

Instructions: Account Registration and MICN Application Process

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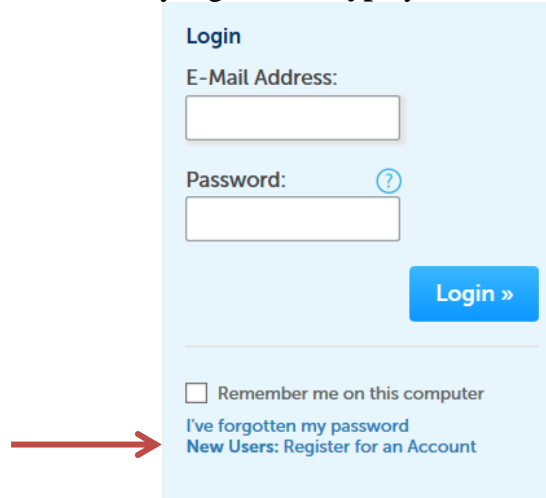
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Step 1 Account Registration

Open the following Address/URL with your browser at:
<https://actonline.saccounty.net/CitizenAccess/>

All users will need to register to be able to apply for an MICN application/renewal.

1. **Select** New Users to register for a new Account.
2. If you have already registered, **Type** your E-mail Address and Password.



The screenshot shows a light blue login box. At the top, it says "Login". Below that are two input fields: "E-Mail Address:" and "Password:". To the right of the password field is a small blue circle with a white question mark. Below the input fields is a blue button labeled "Login »". At the bottom of the box, there is a checkbox labeled "Remember me on this computer". Below the checkbox are two links: "I've forgotten my password" and "New Users: Register for an Account". A red arrow points from the left towards the "New Users: Register for an Account" link.

Read and Scroll down General Disclaimer.

3. **Check** I have read and accepted the above terms.
4. **Click** Continue Registration.

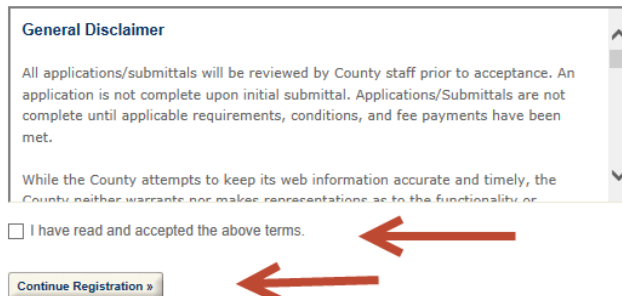
Account Registration

You will be asked to provide the following information to open an account:

- Choose a user name and password
- Personal and Contact Information
- License Numbers if you are registering as a licensed professional

You are required to review and accept the terms below before continuing.

(Terms and Conditions are subject to change without notification.)



The screenshot shows a scrollable box titled "General Disclaimer". The text inside reads: "All applications/submittals will be reviewed by County staff prior to acceptance. An application is not complete upon initial submittal. Applications/Submittals are not complete until applicable requirements, conditions, and fee payments have been met." Below this, it says: "While the County attempts to keep its web information accurate and timely, the County neither warrants nor makes representations as to the functionality of...". Below the disclaimer box is a checkbox labeled "I have read and accepted the above terms.". Below the checkbox is a button labeled "Continue Registration »". Two red arrows point from the right towards the checkbox and the button.

Account Registration Step 2 Enter/Confirm Your Account Information

1. **Complete** the following fields: E-mail Address & Repeat, Password & Retype, Select a Security Question, Answer for Security Question.
Login Information

| | |
|--|---|
| * E-Mail Address: <input type="text" value="email@email.com"/> | * Repeat E-Mail Address: <input type="text" value="email@email.com"/> |
| * Password: <input type="password" value="*****"/> | * Type Password Again: <input type="password" value="*****"/> |
| * Enter a Security Question: <input type="text" value="What is my favorite color?"/> | * Answer: <input type="text" value="Green"/> |

Contact Information

Choose how to fill in your contact information.

Add New ←

2. **Select** Add New.

Select Contact Type ×

* Type:

From dropdown select **APPLICANT**

3. Complete the Contact Information section. **Select** Continue. The system will register you as a user.

Contact Information

| | | | |
|--|---|--|--|
| * First: <input type="text"/> | Middle: <input type="text"/> | * Last: <input type="text"/> | Name of Business: <input type="text"/> |
| * Address Line 1: <input type="text"/> | * City: <input type="text"/> | * State: <input type="text"/> | * Zip: <input type="text"/> |
| Home Phone: <input type="text"/> | Work Phone: <input type="text"/> | Mobile Phone: <input type="text"/> | |
| * E-mail: <input type="text"/> | Driver's License Number: <input type="text"/> | Driver's License State: <input type="text"/> | |

*Items are mandatory to fill in

Click here

✔ Contact added successfully.

Continue Registration » ←

System will take you the next page that will say, “Your account has been successfully created.” After account has been created, go to the top right corner of page and click “LOGIN”

4. In the EMS section, select the appropriate option.

The screenshot shows a website navigation menu with 'Home', 'EMS', 'Rental Housing', 'Building', 'Business', 'Enforcement', 'Roads', and 'more'. Below the menu is a secondary navigation bar with 'Dashboard', 'My Records', 'My Account', and 'Advanced Search'. The main content area is divided into several sections: EMS, Rental Housing, Building, Business, Enforcement, Roads, Water, and PIN. Each section contains links for various services. Two callout boxes with red borders and arrows point to specific links. The first callout box points to the 'Apply for a Certification' link under the EMS section and contains the text: 'If you are new to the system and have never registered before click “Apply for a Certification”'. The second callout box points to the 'Search Certifications' link under the EMS section and contains the text: 'If you are recertifying or applying for continuous accreditation and have applied on system before, click “Search Certifications”'.

5. **Select** Apply for a Certification.
6. **Select** I have read and accepted the above terms.
7. **Select** Continue Application.

Select a Record Type

You have (3) options to select from: EMT, MICN, or Paramedic.

The system will recognize you as a registered user with your contact information if you are applying for more than (1) Record Type.

1. **Select** MICN Application.
2. **Select** Continue Application.

The screenshot shows a form titled 'Select a Record Type'. Below the title is a instruction: 'Choose one of the following available record types. For assistance or to apply for a record type not listed below please contact us.' There are three radio button options: 'EMT Application', 'MICN Application', and 'Paramedic Application'. The 'MICN Application' option is selected, indicated by a filled radio button and a red arrow pointing to it. Below the radio buttons is a 'Continue Application »' button, also indicated by a red arrow pointing to it.

MICN Application

3. Choose "Select from Account". System will recognize your account and add your contact information to the application.

MICN Application

| | | | | | |
|----------|----------|----------|----------|------------|---|
| 1 Step 1 | 2 Step 2 | 3 Step 3 | 4 Review | 5 Pay Fees | 6 |
|----------|----------|----------|----------|------------|---|

Step 1: Step 1 > Applicant Info

* indicates a required field.

Applicant

To add new contacts, click the Select from Account or Add New button. To edit a contact, click the Edit link.



4. Type your Contact Information.
5. Select Continue.

Contact Information

* First: Middle: * Last:

* Address Line 1: City: State: Zip:

* Phone: * E-mail:

* Birth Date: * Driver's License Number: * Driver's License State:

Anything with a * is REQUIRED information



Contact added successfully.

6. Select Continue Application.

MICN Application

| | | | | | |
|----------|----------|----------|----------|------------|---|
| 1 Step 1 | 2 Step 2 | 3 Step 3 | 4 Review | 5 Pay Fees | 6 |
|----------|----------|----------|----------|------------|---|

Step 1: Step 1 > Applicant Info

* indicates a required field.

Applicant

To add New contacts, click the Select from Account or Add New button. To edit a contact, click the Edit link.

✔ Contact added successfully.

John Doe
any@any.com
Home phone: 916-111-1111
Mobile Phone:
Work Phone:
Fax:
[Edit](#) [Remove](#)

Or to Save and resume later to come back to the application

Save and resume later:

Step 2: Applicant Data Application Data

1. Complete Applicant Info.

- a. **Note:** If you are recertifying, answer YES to the first question, “Previously Certified with Sacramento County”
- b. **Note:** If applying for Initial Application Only, answer NO to the first question “Previously Certified with Sacramento County.” The questions will vary slightly from what is shown below.

MICN Application

| | | | | | |
|----------|----------|----------|----------|------------|---|
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Step 2: Step 2 > Applicant Data

* Indicates a required field.

ASI

MICN APPLICATION

* Previously Certified with Sacramento County:

Yes No

* Sacramento County Base Hospital:

--Select--

* State RN License Number:

* RN License Expiration Date:

* ACLS Expiration Date:

* PALS Expiration Date:

Expedited Processing Requested (\$30.00):

Yes No

* Is this a cash payment?:

Yes No

Save and resume later

Continue Application »

Late fee assessed if 30 days or less from expiration date

If you choose to pay cash you must come in to the office during counter hours and pay

At any time you need to leave application process click SAVE and RESUME LATER.

Step 3 Attach Verifying Documents Attach Documents

1. **Select** Add to include attachments, browse your computer.
2. **Select** Type of Attachment from the drop down list.
3. **Type** Description for the Attachment in the given box.
4. **Select** Save.
5. **Select** Continue Application.

MICN Application

| | | | | | |
|----------|----------|----------|----------|------------|---|
| 1 Step 1 | 2 Step 2 | 3 Step 3 | 4 Review | 5 Pay Fees | 6 |
|----------|----------|----------|----------|------------|---|

Step 3: Step 3 > Attach Documents

* indicates a required field.

Attachment

Certain documents are required to be attached to an application or renewal. For more information on required documents click on the associated link for the certification or renewal being applied for. All applications require, at a minimum, the upload of a government photo identification such as a Driver's License or State ID. **Your application will be rejected as incomplete if submitted without proper documentation.**

[EMT Certification](#)

[MICN Certification](#)

[Paramedic Accreditation](#)

The maximum file size allowed is 50 MB.
html;htm;mht;mhtml;zip; are disallowed file types to upload.

| Name | Type | Size | Latest Update | Action |
|-------------------|------|------|---------------|--------|
| No records found. | | | | |

The screenshot shows the 'Attach Documents' form. A red arrow points to the 'Add' button. Another red arrow points to the file upload progress bar for 'Live Scan.pdf' which is at 100%. A third red arrow points to the 'Save' button. The form includes a 'Type' dropdown menu, a 'Description' text area, and buttons for 'Save', 'Add', 'Remove All', 'Save and resume later', and 'Continue Application »'. A 'Remove' link is also visible.

*Type is a dropdown box to choose what you have uploaded
*Description must be filled in with a description similar to dropdown

*Repeat this process until all required documents have been added.

Step 4 Review

In this section you have the opportunity to review your entries.

1. **Select** Edit, only if you want to make a change.
2. **Select** Save and Resume later; only if you want to save and continue later.
3. **Read & Review** The acknowledgement box section.
4. **Check** “By checking this box, I agree.....”
5. **Select** Continue Application.

ASI

MICN APPLICATION

[Edit](#)

Previously Certified with Sacramento County: No
Sacramento County Base Hospital: Kaiser South
State RN License Number: 123
RN License Expiration Date: 08/31/2019
ACLS Expiration Date: 08/31/2019
PALS Expiration Date: 08/31/2019
Expedited Processing Requested (\$30.00): No
Is this a cash payment?: No

This is where you review what you've answered and uploaded to ensure everything is correct!

Attachment

[Edit](#)

Certain documents are required to be attached to an application or renewal. For more information on required documents click on the associated link for the certification or renewal being applied for. All applications require, at a minimum, the upload of a government photo identification such as a Driver's License or State ID. **Your application will be rejected as incomplete if submitted without proper documentation.**

[EMT Certification](#)[MICN Certification](#)[Paramedic Accreditation](#)

The maximum file size allowed is 50 MB.
html,htm,mht,mhtml,zip; are disallowed file types to upload.

| Name | Type | Size | Latest Update | Action |
|---------------|-------------------|----------|---------------|---------------------------|
| Live Scan.pdf | 01- Government ID | 30.17 KB | 07/31/2017 | Actions ▼ |

I hereby certify under penalty of perjury that all information on this application is true and correct to the best of knowledge and belief, and I understand that any falsification or omission of material facts may cause forfeiture on my part of all rights to Mobile Intensive Care Nurse (MICN) certification in the state of California. I understand all information on this application is subject to verification, and I hereby give my express permission for this certifying entity to contact any person or agency for information related to my role and function as a Mobile Intensive Care Nurse (MICN) in California.

I have read and agree to the [MICN Certification](#) requirements and have provided any required documentation.

By checking this box, I agree to the above certification.

Date:

[Save and resume later](#)[Continue Application](#) ▶

Step 5 Pay Fees

In this section you have the opportunity to review the fees (actual fees may vary from the example). Once you make a selection, the site will take you to the payment screen.

1. Select Continue Application.

Home **EMS** Rental Housing Building Business Enforcement Roads more ▾

Apply for a Certification Search Certifications

MICN Application

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Step 5: Pay Fees

Listed below are preliminary fees based upon the information you've entered. Some fees are based on the quantity of work items installed or repaired. Enter quantities where applicable. The following screen will display your total fees.

Application Fees

| Fees | Qty. | Amount |
|------------------|------|---------|
| MICN_Initial_Fee | 1 | \$35.53 |

TOTAL FEES: \$35.53

Note: Service fees apply to online payments.

Continue Application »

Click continue

2. Fill in required fields with credit card and contact information.
3. Select Continue.

Shopping Cart & Payment Verify Payment Payment Receipt

Shopping Cart

Sacramento County EMS


| Item Type | Agreement # / Reference # | Amount | Subtotal | \$35.53 |
|----------------------|---------------------------|--------|-----------------|----------------|
| Sacramento County EM | 81891 | 35.53 | Convenience Fee | \$ 1.95 |
| | | | Total | \$37.48 |

Payment

Credit Card

Name on Card MICN BOB
Card # *****
Expires *****
Card Security Code ***

Card Security Code Location for Visa, MasterCard, and Discover Cards



All Fields Required

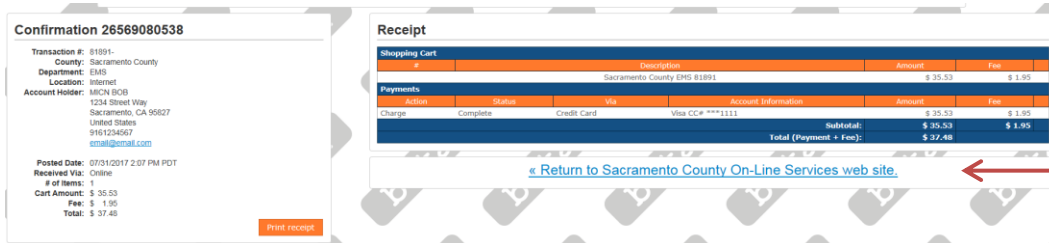
Street Address 1234 Street Way
City Sacramento
State/Province CA
ZIP/Postal Code 95827
Country United States
Phone # 9161234567
Email Address email@email.com

Your email address will only be used for communications concerning your payment and will not be shared with third parties.

Clear Payment Information Continue

Click continue

- After continuing to the next page, you will be asked to review your payment information. If the information you entered is correct, select “Submit Payment.”
- After submitting your payment, you will be given the option to print a receipt. After doing so, click the [blue](#) link that says “Return to Sacramento County Online Services.”




Step 6 Record Issuance

Your Application has been successfully submitted.
Please print and retain a copy for your records.

MICN Application

| | | | | | |
|---|----------|----------|----------|------------|-------------------|
| 1 | 2 Step 2 | 3 Step 3 | 4 Review | 5 Pay Fees | 6 Record Issuance |
|---|----------|----------|----------|------------|-------------------|

Step 6: Record Issuance



Your application has been successfully submitted.
Please print your record and retain a copy for your records.

Thank you for using our online services.
Your Record Number is APP17-00601.

You will need this number to check the status of your application. Please print a copy of your application.

To view your record details, click below.

[View Record Details »](#)