OFFICE OF EMERGENCY MEDICAL SERVICES

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

PROGRAM TITLE (Print):

attendance for this training course.

INSTRUCTOR NAME (Print):
Daniel Muse, MD

- DEPARTMENT OF PUBLIC HEALTH-

PROGRAM SPONSOR (Print):

DPH/OEMS 200-59 CONED ROSTER 01/2016

INSTRUCTOR EMT Number:

| THE | ORIFICE: EVALUA | TION OF I | TIE HOWAIT ON IA | BRO | OKTORT | HOSPITAL | |
|---|--|--|--|--|---|--|--|
| PROGR | AM LOCATION (Print): | | | | PROGRAM | DATE: | PROGRAM TIMES: |
| Knights of Columbus 1195 Bedfo | | | ford Street, Whitn | nan MA | Novemb | er 30,2023 | 1800-2000 |
| | CONED NUMBER: | | 30 Hour | 100000 | Hour | ConEd Pro | gram Hours: 2 HRS |
| 2324 | -R5-00038-T1 | | Paramedic NCCR | EMT/AEI | MT NCCR | Z | Sidili Flodisi Z TIINO |
| nstruc | tions: CME | 2 HRS B | ASIC, ANVANCE | D AND P | ARAMED | IC | |
| 1) 2) 3) 4) EMTs 4 1) | Massachusetts EMS Issue course comple completion certificate Ensure an original signate of the course of the course of the course of the course as described | regulations, etion documentes or may personal gned roster d lines after MUST: GN your nar above. Rem | the course outline, and entation to the EMTs of provide attendees with is retained by the prog the last student has sig | d DPH/OEMS nce the prog a copy of the ram sponsor med in at the usetts EMT r etter prefix o | Administra ram is comp e roster sign for each see completion umber (if your EMT) | tive Requireme pleted. Program ed by the instruction of the program of the course. The the course ou have one), at number. | sponsors may issue course ctor and student. gram |
| 3) 4) | a. Note: regarEducation,Guides four | rdless of app that can be nd on http:// | I number may never re roval, there are limitat | eceive credit. ions to the to iT certification | Attendance ypes of cont on. Please re | is at your own inuing educatio | risk! |
| | a. Note: regarEducation,Guides four | rdless of app that can be nd on http:// | I number may never re roval, there are limitat used for renewal of EM /www.mass.gov/dph/o | eceive credit. ions to the tr IT certification ionems . HAT NO CREI | Attendance ypes of cont on. Please re | is at your own inuing educatio ference AR 2-2: | risk! n, such as Distributive |
| | a. Note: regar Education, Guides four FAILURE TO SIGN TH | rdless of app that can be nd on http:// | I number may never re roval, there are limitat used for renewal of EM /www.mass.gov/dph/o NCE ROSTER MEANS TH | eceive credit. ions to the tr IT certification ionems . HAT NO CREI | Attendance ypes of cont on. Please re | is at your own inuing educatio ference AR 2-2: | risk! n, such as Distributive 12 or the OEMS Renewal T SIGNATURE: |
| 4) | a. Note: regar Education, Guides four FAILURE TO SIGN TH | rdless of app that can be nd on http:// | I number may never re roval, there are limitat used for renewal of EM /www.mass.gov/dph/o NCE ROSTER MEANS TH | eceive credit. ions to the to IT certification in the community of the com | Attendance ypes of cont on. Please re | is at your own inuing educatio ference AR 2-2: | risk! n, such as Distributive 12 or the OEMS Renewal |
| 4) | a. Note: regar Education, Guides four FAILURE TO SIGN TH | rdless of app that can be nd on http:// HE ATTENDA | I number may never re roval, there are limitat used for renewal of EM/www.mass.gov/dph/oNCE ROSTER MEANS THEMT NAME (Prin | eceive credit. ions to the to IT certification in the community of the com | Attendance ypes of cont on. Please re DIT CAN BE A | is at your own inuing educatio ference AR 2-2: | risk! n, such as Distributive 12 or the OEMS Renewal T SIGNATURE: |
| 4) | a. Note: regar Education, Guides four FAILURE TO SIGN THE EMT NUMBER: | rdless of app that can be nd on http:// HE ATTENDA | I number may never re roval, there are limitat used for renewal of EM/www.mass.gov/dph/oNCE ROSTER MEANS THE EMT NAME (Prin | ceive credit. ions to the to it certification in the centification in th | Attendance ypes of cont on. Please re DIT CAN BE A | is at your own inuing educatio ference AR 2-2: | risk! n, such as Distributive 12 or the OEMS Renewal T SIGNATURE: |
| 4) 1 2 3 | a. Note: regar Education, Guides four FAILURE TO SIGN THE EMT NUMBER: | rdless of app that can be nd on http:// HE ATTENDA | I number may never re roval, there are limitat used for renewal of EM/www.mass.gov/dph/oNCE ROSTER MEANS THE EMT NAME (Prin | ceive credit. ions to the to it certification in the centification in th | Attendance ypes of cont on. Please re DIT CAN BE A | is at your own inuing educatio ference AR 2-2: | risk! n, such as Distributive 12 or the OEMS Renewal T SIGNATURE: |
| 1 2 3 4 5 6 | a. Note: regar Education, Guides four FAILURE TO SIGN THE EMT NUMBER: \$64304 \$25241 \$25241 \$2959994 | rdless of app that can be nd on http:// HE ATTENDA | I number may never re roval, there are limitat used for renewal of EM/www.mass.gov/dph/oNCE ROSTER MEANS THE EMT NAME (Print Day Dovo Company Dovo C | ceive credit. ions to the to it certification in the centification in th | Attendance ypes of cont on. Please re DIT CAN BE A | is at your own inuing education ference AR 2-2: | risk! n, such as Distributive 12 or the OEMS Renewal T SIGNATURE: |
| 1 2 3 4 5 | a. Note: regar Education, Guides four FAILURE TO SIGN THE TO SIGN THE SUPPLIES SUPPL | rdless of app that can be nd on http:// HE ATTENDA | I number may never re roval, there are limitat used for renewal of EM/www.mass.gov/dph/oNCE ROSTER MEANS THE EMT NAME (Print Day Dovo Company Dovo C | ceive credit. ions to the transfer to the tran | Attendance ypes of cont on. Please re DIT CAN BE A | is at your own inuing education ference AR 2-2: | risk! n, such as Distributive 12 or the OEMS Renewal T SIGNATURE: |
| 1 2 3 4 5 6 7 8 | a. Note: regar Education, Guides four FAILURE TO SIGN THE TO SIGN THE SUPPLIES SUPPL | rdless of app that can be and on http:// IE ATTENDA | I number may never re roval, there are limitat used for renewal of EM/www.mass.gov/dph/oNCE ROSTER MEANS THE EMT NAME (Print Down Color Down Color Grenier Grenier Color | ceive credit. ions to the transfer to the tran | Attendance ypes of cont on. Please re DIT CAN BE A | is at your own inuing education ference AR 2-2: | risk! n, such as Distributive 12 or the OEMS Renewal T SIGNATURE: |
| 4) 1 2 3 4 5 6 7 8 9 | a. Note: regar Education, Guides four FAILURE TO SIGN THE TO SIGN THE SUPPLIES SUPPL | rdless of app that can be nd on http:// HE ATTENDA | I number may never re roval, there are limitat used for renewal of EM/www.mass.gov/dph/oNCE ROSTER MEANS THE EMT NAME (Print Down Color Down Color Grenier Grenier Color | eceive credit. ions to the transcriptions to the transcription to the tr | Attendance ypes of cont on. Please re DIT CAN BE A | is at your own inuing education ference AR 2-2: | risk! n, such as Distributive 12 or the OEMS Renewal T SIGNATURE: |
| 1 2 3 4 5 6 7 8 9 | a. Note: regar Education, Guides four FAILURE TO SIGN THE TO SIGN THE SUPPLIES SUPPL | rdless of app that can be nd on http:// HE ATTENDA PICE Contraction | I number may never re roval, there are limitat used for renewal of EM/www.mass.gov/dph/oNCE ROSTER MEANS THE EMT NAME (Print Down Color Down Color Grenier Grenier Color | eceive credit. ions to the transcriptions to the transcription to the tr | Attendance ypes of cont on. Please re DIT CAN BE A | is at your own inuing education ference AR 2-2: | risk! n, such as Distributive 12 or the OEMS Renewal T SIGNATURE: |
| 1 2 3 4 5 6 7 8 | a. Note: regar Education, Guides four FAILURE TO SIGN THE TO SIGN THE SUPPLIES SUPPL | Teless of apprendictions of ap | I number may never re roval, there are limitate used for renewal of EM/www.mass.gov/dph/oNCE ROSTER MEANS THE EMT NAME (Print Dono Dono Dono Dono Dono Dono Dono Do | ceive credit. ions to the transcriptions to the transcription to the tra | Attendance ypes of cont on. Please re DIT CAN BE A | is at your own inuing education ference AR 2-2: | risk! n, such as Distributive 12 or the OEMS Renewal T SIGNATURE: |

Page _____ of ____

Under the pains and penalties of perjury, I attest that this is a true and accurate record of the conduct, hours, and actual

INSTRUCTOR Signature

OFFICE OF EMERGENCY MEDICAL SERVICES

DPH/OEMS 200-59 CONED ROSTER 01/2016

DEPARTMENT OF PUBLIC HEALTH-

(Continuing Education Roster Continued):

| PROGRAM TITLE (Print): | OEMS CONED NUMBER: |
|--|--------------------|
| THE ORIFICE: EVALUATION OF THE HUMAN PORTALS | 2324-R5-00038-T1 |

| | EMT NUMBER: | EMT NAME (Print): | EMT SIGNATURE: |
|------|-------------------------|---|--|
| 13 | 332766 | Mizhael Reck | 11/11/2/2 |
| 14 | 853013 | Brian Ernst | 1111 |
| 15 | 846783 | Lau B. Chinson | Park Baran |
| 16 | 855694 | TIMOPHY SPRONES | Tenly De |
| 17 | 866702 | Patrick Sullivens | Polosed |
| 18 | 312821 | (ledging) Tealgrice | Unama 2 TTC |
| 19 | 884081 | MICHAER J. AUSTRINO | |
| 20 | 872638 | MATThew Stanton | Alle IN |
| 21 | 808046 | Donald L Dooner | Comer & Cooner |
| 22 | 833723 | Willem Choato | With PCherter |
| 23 | 20904358 | Jeffier Perez | 11/1 |
| 24 | £0904975 | John Goklberg | John Dolling |
| 25 | E0906787 | Gregory Gold Bog | Gen Alla |
| 26 | 840636 | mohel Tracy | Deskto |
| 27 | 833231 | Janes Brackett | 14 |
| 28 | 869457 | Mark Buppil | On |
| 29 | P0904406 | Mevin Picher | 1 h Unio |
| 30 | 70904279 | Caio C. Costa | Poir Coxt |
| 31 | P0902706 | Jerry Thompson | CANG JAM |
| 32 | P0903037 | Robert Curtin | pro- |
| 33 | P854083 | tames Bunker | 1 Dine |
| 34 | P85683 | Jang Bunke | Hem Bu |
| 35 | 856988 | MATTHEN FOSTER | 1/1/M/2-C |
| 36 | | | |
| 37 | | | |
| 38 | | \times | |
| 39 | | | |
| 40 | | | |
| Unde | er the nains and penalt | ies of periury. I attest that this is a true and accurate | e record of the conduct, hours, and actual |

| • | erjury, 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 | | |

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

OFFICE OF EMERGENCY MEDICAL SERVICE

DPH/OEMS 200-59 CONED ROSTER 01/2016

(Continuing Education Roster Continued):

| PROGRAM TITLE (Print): | OEMS CONED NUMBER: |
|--|--------------------|
| THE ORIFICE: EVALUATION OF THE HUMAN PORTALS | 2324-R5-00038-T1 |

| | EMT NUMBER: | EMT NAME (Print): | EMT SIGNATURE: |
|----|---|--|--|
| 13 | 10901797 | Adam Flahert | AD. |
| 14 | 875461 | James Malore | 2-2 |
| 15 | E0915738 | Christopher Brigham | du |
| 16 | P090 4670 | Vulio Herrera | an |
| 17 | 819057 | Charles O. Willians. III | Or |
| 18 | 894118 | Richard Fra to | Run |
| 19 | Po 903367 | Even richery | E |
| 20 | 824726 | SCOTT PHARDI | South Contract of the Contract |
| 21 | 149552 | Robert B. Doyle | Att B. D. L. |
| 22 | 858067 | THOUAS EDINGS | 16625 |
| 23 | 829753 | Truscolor J Clean Ti | |
| 24 | P0903973 | John Merlini | Seth Mu |
| 25 | Po903675 | Adam Dechellis | Cer 2 |
| 26 | | <u> </u> | |
| 27 | | | |
| 28 | | | |
| 29 | | | |
| 30 | | | |
| 31 | | | |
| 32 | | | |
| 33 | | X | X |
| 34 | | | |
| 35 | | | |
| 36 | | | |
| 37 | | | |
| 38 | | | |
| 39 | | X | |
| 40 | / | | |
| | | es of perjury, I attest that this is a true and accurate | record of the conduct, hours, and actual |
| | dance for this training UCTOR NAME (Print): | INSTRUCTOR Signature: | INSTRUCTOR EMT Number: |
| | el 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

Page _____ of _____

DPH/OEMS 200-59 CONED ROSTER 01/2016

(Continuing Education Roster Continued):

| (continued) | | |
|--|--------------------|--|
| PROGRAM TITLE (Print): | OEMS CONED NUMBER: | |
| THE ORIFICE: EVALUATION OF THE HUMAN PORTALS | 2324-R5-00038-T1 | |

| | EMT NUMBER: | EMT NAME (Print): | EMT SIGNATURE: |
|----------|--------------------------|---|--|
| 13 | 839558 | Francis > Corre | Then Have |
| 14 | 849422 | Lay McNamara Robert Creighton | he to the |
| 15 | P0901869 | Robert Creighton | Malyto |
| 16 | 901771 | Robert Shravone | Kds Dens |
| 17 | 855971 | Ligar OFKeherry | for Olah |
| 18 | 840911 | DALE CAMPBELL | 1 July |
| 19 | A0900133 | Jason murphy | hm |
| 20 | , | | |
| 21 | | | |
| 22 | | | |
| 23 | | | |
| 24 | | | |
| 25 | ` | | |
| 26 | | | |
| 27 | \ | \ | |
| 28 | | \ | |
| 29 | | | |
| 30 | | | |
| 31 32 | | | |
| 33 | | | |
| 34 | | | |
| 35 | | | |
| 36 | | | |
| 37 | | | |
| 38 | | | |
| 39 | | | |
| 40 | | | |
| Und | er the pains and penalti | ies of perjury, I attest that this is a true and accurate | e record of the conduct, hours, and actual |

| | erjury, I attest that this is a true and accurate record | d of the conduct, hours, and actual |
|-------------------------------------|--|-------------------------------------|
| attendance for this training course | | INSTRUCTOR EMT Number: |
| INSTRUCTOR NAME (Print): | INSTRUCTOR Signature: | INSTRUCTOR EIVIT 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

Page _____ of _____

OFFICE OF EMERGENCY MEDICAL SERVICES

DPH/OEMS 200-59 CONED ROSTER 01/2016

(Continuing Education Roster Continued):

| (Continuing Education Roster Continued). | | |
|--|--------------------|--|
| PROGRAM TITLE (Print): | OEMS CONED NUMBER: | |
| THE ORIFICE: EVALUATION OF THE HUMAN PORTALS | 2324-R5-00038-T1 | |

| | EMT NUMBER: | EMT NAME (Print): | EMT SIGNATURE: |
|----|---------------------------------------|-------------------|-----------------|
| 13 | 930630 | | Stron at Van Va |
| 14 | V | | 1 |
| 15 | | | |
| 16 | | | |
| 17 | | | |
| 18 | | | |
| 19 | | | |
| 20 | | | |
| 21 | | | |
| 22 | 1 | | |
| 23 | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | | |
| 24 | | | |
| 25 | \ | | |
| 26 | | | \ |
| 27 | | | |
| 28 | | | |
| 29 | | | |
| 30 | | | |
| 31 | | | |
| 32 | | | |
| 33 | | | |
| 34 | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | | |
| 35 | × | | |
| 36 | | | |
| 37 | | | |
| 38 | | | |
| 39 | | | |
| 40 | | | |

| Under the pains and penalties of perj attendance for this training course. | ury, I attest that this is a true and accurate reco | ord of the conduct, hours, and actual |
|--|---|---------------------------------------|
| 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