

M A S S A C H U S E T T S

OFFICE OF EMERGENCY MEDICAL SERVICES

DEPARTMENT OF PUBLIC HEALTH

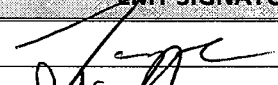
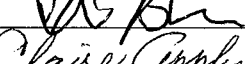
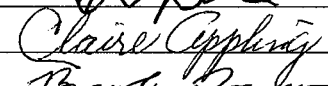
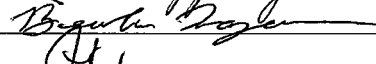



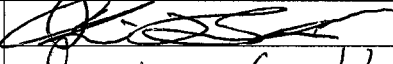
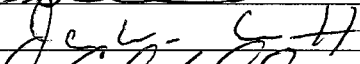
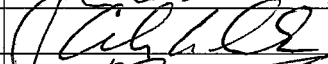
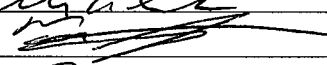
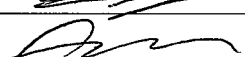
DPH/OEMS 200-59
CONED ROSTER
01/2016

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

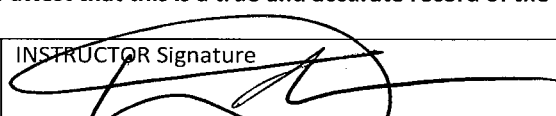
PROGRAM TITLE (Print): ROUNDS: SPORTS INJURIES		PROGRAM SPONSOR (Print): BROCKTON HOSPITAL	
PROGRAM LOCATION (Print): MASSASOIT CONFERENCE CENTER 770 CRESCENT STREET, BROCKTON MASS		PROGRAM DATE: JUNE 27, 2017	PROGRAM TIMES: 9:00 AM TO 11:00 AM
OEMS CONED NUMBER: 1718-R5-00024-T1	<input type="checkbox"/> 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	824510	Timothy M. Harhen	
2	880730	Chris Olson	
3	517262	Claire Appling	
4	E0905785	Brooke Kazama	
5	868346	Jerren Kucay	
6	E0907024	Stephen Mallett	
7	842664	John Previti	
8	848763	CHRISTOPHER BARBOUR	
9	825125	JAMES W. CAMPBELL	
10	870562	Andrew Wilds	
11	836496	Todd Jones	
12	0902463	Jonathan Hart	

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 	INSTRUCTOR EMT Number:
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MASSACHUSETTS OFFICE OF EMERGENCY MEDICAL SERVICES

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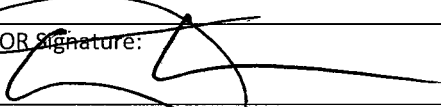
DPH/OEMS 200-59
CONED ROSTER
01/2016

(Continuing Education Roster Continued):

PROGRAM TITLE (Print): ROUNDS: SPORTS INJURIES	OEMS CONED NUMBER: 1718-R5-00024-T1
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EMT NUMBER:	EMT NAME (Print):	EMT SIGNATURE:
13	824216 THOMAS Luckman Jr	
14	0902026 Josh Peh	
15	0901978 Andrew Daigle	
16	822135 JAMES BEATTY	
17	0908876 Keith Pontes	
18	867945 William R. Little Jr	
19	902214 Nicholas Furey	
20	836505 DAVID SANTELMO SANTELMO	
21	810052 PAUL L LAMOURCUE JR	
22	836200 John Schlotz	
23	818774 Stephen DUGGAN	
24	825241 Timothy G DONOVAN	
25	80902099 Kyan Conolly	
26	800831 KEVIN T. HENDERSON	
27	863012 Jay Heagerty	
28	903663 Darrin Kelov	
29	862776 Jarrod Driscoll	
30	838763 Josef Kenealy	
31	903416 Neil Harrington	
32	817818 STEVEN MONAHAN	
33	873804 CHRISTOPHER PENNALS	
34	813676 Kevin A Finch	
35	839840 Jason Viveiros	
36	812487 DAN DEBEST	
37	876090 Anthony Conso	
38	842039 John Curley	
39	874469 Kevin O'Hara	
40	862762 PATRICK TRANDI	

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: 	INSTRUCTOR EMT Number:
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(Continuing Education Roster Continued):

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	EMT NUMBER:	EMT NAME (Print):	EMT SIGNATURE:
13	867179	Matthew Leighton	<i>Matthew Leighton</i>
14	851248	Richard MacKinnon	<i>Richard MacKinnon</i>
15	855576	David McGill	<i>David McGill</i>
16	884854P	John Hayes	<i>John Hayes</i>
17	A0900130	Luke McFadden	<i>Luke McFadden</i>
18	M0860920	A-McGILLIVRAY	<i>A-McGILLIVRAY</i>
19	838440	Eric J. Dardelle	<i>Eric J. Dardelle</i>
20	825338	Jaynot Pierce	<i>Jaynot Pierce</i>
21	901791	Kenneth Wright	<i>Kenneth Wright</i>
22	850701	DON SWEETMAN SR	<i>Don Sweetman</i>
23	849242	Jason Manney	<i>Jason Manney</i>
24	832625	John Norton	<i>John Norton</i>
25	808049	Richard Furlow	<i>Richard Furlow</i>
26	880605	SCOTT FLEGGUS	<i>Scott Fleggus</i>
27	832561	Scott Collins	<i>Scott Collins</i>
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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): Daniel Muse, MD	INSTRUCTOR Signature: <i>Daniel Muse</i>	INSTRUCTOR EMT Number:
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