

POLICY 303-ATTACHMENT B

**SAN LUIS OBISPO COUNTY EMS AGENCY
MICN BASE STATION PROCTORING FORM**

MICN CANDIDATE: _____

BASE STATION: _____

| # | DATE | TYPE OF RUN/ COMMENTS | MICN PROCTOR SIGNATURE |
|-----------|-------------|----------------------------------|-----------------------------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |
| 7 | | | |
| 8 | | | |
| 9 | | | |
| 10 | | | |

MICN CANDIDATE SIGNATURE: _____

DATE: _____