

County of San Luis Obispo Public Health Department
 Division: Emergency Medical Services Agency

Policy 350 Attachment C
 Effective Date: 12/01/2022

MICN - Radio Proctoring Form

Submit this form with Initial Application for MICN Authorization

MICN Applicant Name:	
Base Station Name:	Orientation Date:

#	Date	Type of Run/Comments	MICN Preceptor Signature
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

#	Date	Type of Run/Comments	MICN Preceptor Signature
11			
12			
13			
14			
15			

I hereby certify that I completed the MICN Radio Proctoring:

Signature of MICN Applicant:

Date: