

**CONTINUING EDUCATION ROSTER
 REQUEST FOR CE CREDIT**

Step #1 - Complete all of the following boxes. All entries must be legible to be applied for CE.

Program Title Assessment, expansion questions for medical and trauma emergencies	Agency RWB	Date
Primary Instructor	Assistant Instructor	

Step #2 - Divide the lecture hours into all categories that apply for re-certification.

HOURS	TOPIC	DESCRIPTION OF TOPIC
	Preparatory	EMS systems, roles & responsibilities, well being of EMT, medical/legal issues, ethics, human body, pathophysiology, pharmacology, baseline vital signs & history taking
	Airway, Breathing	Airway management, ventilation & o2 therapy
	Cardiology	Cardiovascular compromise, cardiac arrest & non-traumatic chest pain/discomfort
1	Trauma	Rapid trauma assessment, mechanism of injury, kinetics of trauma, hemorrhage, hypoperfusion/shock & burns. Painful, swollen, deformed extremity. Soft tissue, musculoskeletal, head, spine, eye, face, neck, chest, thoracic, abdomen & genitalia injuries.
	OB/Infants/Children	Infant or child with cardiac arrest, shock/hypoperfusion, respiratory distress, trauma, fever & suspected abuse/neglect. Care of the newborn & obstetric patient before & following delivery of newborn.
1	Patient Assessment	Scene size-up, patient assessment, history taking, physical exam, clinical decision making, communications, & documentation
1	Medical/Behavioral	Allergic reaction, near-drowning, overdose, altered mental status, behavioral problems, seizures, diabetes & exposure to heat/cold
	Core Electives/Operational	Lifting & moving, communicate with pts, ambulance operations, gaining access, extrication, hazardous materials, MCI, crime scene awareness & weapons of mass destruction
	Additional Topics	
3	TOTAL HOURS	

**Step #3 – Provide the principal objectives with a brief summary & the method used
 Attach support documents - No credit will be allowed if this section is not completed**

Objective/Summary of Content: (Basic description of topic covered and any attachments)

Assessment and treatment for patients in the following medical and traumatic emergencies; acute abdomen, asthma, behavioral, diabetes, drowning, head-neck-spinal trauma, body cavity and abdominal trauma, ob/gyn, pulmonary embolus, respiratory, seizures, syncope, unconscious unknown and poisoning.

Method Used ((instructor lecture, skills, non-instructor contact, etc.)

Non-instructor contact, crew based review.

Step #4 - Signature of Primary Instructor

I verify that the information contained on this CE Roster is accurate and correct.

Signature:

Title:

Step #5 - St. Anthony EMS Office Approval (to be completed by SAH PreHospital Staff ONLY)

Reviewed by:

Signature:

Date:

ALL attendees are to print their entire name, sign their name and enter their tracking number to receive CE credit.
 Individuals with incomplete or inaccurate information may not receive credit.

PLEASE PRINT CLEAR & LEGIBLE			Tracking number									
			DOB (mm/dd/yy) + Last 4 digits ss#									
#	Print Name	Signature	m	m	d	d	y	y	#	#	#	#
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20												
21												
22												
23												
24												
25												