OFFICE OF EMERGENCY MEDICAL SERVICES

DPH/OEMS 200-59 CONED ROSTER 01/2016

PROGRAM TITLE (Print): PROCRAM SPONSON (Print):						
The district (Finity).		PROGR	RAM SPONS	OR (Print):		
ROUNDS "DISPATCH TO DISCHARGE"		BRC	CKTON	HOSPITAL&	BROCKTON FIRE	
PROGRAM LOCATION (Print):			PROGRAM DATE:		PROGRAM TIMES:	
	RKINS AVE, BROCKTON	MA 02302		2/25/2020		9 AM TO 11 AM
OEMS	CONED NUMBER:	30 Hour	□ 20	Hour		
192	0-R5-01183-T1	Paramedic NCCR	_	MT NCCR	ConEd Prog	ram Hours: 2 HOURS
Instruc	tions:					
LEAD IN	ISTRUCTOR MUST:					
 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. 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. Ensure an original signed roster is retained by the program sponsor for each session of the program Cross off any unused lines after the last student has signed in at the completion of the course. 						
	EMTS ATTENDING PROGRAM MUST:					
 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. Ensure you receive and retain course completion documentation from course sponsor or instructor. Any program lacking an approval number may never receive credit. Attendance is at your own risk! 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. FAILURE TO SIGN THE ATTENDANCE POSTER MEANS THAT THE CORD TO A MEAN THE CORD TO A MEA						
	4) FAILURE TO SIGN THE ATTENDANCE ROSTER MEANS THAT NO CREDIT CAN BE AWARDED.					

	EMT NUMBER:	EMT NAME (Print):	EMT SIGNATURE:
1	F35958	MAN- OSITA	
2	826929	Gerise Gardner On	
3	88 A325	RYALE, AMADO	
4	901662	Kyl Guess	
5	879161	David Cowing	
6	825148	Rissord Snit	Description
7	E0908862	JOHN J. SAMMON	
8	832727	Co II or	16-7-
9	413435	Greson Bornet	
10	842037	Barry Canavan	A /
11	815/11	James Rush	(Suffanso)
12	837856	Mark Shares	MI D

course.	ury, I attest that this is a true and accurate record of	of the conduct, hours, and actual
INSTRUCTOR NAME (Print):	INSTRUCTOR Signature	INSTRUCTOR EMT Number:
Daniel Muse, MD		- INSTRUCTOR EINT Number:
	Page / (

Page _____ of _____

OFFICE OF EMERGENCY MEDICAL SERVICES

--- DEPARTMENT OF PUBLIC HEALTH-

DPH/OEMS 200-59 CONED ROSTER 01/2016

(Continuing Education Roster Continued):

PROGRAM TITLE (Print

OEMS CONED NUMBER:

ROUNDS "DISPATCH TO DISCHARGE"

1920-R5-01183-T1

	EMT NUMBER:	EMT NAME (Print):	EMT SIGNATURE:
13	0902663	Daniel Preach	12/1
14	85879/	Nicholas Orasso	The
15	825125	SAMES W. CAMPORLUIT	(2 fr. / //
16	84071	Louis Zocaria	1000
17	902558	Mathew Over	Me
18	846867	Michael J Perters	120
19	839840	Jason Viveires	7,
20	877774	Joseph Gillen	10
21	0902177	Joshua Anachi	a ce
22	851797	Glen Graffen	131 00
23	850701	DON SWEET MAN IN	Day Suche ton one of
24	837730	Engan LaGuita	blit
25	901987	Mike Sulliva	
26	836184	Booweff Jelman	THE I
27	0905258	Austinsticle	
28	879165	Wesley Dune	66-
29	856762	Wesley Duger Michry C UCROS	Jul B
30	840180	Alfred Conniglan	
31	0401622	Jason Anachi	
32	083450	William MCY ANWIN	wa
33	0911296	Share Coaring	Doce faces
34	E0909406	Keith Batchelder	Kill Batchela
35	837658	Shown Mtkill	Shell fol
36	857866	Michael Nelson	Mully
37	0901504	Steve- Clasim	Man a
38	824216	THOMAS LUCKMAN OR	Solo
39	881675	Sean Consolly	1901
40	889368	Chris Enswiller	He
	r the pains and negati-		

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		MSTROCTOR EINT Number:	

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 SERVICES

DPH/OEMS 200-59 CONED ROSTER 01/2016

- DEPARTMENT OF PUBLIC HEALTH-

(Continuing Education Roster Continued)

PROGRAM TITLE (Print):

OEMS CONED NUMBER:

ROUNDS "DISPATCH TO DISCHARGE"

1920-R5-01183-T1

	EMT NUMBER:	EMT NAME (Print):	EMT SIGNATURE:
13	825241	Timothy Doward	The last of the
14	973Em	CARIS DENGENIE	
15	886238	Janet Orcutt	Last Osnett
16	836691	George Onteil	Jany Skept
17	P0909023	Dan Donoven	0 1
18	Pagestor		Nu v
19	D0902706	Jeffy Thompson	gus 12
20	EO		
21	F0907772	LORRAGE WIDNON	June
22	823753	Kerry Young	Than If 3
23	895984	We Yang	11/1/200
24	855694	TIMETHY SPRAIS	70
25	874934	Michael MAHONEY	itti
26	840176	Mrither Busach	Well B
27	848947	Eric J. Roppolo	Eryf Roymly
28	815288	Thomas BIBBY	Thomas Bibly
29	892695	Brittany Cummings	B.Con
30	850220	George Eonas	366
31	833416	July M. Harrano	A CO
32	856948	Brian Pianton	30~ FX
33	848945	Jim Micgiantuono	Janes Myrietus
34	878915	Silly Lieb	
35	876912	Cesey Florence	Canton
36	867964	James Reidy	Mas
37	843354	DA-e Frieman	413
38 39	902219	Cori Handorff Enc Westerlund	Vonto
40	y21352		2147
		Thomas LaBelle	Thomas Jasalle
Unde	r the pains and penaltie dance for this training c	s of perjury, I attest that this is a true and accurate	e record of the conduct, hours, and actual
	CUCTOR NAME (Print):	INSTRUCTOR Signature:	INSTRUCTOR EMT Number:
Danie	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

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:

ROUNDS "DISPATCH TO DISCHARGE"

1920-R5-01183-T1

	EMT NUMBER:	EMT NAME (Print):	EMT SIGNATURE:
13	873185	MATTHEW FAMEL	Allera -
14	84100	GREG LAFIELT	
15	842664	JoHN Previti	A STATE OF THE STA
16	866702	Patrick Sullivan	Sofulat
17	855971	Lian O Fluherte	6-082
18	828320	RACHIANIA OVANUMY	amm mal
19	872611	Jennifer Gallant	500
20	903502	Aussa Guardan	Al
21	851248	Ayssa Goodan Richart Mackinnon	La from
22	\$38326	Sembelson	Cell Fis
23	847374	Kain Donovan	I'm ?~
24	E0905837	Brandon Moveno	There
25	820532	PAUL WISOCKY	Pho wait
26	858802	STEVEN FOSTER	any
27	862762	PATRICIE TRAVERS	
28	8092771	Paul Nolan	Parolle
29	844686	Richard M Heenon	thing
30	E3396423	Mchael Morra,	7202
31	E854183	Janathan Rochnick	John
	£0907460	Rigor O'Keere	16
33	E0907460	William Burns	axton 12 mg
34	838962	Kichagos Smith	helper.
35	874647	KRIS KRONILLIS	htthey
36	878015	Marcus Andrews	Manthe
37	829864	Steven L. Dorahue	At & Vilin
38	\$52683	James Bunker	tage Sue
39	86192X	SEAN PETERS	W. VO
40	40902727	Connor Bach	Van 12
Unde	r the pains and penaltic	es 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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OFFICE OF EMERGENCY MEDICAL SERVICES

DPH/OEMS 200-59 CONED ROSTER 01/2016

(Continuing Education Roster Continued):

PROGRAM	TITLE	(Print\

OEMS CONED NUMBER:

ROUNDS "DISPATCH TO DISCHARGE"

1920-R5-01183-T1

	EMT NUMBER:	EMT NAME (Print):	EMT SIGNATURE:
13	843 850	Eduard S. Church, 1	Chill III
14	824217	Joseph Marchetti	heest MM M
15	892 196	Alexandre Souto	Olive Soct
16	854189	LeRoy J. Woodman II	Le Con 1. Wardness It
17	836629	CNEISTOPHEC R TILTON	C
18	868969	JAIME BARBOSA	0.76
19	820645	SCOTT FIGGINS	Scal 2
20	ध्याद्रश	Educad Collians	
21	743868	Joseph Solomon	Judital Company
22	850982	Barah Jay	nila
23	847694	Scott Margolis	Lever and
24	108970	Briga MEanga	the house
25	824728	SCOTT PINARO:	aren de
26	838447	Vellvey Rikellelar	
27	828892	William E Hill	Will Hus-
28	759 893	Youl Gurney	Pul
29	843624	Keuin Galligan	The Stall
30		J	
31			
32			
33			
34			
35			
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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):	INSTRUCTOR Signature:	INSTRUCTOR EMT Number:	
Daniel Muse, MD			

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