MASSACHUSETTS

OFFICE OF EMERGENCY MEDICAL SERVICES

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: JEOPARDY			BRC	BROCKTON HOSPITAL		
PROGRAM LOCATION (Print):				PROGRAM	DATE:	PROGRAM TIMES:
K of C 1195 BEDFORD ST (RTE 18) WHITMA			N, MA	9/28/22		1800-2000
	CONED NUMBER:	30 Hour	□ 20) Hour		
2223-	-R5-00872-T1	Paramedic NCCR		MT NCCR	☑ ConEd Pro	gram Hours: 2 HRS
Instruc						
	NSTRUCTOR MUST:	s space provided attacting that you	م م م م م م			Sa annual annual state annu l'antida
1)	Massachusetts FMS	e space provided, attesting that you regulations, the course outline, and	DPH/OFM	uctea this tra S Administra	aining program	in accordance with applicable
2)	Issue course complet	ion documentation to the EMTs or	ice the prog	ram is comp	leted. Program	sponsors may issue course
3)		es or may provide attendees with a gned roster is retained by the progr				
4)		lines after the last student has sign				gram
EMTs A	ATTENDING PROGRAM					
1)	Legibly PRINT and SIG	GN your name after your Massachu	setts EMT n	umber (if yo	u have one), at	testing that you attended
		above. Remember to include the le		•		
2)		nd retain course completion docur				
3)	_	an approval number may never red dless of approval, there are limitati				
	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 .					
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4)	PAILURE TO SIGN TH	E ATTENDANCE ROSTER MEANS TH	AT NO CREI	DIT CAN BE A	WARDED.	
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,		EMT NAME (Print	:):	DIT CAN BE A		T SIGNATURE:
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MASSACHUSETTS

- DEPARTMENT OF PUBLIC HEALTH --

DPH/OEMS 200-59 CONED ROSTER 01/2016

(Continuing Education Roster Continued):

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PROGRAM TITLE (Print):	OEMS CONED NUMBER:		
ROUNDS: JEOPARDY	2223-R5-00872-T1		

	EMT NUMBER:	EMT NAME (Print):	EMT SIGNATURE:
13	834477	Thomas L. Heavey	Will I
14	829753	Tursorly J Clanes Fo	
15	810052	PAJE LAMORENE JE	9-14
16	807588	ERIC S EDER	2091
17	819114	Scot 6 Brew	LAK 1) R
18	0964160	Christopher Grazioso	
19	84924	Jaso nationey	
20	0901764	Kenneth J Carestor	19/1/17
21	10901844	Daniel Pale	and the second
22	886306	PATRICK SAMMON	1st Ca
23	865056	Tonathan Hickey	120H
24	0902694	Joseph Manganara	and the second
25	P0903442	Michael Devilly	The Hell
26	824295	LASSENH MAGE	The state of the s
27	824757	JOHN DAMORADE	Lola
28	881834	Brian Trefs	
29	862762	PATRICK TRAUBRS	R TON
30	P 0904039	Chersone Wigardt	Charlet I
31	843354	DAVID PREEMA	
32		Paul Mc Cafferty	Reed melffest
33	840911	DALE CAMPBELL	
34	115532	James Bertram	
35	222112	Katherine Klive	
36	P0903970	Michael Concannon	O'A
37	879896	Derek Haimaidi	
38	865044	Sason Fricker	for the
39	856749	Brion tela	Marin San San San San San San San San San Sa
40	876090	Authory Conso	Cot of Sold
		es of perjury, I attest that this is a true and accurate	e record of the conduct, hours, and actual
	ndance for this training RUCTOR NAME (Print):	INSTRUCTOR Signature:	INSTRUCTOR EMT Number:
	iel Muse, MD	Low	

Under the pains and penalties of perjury, attendance for this training course.	I attest that this is a true and accurate record of the conduct, hours, and actual		
INSTRUCTOR NAME (Print):	INSTRUCTOR Signature:	INSTRUCTOR EMT Number:	
Daniel Muse, MD	E avent		

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

MASSACHUSETTS

DEPARTMENT OF PUBLIC HEALTH -

DPH/OEMS 200-59 CONED ROSTER 01/2016

(Continuing Education Roster Continued):

(continuing Education Roster Continued):			
PROGRAM TITLE (Print):	OEMS CONED NUMBER:		
ROUNDS: JEOPARDY	2223-R5-00872-T1		

	EMT NUMBER:	EMT NAME (Print):	EMT SIGNATURE:
13	819227	James Curtin	00
14	831970	JOSH NIX	02
15	874469	Keuin O'Hara	"Ze
16	873258	Robert Collins	2 00 00
17	838962	Richard S. Smith	Proles of
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	, I attest that this is a true and accurate record of the	e 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 Page _____ of ____