

# MASSACHUSETTS OFFICE OF EMERGENCY MEDICAL SERVICES

DEPARTMENT OF PUBLIC HEALTH

DPH/OEMS 200-59  
CONED ROSTER  
01/2016

**Program Information:** (This roster is for use with training programs that have DPH/OEMS continuing education numbers)

PROGRAM TITLE (Print): TRAUMA CASUALTY CARE		PROGRAM SPONSOR (Print): BROCKTON HOSPITAL & CANTON POLICE AND FIRE	
PROGRAM LOCATION (Print): CANTON FIRE DEPARTMENT, CANTON MA		PROGRAM DATE: 4/2/18	PROGRAM TIMES: 6 PM - 8 PM
OEMS CONED NUMBER: 1718-R5-01975-T2	<input type="checkbox"/> 30 Hour Paramedic NCCR	<input type="checkbox"/> 20 Hour EMT/AEMT NCCR	<input checked="" type="checkbox"/> ConEd Program Hours: 2 HRS

**Instructions:**

**LEAD INSTRUCTOR MUST:**

- 1) Sign this roster in the space provided, attesting that you have conducted this training program in accordance with applicable Massachusetts EMS regulations, the course outline, and DPH/OEMS Administrative Requirement (AR) 2-212.
- 2) Issue course completion documentation to the EMTs once the program is completed. Program sponsors may issue course completion certificates or may provide attendees with a copy of the roster signed by the instructor and student.
- 3) Ensure an original signed roster is retained by the program sponsor for each session of the program
- 4) Cross off any unused lines after the last student has signed in at the completion of the course.

**EMTs ATTENDING PROGRAM MUST:**

- 1) Legibly PRINT and SIGN your name after your Massachusetts EMT number (if you have one), attesting that you attended course as described above. Remember to include the letter prefix of your EMT number.
- 2) Ensure you receive and retain course completion documentation from course sponsor or instructor.
- 3) Any program lacking an approval number may never receive credit. Attendance is at your own risk!
  - a. Note: regardless of approval, there are limitations to the types of continuing education, such as Distributive Education, that can be used for renewal of EMT certification. Please reference AR 2-212 or the OEMS Renewal Guides found on <http://www.mass.gov/dph/oems>.
- 4) FAILURE TO SIGN THE ATTENDANCE ROSTER MEANS THAT NO CREDIT CAN BE AWARDED.

#	EMT NUMBER:	EMT NAME (Print):	EMT SIGNATURE:
1	850077	Charles P. Rae	<i>Charles P. Rae</i>
2	881653	Michael Hache	<i>Michael Hache</i>
3	873258	Robert Collins	<i>Robert Collins</i>
4	E819047	Donald J Lester	<i>Donald J Lester</i>
5	P841707	JAMIE MBIOR	<i>Jamie MBIOR</i>
6	P833640	ROBERT MANNING	<i>Robert Manning</i>
7	E842387	BRIAN MARSHALL	<i>Brian Marshall</i>
8	P811296	William Johnston	<i>William Johnston</i>
9	E852148	BRENOAN GALLAGHER	<i>Brennan Gallagher</i>
10	826962	PATRICIA Sherrill	<i>Patricia Sherrill</i>
11	893491	Ryan Gormley	<i>Ryan Gormley</i>
12	869775	Jonathan T. Boreman	<i>Jonathan T. Boreman</i>

**Under the pains and penalties of perjury, I attest that this is a true and accurate record of the conduct, hours, and actual attendance for this training course.**

INSTRUCTOR NAME (Print): DANIEL MUSE, MD	INSTRUCTOR Signature: <i>[Signature]</i>	INSTRUCTOR EMT Number:
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# M A S S A C H U S E T T S

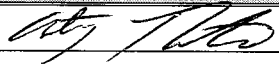
## OFFICE OF EMERGENCY MEDICAL SERVICES

DEPARTMENT OF PUBLIC HEALTH

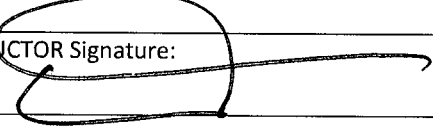
DPH/OEMS 200-59  
CONED ROSTER  
01/2016

**(Continuing Education Roster Continued):**

PROGRAM TITLE (Print): <b>TRAUMA CASUALTY CARE</b>	OEMS CONED NUMBER: <b>1718-R5-01975-T2</b>
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	EMT NUMBER:	EMT NAME (Print):	EMT SIGNATURE:
13	9879437	Anthony Flematti	
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Under the pains and penalties of perjury, I attest that this is a true and accurate record of the conduct, hours, and actual attendance for this training course.

INSTRUCTOR NAME (Print): <b>Don Muse</b>	INSTRUCTOR Signature: 	INSTRUCTOR EMT Number:
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Note, if you do not have enough space for all students, simply copy and attach additional sheets of this page and number appropriately

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DEPARTMENT OF PUBLIC HEALTH

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CONED ROSTER  
01/2016

**Program Information:** (This roster is for use with training programs that have DPH/OEMS continuing education numbers)

PROGRAM TITLE (Print): TRAUMA CASUALTY CARE		PROGRAM SPONSOR (Print): BROCKTON HOSPITAL&CANTON POLICE AND FIRE	
PROGRAM LOCATION (Print): CANTON FIRE DEPARTMENT, CANTON MA		PROGRAM DATE: 4/3/18	PROGRAM TIMES: 6 PM - 8 PM
OEMS CONED NUMBER: 1718-R5-01975-T2	<input type="checkbox"/> 30 Hour Paramedic NCCR	<input type="checkbox"/> 20 Hour EMT/AEMT NCCR	<input checked="" type="checkbox"/> ConEd Program Hours: 2 HRS

**Instructions:**

- LEAD INSTRUCTOR MUST:**
- 1) Sign this roster in the space provided, attesting that you have conducted this training program in accordance with applicable Massachusetts EMS regulations, the course outline, and DPH/OEMS Administrative Requirement (AR) 2-212.
  - 2) Issue course completion documentation to the EMTs once the program is completed. Program sponsors may issue course completion certificates or may provide attendees with a copy of the roster signed by the instructor and student.
  - 3) Ensure an original signed roster is retained by the program sponsor for each session of the program
  - 4) Cross off any unused lines after the last student has signed in at the completion of the course.
- EMTs ATTENDING PROGRAM MUST:**
- 1) Legibly PRINT and SIGN your name after your Massachusetts EMT number (if you have one), attesting that you attended course as described above. Remember to include the letter prefix of your EMT number.
  - 2) Ensure you receive and retain course completion documentation from course sponsor or instructor.
  - 3) Any program lacking an approval number may never receive credit. Attendance is at your own risk!
    - a. Note: regardless of approval, there are limitations to the types of continuing education, such as Distributive Education, that can be used for renewal of EMT certification. Please reference AR 2-212 or the OEMS Renewal Guides found on <http://www.mass.gov/dph/oems>.
  - 4) FAILURE TO SIGN THE ATTENDANCE ROSTER MEANS THAT NO CREDIT CAN BE AWARDED.

#	EMT NUMBER:	EMT NAME (Print):	EMT SIGNATURE:
1	E852162	WAYNE MacDONALD	<i>W MacDonal</i>
2	E822739	Walter Dickie	<i>Walter Dickie</i>
3	E835405	Samuel E. Poch Jr.	<i>Samuel E. Poch Jr.</i>
4	P821383	John HUTCHINSON	<i>John Hutchinson</i>
5	E866550	Chris Whitley	<i>Chris Whitley</i>
6	P846074	Nicolas Pino	<i>N. Pino</i>
7	P881822	LYLE CHANDLER	<i>L. Chandler</i>
8	P843999	Ronan Olmstead	<i>Ronan Olmstead</i>
9	P881284	Brian Pendergast	<i>Brian Pendergast</i>
10	E859910	Jeff O'Brien	<i>Jeff O'Brien</i>
11	823503	Helena Rafferty Fadden	<i>Helena Rafferty Fadden</i>
12			

**Under the pains and penalties of perjury, I attest that this is a true and accurate record of the conduct, hours, and actual attendance for this training course.**

INSTRUCTOR NAME (Print): DANIEL MUSE, MD	INSTRUCTOR Signature <i>Daniel Muse</i>	INSTRUCTOR EMT Number:
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# M A S S A C H U S E T T S

## OFFICE OF EMERGENCY MEDICAL SERVICES

DEPARTMENT OF PUBLIC HEALTH

DPH/OEMS 200-59  
CONED ROSTER  
01/2016

**Program Information:** (This roster is for use with training programs that have DPH/OEMS continuing education numbers)

PROGRAM TITLE (Print):		PROGRAM SPONSOR (Print):	
PROGRAM LOCATION (Print): <b>Canton Fire Department</b>		PROGRAM DATE: <b>4/12/18</b>	PROGRAM TIMES: <b>1800-2000</b>
OEMS CONED NUMBER: <b>1718-R5-01975-T2</b>	<input type="checkbox"/> 30 Hour Paramedic NCCR	<input type="checkbox"/> 20 Hour EMT/AEMT NCCR	<input type="checkbox"/> ConEd Program Hours: <b>2 HRS</b>

**Instructions:**

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  - 4) FAILURE TO SIGN THE ATTENDANCE ROSTER MEANS THAT NO CREDIT CAN BE AWARDED.

#	EMT NUMBER:	EMT NAME (Print):	EMT SIGNATURE:
1	845896	Kenneth Berkowitz	<i>[Signature]</i>
2	837047	Stevon Saraf	<i>[Signature]</i>
3	P821204	KEVIN HURLEY	<i>[Signature]</i>
4	E875231	ROBERT ZEPF	<i>[Signature]</i>
5	P837433	Charles D. Sudhalter II	<i>[Signature]</i>
6	P878249	RYAN PATRICIAN	<i>[Signature]</i>
7	867968	THOMAS BRUNNEN	<i>[Signature]</i>
8	P822212	WILLIAM A MORGAN	<i>[Signature]</i>
9	P853811	Leo Reardon	<i>[Signature]</i>
10	P868272	Sean Fallon	<i>[Signature]</i>
11	P875228	Keith Ryan	<i>[Signature]</i>
12	7895476	Michael Matthews	<i>[Signature]</i>

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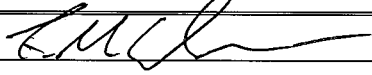
INSTRUCTOR NAME (Print): <b>Daniel Muse, MD</b>	INSTRUCTOR Signature: <i>[Signature]</i>	INSTRUCTOR EMT Number:
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**M A S S A C H U S E T T S**  
**OFFICE OF EMERGENCY MEDICAL SERVICES**  
 DEPARTMENT OF PUBLIC HEALTH


DPH/OEMS 200-59  
 CONED ROSTER  
 01/2016

**(Continuing Education Roster Continued):**

PROGRAM TITLE (Print):	OEMS CONED NUMBER: <b>1718-R5-01975-T2</b>
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	EMT NUMBER:	EMT NAME (Print):	EMT SIGNATURE:
13	PO902776	FRANK WADH	
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INSTRUCTOR NAME (Print): <b>Daniel Muse, MD</b>	INSTRUCTOR Signature: 	INSTRUCTOR EMT Number:
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