

# Fundamental Critical Care Support Certificate of Successful Completion

awarded to  
**Nikolay Y usupov**

in Recognition of successful completion of the Fundamental Critical Care Support Provider Course

presented by  
**Society of Critical Care Medicine**

June 26, 2015



Muhammad Jaffar, MD, FCCM  
Chair, FCCS Steering Committee

Certificate #: 72207-28FRB3



THIS DOCUMENT HAS VARIOUS SECURITY FEATURES INCLUDING COLORED BACKGROUND, MICROPRINTING & WATERMARK

the, difficult  
airway course™  
www.theairwaysite.com  
EMS

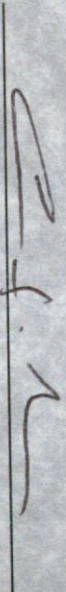
This Certifies that

**Nikolay Yusopov**

has participated in the educational activity entitled

**The Difficult Airway Course: EMS™**

in Manchester, CT, on October 5 and 6, 2013 and is awarded 15 Continuing Education Hours.

  
Colby Rowe, Course Director

*This continuing education activity is approved by the Continuing Education Coordinating Board for Emergency Medical Services (CECBEMS).*

*You have participated in a continuing education program that has received CECBEMS approval for continuing education credit. If you have any comments regarding the quality of this program and/or your satisfaction with it, please contact CECBEMS at: CECBEMS - 12200 Ford Road - Suite 478 - Dallas, Texas 75234 - Phone: 972.247.4442 - lsbiley@cecbems.org.*

*CECBEMS represents only that its accredited programs have met CECBEMS' standards for accreditation. These standards require sound educational offerings determined by a review of its objectives, teaching plan, faculty, and program evaluation processes. CECBEMS does not endorse or support the actual teachings, opinions or material content as presented by the speaker(s) and/or sponsoring organization. CECBEMS accreditation does not represent that the content conforms to any national, state or local standard or best practice of any nature. No student shall have any cause of action against CECBEMS based on the accreditation of the material. CECBEMS Activity #: 08-CECB-F2-08-49 CEH Number and Type: 15.0 Advanced Provider First Airway, LLC #: FirstAir6610*

*15.5 Contact Hours have been provided by the Air & Surface Transport Nurses Association, Certificate # 2009-12. ASTNA is an approved provider for the California Board of Registered Nursing CEP 13575.*

*This program has been reviewed and is approved for a maximum of 16 hours of AAPA Category I/CME credit by the Physician Assistant Review Panel, Physician assistants should claim only those hours actually spent participating in the CME activity. This program was planned in accordance with AAPA's CME Standards for Live Programs and for Commercial Support of Live Programs.*

CERTIFICATE OF COMPLETION

**MAQUET**  
GETINGE GROUP

**WEB SEMINAR FOR IABC THERAPY:  
TRANSPORT PROGRAM**

This is to certify that

**Nikolay Yusupov**

License #

**373160**

Street Address

**New York**

City

**NY**

State

Zip

**11218**

has successfully completed the Web Seminar for IABC Therapy.

DATE: **June 8, 2015**

Program Provided by:  
Datascop Corp.  
1300 MacArthur Blvd.  
Mahwah, NJ 07430

This program has been approved by the American Association of Critical-Care Nurses (AACN) for 2.75 CERP's, Synergy CERP Category A, File Number 00017563.

This certificate must be retained by the licensee for a period of four years after the course concludes.



**Department of Nursing Education**

**NYU Langone Medical Center**  
550 First Avenue  
New York, New York 10016

Presents this Certificate of Completion to:

NIKOLAY YUSUPOV 373160

Name

Who is awarded 8.25 contact hours for attending:

**Pediatric Transport Program**

**June 15, 2015**

NYU Hospitals Center is an approved provider of continuing nursing education by New Jersey State Nurse Association,  
an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

It has been assigned code NYP274-4/13-16.0040



*Roseann Jabaluk, MD, RN-BC, CARN, EMT*  
Primary Planner, Director of Nursing Education

└ **NewYork-Presbyterian**  
└ The University Hospital of Columbia and Cornell

*Certificate of Attendance*

**Nikolay Yusupov**

*This certifies that the above named individual has attended*

**Critical Role of EMS in Neurological Emergencies:  
Stroke Spotlight**

*June 4, 2015*

*This course is approved by the NYC RCEM/AC for 2.5 Continuing Education Hours*

*Babak Navi, MD*  
Director, Stroke Center  
New-York Presbyterian/Weill Cornell Medical Center

*Sheila Dasikva, RN*  
Manager, Stroke Center  
New-York Presbyterian/Weill Cornell Medical Center

NYC Regional Emergency Medical Advisory Committee  
Continuing Medical Education Record Form

CME Requirements effective June 1, 2007



|  |  |
|--|--|
| <p><b>36 hours - Physician Directed Call Review</b></p> <p>* Minimum 18 hours PCR Review and/or QA session *</p> <ul style="list-style-type: none"> <li>• PCR/ACR Review</li> <li>• Telemetry Rotation</li> <li>• QA/QI Session</li> <li>• E.D. Teaching Rounds</li> </ul> | <p><b>36 hours - Alternative Source CME</b></p> <p>* Maximum 12 hours per venue *</p> <ul style="list-style-type: none"> <li>• Online CME</li> <li>• Journal CME</li> <li>• Lectures/Symposiums /Conferences</li> <li>• BCLS / ACLS / PALS / NALS / PHTLS</li> <li>• E.D. Clinical Rotation</li> </ul> |
|--|--|

Provider Name: NIKOLAY YUSUBOV REMAC #: 373160 Agency: Senior Care

| Date    | CME Hours | CME Type  | Topic        | Print Name | Physician or Instructor Signature | REMAC #   |
|---------|-----------|---|--------------|------------|-----------------------------------|---|
| 6/10/15 | 3 1/2     | <input checked="" type="checkbox"/> Physician ACR Review<br><input type="checkbox"/> E.D. Teaching Rounds<br><input checked="" type="checkbox"/> Lecture/Symposium<br><input type="checkbox"/> QA/QI<br><input type="checkbox"/> E.D. Clinical Rotation<br><input type="checkbox"/> Other _____ | Sepsis, OLMC | K. MURPHY  | <i>[Signature]</i>                | <input checked="" type="checkbox"/> 06-05-01<br><input type="checkbox"/> none |
| 6/10/15 | 4         | <input type="checkbox"/> Physician ACR Review<br><input type="checkbox"/> E.D. Teaching Rounds<br><input type="checkbox"/> Lecture/Symposium<br><input type="checkbox"/> QA/QI<br><input type="checkbox"/> E.D. Clinical Rotation<br><input type="checkbox"/> Other _____                       | SIM Lab      | K. MURPHY  | <i>[Signature]</i>                | <input type="checkbox"/> 06-05-01<br><input type="checkbox"/> none            |
|         |           | <input type="checkbox"/> Physician ACR Review<br><input type="checkbox"/> E.D. Teaching Rounds<br><input type="checkbox"/> Lecture/Symposium<br><input type="checkbox"/> QA/QI<br><input type="checkbox"/> E.D. Clinical Rotation<br><input type="checkbox"/> Other _____                       |              |            |                                   | <input type="checkbox"/> none<br><input type="checkbox"/> none                |
|         |           | <input type="checkbox"/> Physician ACR Review<br><input type="checkbox"/> E.D. Teaching Rounds<br><input type="checkbox"/> Lecture/Symposium<br><input type="checkbox"/> QA/QI<br><input type="checkbox"/> E.D. Clinical Rotation<br><input type="checkbox"/> Other _____                       |              |            |                                   | <input type="checkbox"/> none<br><input type="checkbox"/> none                |



THE REGIONAL EMERGENCY MEDICAL SERVICES COUNCIL OF NEW YORK CITY, INC.  
 NYC Regional Emergency Medical Advisory Committee  
 Continuing Medical Education Record Form

CME Requirements effective June 1, 2007

|  |   |
|--|---|
| <b>36 hours - Physician Directed Call Review</b><br>* Minimum 18 hours PCR Review and/or QA session *<br>• PCR/ACR Review • QA/QI Session<br>• Telemetry Rotation • E.D. Teaching Rounds | <b>36 hours - Alternative Source CME</b><br>* Maximum 12 hours per venue *<br>• Lectures/Symposiums/Conferences • Journal CME<br>• BCLS / ACLS / PALS / NALS / PHTLS • E.D. Clinical Rotation |
|--|---|

Provider Name:

NIKOLAY YUSUROV

REMAC #: 373160

Agency:

Senior Care

| Date    | CME Hours | CME Type   | Topic   | Print Name             | Physician or Instructor Signature | REMAC #   |
|---------|-----------|--|---|------------------------|-----------------------------------|---|
| 6/15/15 | 8 1/2     | <input type="checkbox"/> Physician ACR Review<br><input type="checkbox"/> E.D. Teaching Rounds<br><input checked="" type="checkbox"/> Lecture/Symposium<br><input type="checkbox"/> QA/QI<br><input type="checkbox"/> Telemetry<br><input type="checkbox"/> E.D. Clinical Rotation<br><input type="checkbox"/> Other _____ | Ped-<br>Critical Care<br>Transport course<br>NYU Medical Center | Linaea<br>Sands,<br>MD |                                   | <input type="checkbox"/> none<br><input type="checkbox"/> _____ |
|         |           | <input type="checkbox"/> Physician ACR Review<br><input type="checkbox"/> E.D. Teaching Rounds<br><input type="checkbox"/> Lecture/Symposium<br><input type="checkbox"/> QA/QI<br><input type="checkbox"/> Telemetry<br><input type="checkbox"/> E.D. Clinical Rotation<br><input type="checkbox"/> Other _____            |   |                        |                                   | <input type="checkbox"/> none<br><input type="checkbox"/> _____ |
|         |           | <input type="checkbox"/> Physician ACR Review<br><input type="checkbox"/> E.D. Teaching Rounds<br><input type="checkbox"/> Lecture/Symposium<br><input type="checkbox"/> QA/QI<br><input type="checkbox"/> Telemetry<br><input type="checkbox"/> E.D. Clinical Rotation<br><input type="checkbox"/> Other _____            |   |                        |                                   | <input type="checkbox"/> none<br><input type="checkbox"/> _____ |
|         |           | <input type="checkbox"/> Physician ACR Review<br><input type="checkbox"/> E.D. Teaching Rounds<br><input type="checkbox"/> Lecture/Symposium<br><input type="checkbox"/> QA/QI<br><input type="checkbox"/> Telemetry<br><input type="checkbox"/> E.D. Clinical Rotation<br><input type="checkbox"/> Other _____            |   |                        |                                   | <input type="checkbox"/> none<br><input type="checkbox"/> _____ |