Sacramento County
Emergency Medical Services Agency
9616 Micron Avenue, Suite 940, Sacramento, CA 95827
(916) 875-9753
SCEMSAInfo@saccounty.gov

Mobile Intensive Care Nurse Ride-Along Form

All required information must be filled out or it will be marked incomplete.

MICN Name: _____ Date: _____

ALS Provider: _____ Total Hours: _____

Unit #: _____

URGENCY/TYPE OF CALL/PATIENT PROFILE:	COMMENTS:
1.	
2.	
3.	
4.	
5.	
6.	

ADDITIONAL COMMENTS:

I certify all information on this form, to the best of my knowledge, is true and correct.

EMT-P Printed Name: _____

EMT-P Signature: Print to Sign

License Number: _____

Date: _____

MICN Initial: Documentation of eight (8) hours of direct observation, which must include two (2) patient contacts. If two (2) patient contacts are not completed, two (2) ALS scenarios will be conducted by the Paramedic within the eight (8) hour observation period.

MICN Renewal: Documentation of four (4) hours of direct observation, which must include two (2) patient contacts. If two (2) patient contacts are not completed, two (2) ALS scenarios will be conducted by the Paramedic within the four (4) hour observation period.