

MASSACHUSETTS OFFICE OF EMERGENCY MEDICAL SERVICES

DEPARTMENT OF PUBLIC HEALTH




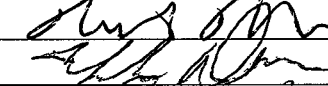
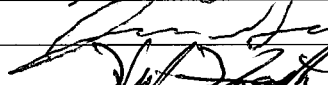
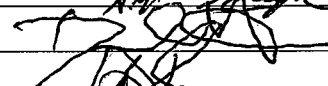

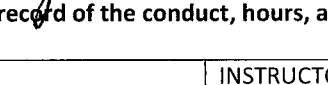



DPH/OEMS 200-59
CONED ROSTER
01/2016

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

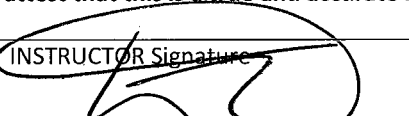
PROGRAM TITLE (Print): EMS REVIEW		PROGRAM SPONSOR (Print): BROCKTON HOSPITAL	
PROGRAM LOCATION (Print): 680 CENTRE STREET, BROCKTON MASS		PROGRAM DATE: 9/27/2017	PROGRAM TIMES: 6:30 PM - 8:30 PM
OEMS CONED NUMBER: 1718-R5-00025-T1	<input type="checkbox"/> 30 Hour Paramedic NCCR	<input type="checkbox"/> 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	E0906563	DAVID REPETA	
2	875716	Chris Hamilton	
3	838962	Richard S. Smith	
4	E0906642	Low Sullivan	
5	P0902279	Allen R. Hover	
6	E0905987	ROBERT HOVEN	
7	812722	MARK D'ANGELO	
8	0902463	Jonathan Hart	
9	0902416	Neil Harrington	
10	879896	DEREK HAIMAIDIS	
11	901791	Kenneth Wright	
12	E0908862	John J. Jannou	

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:
---	--	------------------------

MASSACHUSETTS OFFICE OF EMERGENCY MEDICAL SERVICES

DEPARTMENT OF PUBLIC HEALTH

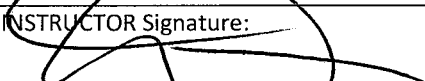
DPH/OEMS 200-59
CONED ROSTER
01/2016

(Continuing Education Roster Continued):

PROGRAM TITLE (Print): EMS REVIEW	OEMS CONED NUMBER: 1718-R5-00025-T1
--------------------------------------	--

#	EMT NUMBER:	EMT NAME (Print):	EMT SIGNATURE:
13	858791	Nicholas GROSSO	
14	861834	Michael Kalodziej	
15	874551	Michael Ryan	
16	862763	Phil Woolf	
17	880666	SEAN FIBBINS	
18	876200	John Schletz	
19	850701	DON SWEETMAN SR	
20	851248	Richard Mackinnon JR.	
21	876174	Andrew Kelly	
22	877215	Justin Goldberg	
23	824295	John J. HUSSEY	
24	821393	Bruce E Eaton	
25	811632	RONALD D. HOWE	
26	8090844	Daniel Rice	
27	850579	Matthew Smith	
28	8090641	Robert Stanton	
29	8859748	MARCA BASINA	
30	870471	PETER KAVANAGH	
31	856988	MATHEW FOSTER	
32	8108360	Cheri Patten	
33	876090	Anthony Conso	
34	824240	Paul M. Cafferty	
35	825241	Timothy G. Donora	
36	80900133	JASON MURPHY	
37	878288	Joseph Gordon	
38	874133	Michael J. Juggery	
39	865044	Jason Fricker	
40	858092	Christopher Busa	

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:
---	--	------------------------

Note, if you do not have enough space for all students, simply copy and attach additional sheets of this page and number appropriately

MASSACHUSETTS

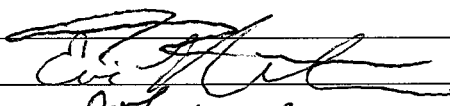
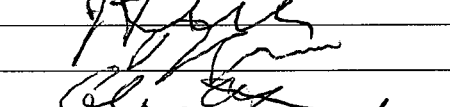
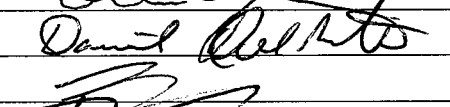
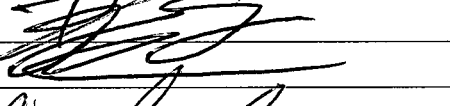
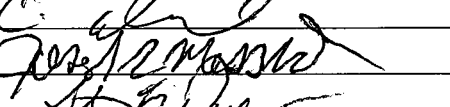
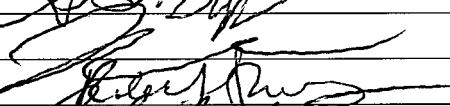
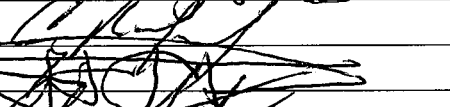

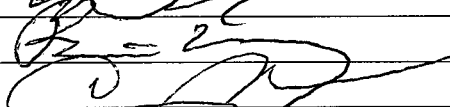
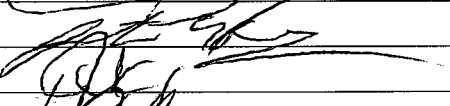
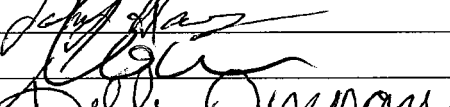
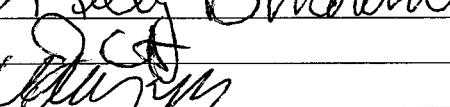
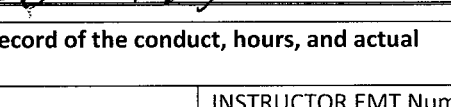
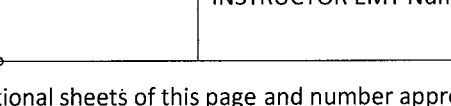
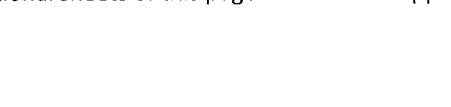

OFFICE OF EMERGENCY MEDICAL SERVICES

DEPARTMENT OF PUBLIC HEALTH

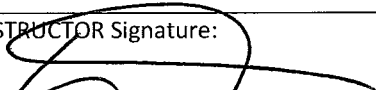
DPH/OEMS 200-59
CONED ROSTER
01/2016

(Continuing Education Roster Continued):

PROGRAM TITLE (Print): EMS REVIEW	OEMS CONED NUMBER: 1718-R5-00025-T1
--------------------------------------	--

#	EMT NUMBER:	EMT NAME (Print):	EMT SIGNATURE:
13	835958	MARC DUNN	
14	843382	Eric Peterson	
15	817526	Joseph Feeney	
16	901981	Michael Spillivan	
17	851794	Glen Gratten	
18	816276	Daniel DeIPrete	
19	899242	Dason Mahoney	
20	870800	BRYAN SMITH	
21	853808	Ken McDonnell	
22	873804	CHRIS DONOVAN	
23	861988	Joseph R. Messina	
24	818774	STEPHEN M. DUGGAN	
25	862776	Jarrod Driscoll	
26	901771	Robert Shrivane	
27	834805	Craig Nadell	
28	115532	James J. Bourne	
29	824757	JAY DEANDREANO	
30	898384	Richard Ferguson	
31	871132	STEVEN ENRIGHT	
32	861134	Brian Macauley	
33	848495	Christopher Walsh	
34	865056	Jonathan Hickey	
35	868346	JEFFREY KELLY	
36	884854	JOHN J. HAYES	
37	819057	Charles G. Williams	
38	864304	Kelly Omonon	
39	819227	James Curtin	
40	090964	Robert Callahan	

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:
---	--	------------------------

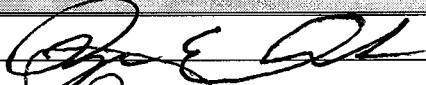
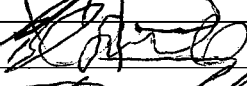
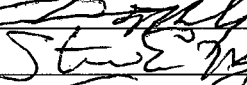
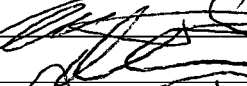

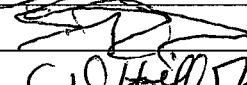
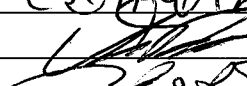
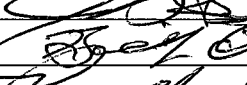
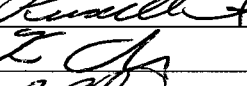
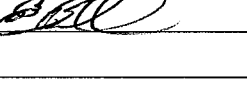
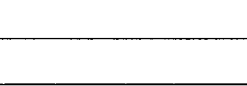
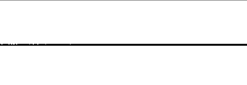
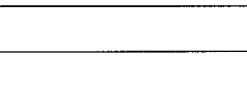
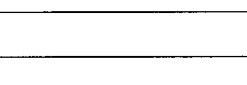
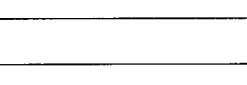
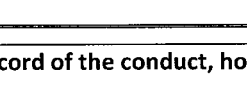
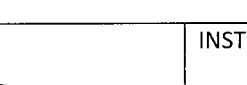
Note, if you do not have enough space for all students, simply copy and attach additional sheets of this page and number appropriately

MASSACHUSETTS
OFFICE OF EMERGENCY MEDICAL SERVICES
 DEPARTMENT OF PUBLIC HEALTH

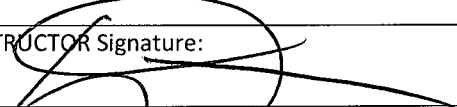
DPH/OEMS 200-59
 CONED ROSTER
 01/2016

(Continuing Education Roster Continued):

PROGRAM TITLE (Print): EMS REVIEW	OEMS CONED NUMBER: 1718-R5-00025-T1
--------------------------------------	--

	EMT NUMBER:	EMT NAME (Print):	EMT SIGNATURE:
13	884325	RYAN AMARO	
14	833625	John Norton	
15	873809	BRANDON SMITH	
16	840911	DALE CAMPBELL	
17	869730	Steven E Muppy	
18	827833	Glen Smith	
19	853809	Chris Melanson	
20	0901978	Andrew Daigle	
21	881834	Brian Treacy	
22	858802	STEVEN FOSTER	
23	50906515	C D HILL JR	
24	815946	THOMAS BINNALL	
25	835691	Derek Avery	
26	874548	Barrett Quaranto	
27	80902586	Russell A. Lucas	
28	874469	Kevin O'Hara	
29	848972	ERIC BELTRAMINE	
30			
31			
32			
33			
34			
35			
36			
37			
38			
39			
40			

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:
---	---	------------------------