-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):			PROGR.	PROGRAM SPONSOR (Print):			
ROUNDS: NERO'S LAW			BRO	OCKTON	HOSPITAL 8	R PEMBROKE FD	
PROGRA	AM LOCATION (Print):			PROGRAM DATE:		PROGRAM TIMES:	
K of	C 48 SCHOOSETT ST	PEMBROKE MA		1/19/23		1700-2000	
OEMS C	ONED NUMBER:	☐ 30 Hour	□ 20) Hour			
2223	-R5-01129-T1	Paramedic NCCR	l —	MT NCCR	✓ ConEd Prog	ram Hours: 3 HRS	
Instruct	tions:						
LEAD IN	STRUCTOR MUST:						
1)	Sign this roster in the space p						
	Massachusetts EMS regulation	ns, the course outline, an	d DPH/OEM	S Administra	tive Requiremen	t (AR) 2-212.	
2)	Issue course completion docu						
	completion certificates or ma						
3)	Ensure an original signed rost					ram	
4)	 Cross off any unused lines after the last student has signed in at the completion of the course. 						
EMTs A	TTENDING PROGRAM MUST:						
1)							
	course as described above. Remember to include the letter prefix of your EMT number.						
2)	Ensure you receive and retain	course completion docu	mentation fr	om course s	ponsor or instruc	ttor.	
3)	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						
	 a. Note: regardless of a 	ipproval, there are limitat	ions to the t	ypes of cont	inuing education	, such as Distributive	

5. 含体	EMT NUMBER:	EMT NAME (Print):	EMT SIGNATURE:
1	873808	Adam Shanatan	1006/2
2	\$33124	James SHEA	
3	873249	Timoth Ounham	
4	840176	MATTERN BUSCH	der
5	853795	David Rankowsky	Buthon
6	833231	James Brackett	12
7	7871137	STEVEN FURIGIT	Uha
8	875958	MARC OSVIX	
9	08/652	JAMES NECVAN	Hamo a. How

Guides found on http://www.mass.gov/dph/oems .

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

Education, that can be used for renewal of EMT certification. Please reference AR 2-212 or the OEMS Renewal

	0010			/		
10	856494	Theodore S	x01076a	4	4.15	Xa
11	302948	Kain f	Breew		Brick	Breen
12	10902832		rews		W W	
L	12. 9 10 (21.42.29.				 	
	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.					
				$\overline{}$		INICEDIACEOR ENAT Name home
INSTR	UCTOR NAME (Print):	(11)	NSTRUCTOR Signature			INSTRUCTOR EMT Number:
	niel Muse, MD		t			
			Page /	of S		

DPH/OEMS 200-59 CONED ROSTER 01/2016



(Continuing Education Roster Continued):

PROGRAM TITLE (Print):	OEMS CONED NUMBER:
ROUNDS: NERO'S LAW	2223-R5-01129-T1

	EMT NUMBER:	EMT NAME (Print):	EMT SIGNATURE:
13	E0907359	Katlyn Abban	Kan
14	70903395	Thoras Norton	Jager .
15	E0914746	Richard Grassu	Shind From
16	829761	Thomas Ford	Thruffax
17	POUNUSIS	Petros Hologitas	OF Soln
18	862763	PhiliP Woolf EBFD	16
19	0402329	Jorden Hill	Charles 10
20	841495	Christopher Iwalsh	Wat
21	0902367	Ryan Keeley	Mayou Keeling
22	850585	I KyEN C. DEQUE	K. Diff
23	03450AG	Chris duinen	0>
24	848981	Michael Mentzer	
25	848350	Michael 12 Hall	Thyle Statel
26	832766	Michael Feck	111996
27	824757	Jan Johnsons	1/1/2/100
28	871570	Colby Silva	allen & lale
29	877034	Justin Silva	
30	903777	Thomas Roche	
31	856988	MATTHOW FOTTER	The state of the s
32	P0903973	John Merlini	Ma
33	877034	Robert Malone	70000
34	902157	SHAMES PICCHARLES	
35	E905295	Corner Shults	(m mg
36	0911984	lara Grant	ag
37	843354	DAVE FREMAN	X1 5
38	\$ 827401	David Kiley	() K
39	88/834	Brien Trefy	127
40	831999	MARK GASSINGTO	

	erjury, I attest that this is a true and accurate record of the co	The state of the s
attendance for this training course. INSTRUCTOR NAME (Print):	INSTRUCTOR Signature:	INSTRUCTOR EMT Number:
Daniel Muse, MD		

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

DPH/OEMS 200-59 CONED ROSTER 01/2016

(Continuing Education Roster Continued):

(Continuing Education Roses, Continued).		
PROGRAM TITLE (Print):	OEMS CONED NUMBER:	
ROUNDS: NERO'S LAW	2223-R5-01129-T1	

10.1	EMT NUMBER:		EMT NAME (Print):		EMT SIGNATURE:
13	B0916627	Cum	an E. Konarski		Carrie Kenneth
14	884673	PATR			fatont o neill
15	A0900133	5450	n Murphy		July
16	733149	16	it Willia		
17	862762	PATRIC	K TRAVERS		
18	871694	Willia	im Inglis		we In
19	P0904468		y Itzy		3 15
20	0909334	ROGE	ERT NEUMEISTER		Solot) Genel
21	575727	Greger	ry Doucette		
22	871068	Antho	my Chinney	_	I man
23	824295	JOHN			JOU
24	0921384	, Dan	MacPherson	4	A) MILLI
25	872611		er Gellant		- SEC ()
26	882432	ANORE	EW BACKMAN		
27	0901472		Rodick		COLL
28	10903650	Nahelor	Gazero		
29	849763	Ohnis7	TOPIAN BANBOUL	-	
30	865056	Tonot	han Hickly		The Theory
31	R0900054	Pyul	Melich		Jany Jany
32	819114	Scott			Att A B
33	886386	PATRI			
34	04220360	HUNTE	7 7 1		- Lunter Coarn
35	10971820	Mich	rela Gassirarc		mu go
36	0818866	METERS	WEL HOLLANDER-ESSY	6	A THE FOR
37	P0901703	Sheniy	n Malley		Ally this
38	902905	Pillon	Kiley		Ve
39	E0322203	RYA	NCACCAVO		Jo en
40	E0916595	Mexed	ith lock		Il want e
			attest that this is a true and accur	rate	record of the conduct, hours, and actual
	ndance for this training or RUCTOR NAME (Print):	course.	INSTRUCTOR Signature:	_	INSTRUCTOR EMT Number:
	el Muse, MD		mornocron orginature.		
Jan	C. MIGGC, MID				

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



DPH/OEMS 200-59 CONED ROSTER 01/2016

(Continuing Education Roster Continued):

PROGRAM TITLE (Print):	OEMS CONED NUMBER:
ROUNDS: NERO'S LAW	2223-R5-01129-T1

	EMT NUMBER:	EMT NAME (Print):	EMT SIGNATURE:
13	867179	Matthew Leighton	matter fresher
14	E0917887	Jose Agron Pachas	The same of the sa
15	825753	Timedy V Clony I	
16	M5063753	THOMAS J WHITE	
17	PS24241	PAIS INCOME	Deison Coffeet
18	844519	Wendy Laplerie	NA 3
19	P0904133		THUY
20	P0904278	Matthew Lueic	Ma grand
21	835096	Muriah Hallinan	The Marie
22	837650	Thousa Herch	Jan 1901
23	10904160	Christopher Gazioso	t S
24	889285	Michael Nelcourt	
25	P0963155	RYAN TWIGE	Ryston
26	861311	Clinton Landon	
27	813676	Kevin Finch	70/14
28	F0921108	Timetry Wigner	July In
29	862774	Ei: Zabeth Chamielly	Gablin Church
30	26916601	Alexandra Minahan	(less blanchan
31	P870562	Andrew Wilds	1000
32	P0904322	Andrew March	Aron Mor
33	856749	Brian FOGO	13/74
34	10901955	AUSLING SAMMON	
35	E888819	GARRETT M. MCGURIN	2
36	P0902587	John Reardon	A
37	D090363A	DAVID DIXON	(1) J
38	(, , ,		<i>v c</i>
39			
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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.			we e	
INSTRUCTOR NAME (Print):	INSTRUCTOR Signature:		INSTRUCTOR EMT Number:	
Daniel Muse, MD		-		

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MASSACHUSETTS

OFFICE OF EMERGENCY MEDICAL SERVICES

CONED ROSTER 01/2016

DPH/OEMS 200-59

(Continuing Education Roster Continued):

PROGRAM TITLE (Print):	OEMS CONED NUMBER:
ROUNDS: NERO'S LAW	2223-R5-01129-T1

	EMT NUMBER:	EMT NAME (Print):	EMT SIGNATURE:
13	879896	Derek Harmandi	176
14	876090	Anthay Consc	C. Copes
15	P0901869	Robert Creighton	Wal MI
16	P0902737	Anthony Cammarano	Mother Com
17	830368	MARK Roberton	fullet
18	841825	Norum Jayes	52 0 1/M
19	830267	Thomas D. HAU	Thomas & Holl
20	873710	Robert Costanza	Mr Sata
21	843382	Eric Peterson	
22	0906977	East Turnbull	ar or
23	869784	Colleen Starr	Callen m. Han
24	936636	Stephen Van Vourhor	Atylia
25	862794	Robert C. Inglis	Nee
26	876104	Parain Pien	
27	846783	taul is Johnson	A wall of
28	850-227	JEFF Money	
29	935195	Richall Smith	U/ E
30			
31			
32			
33 34			
35		And the state of t	
36			
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38			
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<u> </u>			

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):	INSTRUCTOR Signature:		INSTRUCTOR EMT Number:			
Daniel Muse, MD						

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