

Central California Emergency Medical Services Agency

A Division of Fresno County Department of Public Health

MICN CERTIFICATION CHECKLIST

- MICN Certification Application Form
- □ Copy of MICN Course Completion
- □ Copy of STATE RN card
- □ Copy of current cardio-pulmonary resuscitation (CPR) card American Heart Association, Healthcare Provider or Red Cross-Professional Rescuer (front & back)
- □ Copy of current advanced cardiovascular life support (ACLS) card American Heart Association, Healthcare Provider or Red Cross-Professional Rescuer (front & back)
- **C**opy of valid Driver's License
- □ MICN Certification Fee \$39.00 (Make checks payable to Fresno County Treasurer 1694)
- Picture A passport size picture can be included, or E-mail a JPG photo from a digital camera to <u>ccemsa@fresnocountyca.gov</u>

MICN RECERTIFICATION CHECKLIST

- □ MICN Certification Application Form
- **Copy of STATE RN card**
- Copy of twenty-four (24) hours total. (12 hours of TAPES and 12 hours of CE)
- □ Copy of current cardio-pulmonary resuscitation (CPR) card -American Heart Association, Healthcare Provider or Red Cross-Professional Rescuer (front & back)
- □ Copy of current advanced cardiovascular life support (ACLS) card American Heart Association, Healthcare Provider or Red Cross-Professional Rescuer (front & back)
- **Copy of valid Driver's License**
- □ MICN Recertification Fee \$39.00 (Make checks payable to Fresno County Treasurer 1694).
- Picture A passport size picture can be included, or E-mail a JPG photo from a digital camera to <u>ccemsa@fresnocountyca.gov</u>