="checkbox"/> Field Observation Verification (VCEMS Policy 321, Appendix C)<br><input type="checkbox"/> Communication Equipment Performance Evaluation Form (VCEMS Policy 321, Appendix D)<br><input type="checkbox"/> Verification of Internship Completion (VCEMS Policy 321, Appendix E) |  |                  |  |
| <b>Reauthorization</b>  |  |                  |  |
| <input type="checkbox"/> Provide a copy of a valid and current license as a registered nurse in California<br><input type="checkbox"/> Provide a copy of a valid and current ACLS card (front and back of card)<br><input type="checkbox"/> Provide a copy of a valid and current PALS, PEPP, or ENPC card (front and back of card)<br><input type="checkbox"/> Verification of employment as an MICN at a designated base hospital<br><input type="checkbox"/> Letter of Recommendation (VCEMS Policy 322, Appendix A)<br><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

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## Paramedic Signature

EMT/Paramedic Signature

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MICN Signature

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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<br>(4 hours are required) |      |            |                         |                 |
|---|------|------------|-------------------------|-----------------|
|   | Date | # of Hours | Name of Topic Discussed | Provider Number |
| 1.  |      |            |                         |                 |
| 2.  |      |            |                         |                 |
| 3.  |      |            |                         |                 |
| 4.  |      |            |                         |                 |