



**INLAND COUNTIES
EMERGENCY MEDICAL AGENCY**
Serving
San Bernardino, Inyo & Mono Counties

MOBILE INTENSIVE CARE NURSE COURSE COMPLETION RECORD

TYPE OF COURSE: Basic

Training Program Name: _____ Course No.: _____

Location Address & City: _____

Date of Course Completion: _____

TO BE COMPLETED BY PRINCIPAL INSTRUCTOR: I hereby certify that the persons whose names are listed below successfully completed the ICEMA approved MICN. I have informed the class of ICEMA's Online Credentialing System to apply for MICN - Base Hospital Authorization, and have distributed the current policy Reference #1040 - MICN Authorization to each student.

Principal Instructor Signature _____
Date

TO BE COMPLETED BY PROGRAM DIRECTOR OR DESIGNEE: I hereby certify that the persons whose names are listed below successfully completed the ICEMA approved MICN course and were issued a tamper resistant MICN course completion certificate and that these records concur with the records of the training program.

Program Director/Designee Signature _____
Date

PRINT OR TYPE NAMES ALPHABETICALLY:

| LAST | FIRST | ADDRESS | DATE CERTIFICATE ISSUED |
|------|-------|---------|-------------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Submit to ICEMA within 15 days after completion of the course.



**INLAND COUNTIES
EMERGENCY MEDICAL AGENCY**
Serving
San Bernardino, Inyo & Mono Counties

| LAST | FIRST | ADDRESS | DATE CERTIFICATE ISSUED |
|-------------|--------------|----------------|--|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |



**INLAND COUNTIES
EMERGENCY MEDICAL AGENCY**
Serving
San Bernardino, Inyo & Mono Counties

| LAST | FIRST | ADDRESS | DATE CERTIFICATE ISSUED |
|-------------|--------------|----------------|--|
| | | | |
| | | | |
| | | | |

Submit to ICEMA within 15 days after completion of the course.