MOBILE INTENSIVE CARE NURSE (MICN) AUTHORIZATION
FIELD OBSERVATION CHECKLIST

☐ Initial authorization:
  Direct observation of paramedics providing care in the field for twelve (12) hours
  
  Date: ____________  Time: ____________
  Agency: ____________  Station: ______
  Paramedic: ____________  ____________
  
  Date: ____________  Time: ____________
  Agency: ____________  Station: ______
  Paramedic: ____________  ____________

☐ First reauthorization:
  Direct observation of paramedics providing care in the field for eight (8) hours or 3 ALS level calls
  
  Date: ____________  Time: ____________
  Agency: ____________  Station: ______
  Paramedic: ____________  ____________
  
  ALS Calls:
  Seq. # ____________  Type: ____________
  Seq. # ____________  Type: ____________
  Seq. # ____________  Type: ____________

☐ Reauthorization period 2 and above:
  Directly observe paramedics providing care in the field for four (4) hours.
  
  Date: ____________  Time: ____________
  Agency: ____________  Station: ______
  Paramedic: ____________  ____________
☐ Reauthorization 6 and above (optional):
   May provide two (2) hours of paramedic education in lieu of direct observation at the
discretion of the Base Hospital Coordinator.

   Date: ________________
   Topic: _____________________________________________________

   Date: ________________
   Topic: _____________________________________________________

Submit this form with all other paperwork to OCEMS, Attn: Facilities Coordinator