## MASSACHUSETTS OFFICE OF EMERGENCY MEDICAL SERVICES

OFFICE OF EMERGENCY MEDICAL SERVICES

DPH/OEMS 200-59 CONED ROSTER 01/2016

Progr	am Information: (1	his roster is f	or use with training pro	grams that	have DPH/O	FMS continuing	education numbers	
<b>Program Information:</b> (This roster is for use with training progr PROGRAM TITLE (Print):				PROGR	PROGRAM SPONSOR (Print):			
BEHAVIORAL EMERGENCIES				BRO	BROCKTON HOSPITAL & BREWSTER AMBULANCE			
PROG	RAM LOCATION (Print	): 			PROGRAM		PROGRAM TIMES:	
1555 MAIN STREET, BROCKTON MA					1/8/2020		1800-2000	
OEMS CONED NUMBER:			30 Hour	□ 20				
1920-R5-01181-T1			Paramedic NCCR		MT NCCR	☑ ConEd Program Hours: 2 HRS		
	ictions:							
Ι.	INSTRUCTOR MUST:				·	***************************************		
	<ol> <li>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.</li> <li>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.</li> </ol>							
3	) Ensure an original s	igned roster i	is retained by the progra	am sponsor	for each ses	sion of the prog	ram	
4	) Cross off any unuse	d lines after t	he last student has sign	ed in at the	completion	of the course.		
EMTs 1	ATTENDING PROGRAM							
1	Course as described	ligiv your nan Lahove Reme	ne after your Massachus ember to include the let	setts EMT n	umber (if yo	u have one), att	esting that you attended	
2	) Ensure you receive	and retain co	urse completion docum	entation from	om course si	iumber. Jonsor or instru	rtor	
3	) – Any program lackin	g an approval	number may never rec	eive credit.	Attendance	is at your own ri	isk!	
	a. Note: rega	rdless of appi	roval, there are limitation	ons to the ty	pes of conti	nuing education	. such as Distributive	
	Education,	that can be u	ised for renewal of EMT	certificatio	n. Please re	erence AR 2-212	2 or the OEMS Renewal	
4	Guides fou FAILURF TO SIGN T	nd on <u>nttp://</u> -IF ΔΤΤΕΝΙΟΔΝ	www.mass.gov/dph/oe ICE ROSTER MEANS THA	ms .	UT CAN DE A	MATADDED		
	EMT NUMBER:		EMT NAME (Print)		TI CAN BE A		CICHATURE	
1		6116				EIVII	SIGNATURE:	
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	867179	Matt	hen Leighto			Malhe	Lula	
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		John	IE-FORCE			foller \$	once	
	851537	Matthe	es O'Cear	<u> </u>	1	-p0	527	
	EU910301	Reise	y Girard	<i></i>	2	ux	9()	
10	875 LIG	CLYCY	Silva			225		
11	P0906687	Temes	Duff			in DV	1/	
12	P0902937	Chris	3 Bradley		Chil			
attendance for this training course.								
4 5 6		Matt	hen Leighto	.,,		man L Malhe	Doone July	
5				<del></del> -		man k	voore	
		/ .	7/1/3			Walk	July	
6 ———	E0909406		Batchelder		Ker	IN Both		
7	8/3840				7000	1277 / 1	2	
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	575 469	CLYCY	Silva	·		226		
	T	1000	- Duft			in (DV		
12 170902937 Chris Bradle/				Soli				
Under the pains and penalties of perjury, I attest that this is a true and accurate record of the conduct, hours, and actual								
INSTRUCTOR MANAGE (Deign)								
	Daniel Muse, MD							

Page \_\_\_\_\_of \_\_\_\_3

## MASSACHUSETTS

**CONED ROSTER OFFICE OF EMERGENCY MEDICAL SERVICES** 01/2016

**DPH/OEMS 200-59** 

DEPARTMENT OF PUBLIC HEALTH-

(Continuing Education Roster Continued):						
PROGRAM TITLE (Print):	OEMS CONED NUMBER:					
BEHAVIORAL EMERGENCIES	1920-R5-01181-T1					

	EMT NUMBER:	EMT NAME (Print):	EMT SIGNATURE:				
13	842664	JoHN Previti	John Freist				
14	0834 70	William McDru	word I the				
15	813850	ROBERT J MANCIN	ellite dil a dilli				
16	861928	SEAN PETERS					
17	884779	Thomas Lickman	The state of the s				
18	893132	JAMES BOATTY	Sour Beally				
19	857866	Michael Nelson	Mullin				
20	901771	Robert Shrawne	Poled Nun				
21	902082	Breat Edu	77 60				
22	0910301	Kelsey Girard	War As 2				
23	871085	Nicholas Lyons	Make 1				
24	0903258	A-stin Actley	o hu				
25	856599	TEFF GERMAINE	MA				
26	851248	Richard Mackinson	blanks				
27	842607	HUAM Wilbar	adan wolld				
28	838962	Richard S-Smith	Tolo Sih				
29	844195	SHEEHAN, TIMOTHY	4500				
30	831240	Scott Rosers					
31	2090009 y	Edward FBAKKA	JR 2 Gel OF Bley 1				
32	838767	JACKSON MACOM					
33	P0902303	Pan Donoven	Mar 11				
34	E3119207	Claudia Kiman	1 / Yandla Doneso				
35	E090 1963	Edwin Lugo	- Luc				
36	E895282	Francesca Angelini					
37	836318	MARKWANGARAN Ja	m				
38	E3126093 (Nattoral) E0902556(State)	Mark Waugaman AF	Val III				
39	884081	MICHAEL J. AUSTOZINO					
40	E0905200	BRIAN FINN	Birti				
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.							
INSTR	RUCTOR NAME (Print):	INSTRUCTOR Signature:	INSTRUCTOR EMT Number:				
Danie	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 \_\_<u>\_\_\_</u>\_\_

## MASSACHUSETTS

**OFFICE OF EMERGENCY MEDICAL SERVICES** 

**DPH/OEMS 200-59 CONED ROSTER** 01/2016

(Continuing Education Roster Continued):

PRO	GRAM TITLE (Print):	(commissing Education	D NUMBER:				
BEHAVIORAL EMERGENCIES			1920-R5-01181-T1				
	EMT NUMBER:	EMT NAME (Print):	EMT SIGNATURE:				
13	499922	David McKenna		Wall assili as			
14	881254	Davi'l C Jarli		4-0 M	THEN E		
15	820056		RROLL	Mia	C (C		
16	871073	Daniel Wauhob		100	Lille		
17	6909041	Andre V Nahisi	lin	1201	M		
18	842039	John Carley		4	Ly		
19	5063576	Kyan Ahern	· · · · · · · · · · · · · · · · · · ·	The	7)		
20	815111	Jim Rugh		And	17.		
21	852683	James Bunker		Harry .	Buch		
22	876095	fatrick Gibbs	/	1000			
23	E0905299	Elizabeth Newcon	1b /	Myalata	Hencont		
24	872633	Henry Kennedy		B			
25 26	1564229	Lincoln THIBEAUCT		77			
27	858792	Chrotober Horiz		<b>9</b>			
28	E0908580	JOSEPH JUBGE	<u></u>	1			
29	10902584	JAMES P. CONNOR	-	Jac.			
30							
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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							
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 、