



# Inland Counties Emergency Medical Agency

*Serving San Bernardino, Inyo, and Mono Counties*

*Virginia Hastings, Executive Director*  
*Reza Vaezazizi, M.D., Medical Director*

**DATE:** June 10, 2010

**TO:** Contracted EMS Aircraft Providers

**FROM:** Virginia Hastings  
ICEMA Executive Director 

**SUBJECT:** **FLIGHT NURSE AUTHORIZATION POLICY AND TRAINING**

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Effective July 1, 2010, ICEMA will institute *Reference # 1080 - Flight Nurse Authorization* to accommodate various requirements previously negotiated in the EMS Aircraft contract. This policy requires all flight nurses to complete a four (4) hour system orientation course and apply to ICEMA for authorization. Attached to this email is the training module for this course. Testing materials will be sent directly to your education coordinator.

Due to heavy workloads, ICEMA staff was unable to release the training module as early as anticipated. Therefore, please ensure your flight nurse staff receives this training and applies for authorization no later than August 1, 2010.

If you have any questions, please feel free to contact me at (909) 388-5823 or at [vhastings@cao.sbcounty.gov](mailto:vhastings@cao.sbcounty.gov).

VH/dws



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## FLIGHT NURSE AUTHORIZATION

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### PURPOSE

To define the requirements for EMS Aircraft Flight Nurse Authorization within the ICEMA Region.

### PROCEDURE

#### Initial Authorization

1. Fee as set by ICEMA. The fee is not refundable or transferable.
2. Written verification of employment with an authorized EMS Aircraft provider within the ICEMA Region.

If employment with authorized EMS Aircraft provider is terminated, Flight Nurse Authorization will be rescinded unless proof of other qualifying EMS Aircraft employment is received by ICEMA within thirty (30) days.

3. Copy of front and back of a current, signed ACLS Card.
4. Copy of front and back of current California RN License.
5. Photo taken at ICEMA when application is submitted. Applicant may submit a driver's license size photo (no tinted glasses or hats) with their application.
6. Proof of attendance of four (4) hour Flight Nurse Orientation course.
7. Upon passing the local authorization written examination with a minimum score of eighty percent (80%), a Flight Nurse Authorization card will be issued with the expiration date same as the candidate's RN license.
  - a. A candidate who fails to pass the local authorization written examination on the first attempt will have to pay the ICEMA approved fee and re-take the examination with a minimum score of 85%.
  - b. A candidate who fails to pass the ICEMA local authorization written examination on the second attempt will have to pay the ICEMA approved fee, and provide documentation of eight (8) hours of remedial training in relation to ICEMA protocols, policies and procedures given by their

EMS/QI Coordinator and pass the local authorization written examination with a minimum score of 85%.

- c. If the candidate fails to pass the local authorization written examination on the third attempt, the individual will be ineligible to retest for a period of six (6) months.

### **REAUTHORIZATION**

Submit the Flight Nurse Reauthorization application form with the following:

1. Fee as set by ICEMA. The fee is not refundable or transferable.
2. Written verification of employment with an authorized EMS Aircraft provider within the ICEMA Region.

If employment with authorized EMS Aircraft provider is terminated, Flight Nurse Authorization will be rescinded unless proof of other qualifying EMS Aircraft employment is received within thirty (30) days.

3. Copy of front and back of a current, signed ACLS Card.
4. Copy of front and back of current California RN License.
5. Photo taken at ICEMA when application is submitted. Applicant may submit a driver's license size photo (no tinted glasses or hats) with their application.



**INLAND COUNTIES EMERGENCY MEDICAL AGENCY**

*Serving San Bernardino, Inyo and Mono Counties*

**515 N ARROWHEAD AVENUE  
SAN BERNARDINO, CA 92415-0060  
(909) 388-5823 FAX: (909) 388-5825**

**FLIGHT NURSE AUTHORIZATION**

Check (✓) the appropriate box

- Initial Authorization (\$90.00)**      **ICEMA Flight Nurse Authorization #:** \_\_\_\_\_
- Continuous Authorization (\$90.00)**      **Exp Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

*FEES ARE NONREFUNDABLE - CASH OR MONEY ORDER ONLY- NO PERSONAL CHECKS ACCEPTED*

Legal Name: \_\_\_\_\_  
Last                                      First                                      Middle                                      Sex(M/F)

Address: \_\_\_\_\_  
Home Address                                      City                                      State      Zip  
Mailing Address (if different)                                      City                                      State      Zip

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_      Phone #: \_\_\_\_\_      Drivers License # \_\_\_\_\_

SSN #: \_\_\_\_\_      EMS Aircraft Employer: \_\_\_\_\_

Email Address: \_\_\_\_\_ *(for ICEMA use only, will not be given out to third parties)*

**VERIFICATION OF EMPLOYMENT AS A FLIGHT NURSE IN THE ICEMA REGION**

*To be completed by the EMS Coordinator at an ICEMA authorized EMS Aircraft Provider*

This verifies that the applicant named above, California RN License # \_\_\_\_\_ is currently/or will be employed as a Flight Nurse at: \_\_\_\_\_ . This also verifies the applicant completed the (4 hrs) Flight Nurse Orientation Course (*Initial only*) on \_\_\_\_\_ (Date)

<b>Authorized Signature</b>	<b>Title</b>	<b>Date</b>
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*I hereby certify under penalty of perjury that all information on this application is true and correct to the best of my knowledge and belief, and I understand that any falsification or omission of material facts may cause forfeiture on my part of all rights to Flight Nurse Authorization in the ICEMA region. I understand all information on this application is subject to verification, and I hereby give my express permission for ICEMA to contact any person or agency for information related to the authorization process. I agree to hold ICEMA harmless from any act or action resulting from the release of the information as stated above.*

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

<b>ICEMA USE ONLY:</b> Done By:(Initials) _____ Photo: _____	Authorization # _____
CA RN License #: _____ Exp. Date ____/____/____	Effective: ____/____/____
ACLS Exp: ____/____ DL#: _____ cc to employer: _____	Exp. Date: ____/____/____
	Accounting #: _____