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): ROUNDS: MENTAL ILLNE	ESS		AM SPONSO	OR (Print): OSPITAL	-
PROGRAM LOCATION (Print): 680 CENTRE STREET, E	BROCKTON MASS		PROGRAM 3/27/19		PROGRAM TIMES: 6:30 PM - 8:30 PM
OEMS CONED NUMBER: 1819-R5-01293-T1	30 Hour Paramedic NCCR	_	Hour MT NCCR	ConEd Pi	rogram Hours: 2 HRS

Instructions:

LEAD INSTRUCTOR MUST:

- 1) 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.
- 2) 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.
- 3) Ensure an original signed roster is retained by the program sponsor for each session of the program
- 4) Cross off any unused lines after the last student has signed in at the completion of the course.

EMTs ATTENDING PROGRAM MUST:

- 1) 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.
- 2) Ensure you receive and retain course completion documentation from course sponsor or instructor.
- 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 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.
- 4) FAILURE TO SIGN THE ATTENDANCE ROSTER MEANS THAT NO CREDIT CAN BE AWARDED.

	EMT NUMBER:	EMT NAME (Print):	A EMT SIGNATURE!
1	263013	Korit. Smith	Karine Milli
2	815111	James Rush	Jan BO
3	£0906513	DAVID REPERA	7
4	836505	DAVICK SANTAL	D & (D)
5	E898741	Steven Smith	
6	884081	MICHAEL AUSTRINO	der
7	812772	MARK DITOCKO,	711
8	853808	Keum McDonnell	
9	850701	DON SWEETMAN OR	Don Sweetman)
10	358802	STEVEN FESTER	
11	840180		990
12	858791	Nicholas Grasso	War
<u> </u>	840180	Albred Country	White the state of

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

MASSACHUSETTS

OFFICE OF EMERGENCY MEDICAL SERVICES

DPH/OEMS 200-59 CONED ROSTER 01/2016

(Continuing Education Roster Continued):

PROGRAM TITLE (Print):

ROUNDS: MENTAL ILLNESS

1819-R5-01293-T1

	EMT NUMBER:	EMT NAME (Print):	EMT SIGNATURE:
13	876642	Andrew Johnson	AC
14	E0909824	Brock Duvarney	Burch orther
15	P0902779	Trevor M C'Kute	The mount
16	£0905185	Fallon Raithel	Hollon Raithe
17	851794	Glen Graffer	Bl- ag
18	902863	Mathewiafront	Mattick
19	0902177	Joshua Anacki	The live
20	C901955	Jason Angeri -	
21	813487	Affisch Polson	000
22	807588	Elic J. EDER	550
23	1819675	David Avery	- SA
24	850592	Scott UASNER	the of
25	826989	Gegray + Gardiner Tr	This
26	F37650	Shown MHard	Madil
27	P0901791	Kenneth Wright	
28	877039	Justin Silva	
29	87704/2	Sean Gragner	1 A T
30	834805	Craig Niley	C/C/
31	P0902674	Lachary Baldwin	Mind -
32	20902704	Ryan Buton	HINR
33 34	884673	PATRICK DYLIN	Jahr A O Ment
35	878015	Marcus Andrews	Man Cal
36	069848	Richard Hall	51/2
37	849763	CHRISTON WARBOUR	Contract of the contract of th
38	840421	Scott 6 Breev	NO SO K
39	A0900132	Jay Makemara	July 10 to
40	768360	Chen Dutter	die de la company de la compan
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Under the pains and penalties of po	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		

MASSACHUSETTS

OFFICE OF EMERGENCY MEDICAL SERVICES

DPH/OEMS 200-59 CONED ROSTER 01/2016

(Continuing Education Roster Continued):

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OEMS CONED NUMBER:

ROUNDS: MENTAL ILLNESS

1819-R5-01293-T1

	EMT NUMBER:	EMT NAME (Print):	EMT SIGNATURE:
13	870562	Andrew Wilds	(Call)
14	E811628	KEVIN I FOSTER	Kang Faster
15	876931	Kevin foster Ir	infrance
16	871048	Jeffrey Cuozzo	
17	0901978	Antew Daigle	Code (1)
18	836200	John Schlatz	Com States
19	848945	JAMES Miccianteono	Danis P. M. rentes
20	839558	Francis 5 Currie	France & Covic
21	870559	Gerald Wain	Carlolin
22	0902818	JOHN PETERSON)	10011
23	829753	Timesty & Clary J'	- Allen
24	095-817	Jason Akstn'	1 all
25	819227	James Curtin	064
26	P0902586	Russel A. Lyer	Built & D
27	861485	Christine Barce	Destre Le Bonc
28	824241	VALLE MCCASSERY	oum affect
29	847312	James Levrini	James Lewin.
30	10901958	Timothy M. Kurdrica	1 State
31	824194	MAB E SHUMWAY	Gels.
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Under the pains and penalties of perjury attendance for this training course.	I attest that this is a true and	accurate record of the condu	ct, hours, and actual
INSTRUCTOR NAME (Print):	INSTRUCTOR Signature:	\	INSTRUCTOR EMT Number:
Daniel Muse, MD		1	

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

MASSACHUSETTS OFFICE OF EMERGENCY MEDICAL SERVICES

DPH/OEMS 200-59 CONED ROSTER 01/2016

(Continuing Education Roster Continued):

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PROGRAM TITLE (Print):	OEMS CONED NUMBER:
ROUNDS: MENTAL ILLNESS	1819-R5-01293-T1

	EMT NUMBER:	EMT NAME (Print):	EMT SIGNATURE:
13	902081	TJ NICHOLSON	02/1/1/1/1
14	E888950'	Joe Galofaco	The state of the s
15	P0202714	Seen Theritalt	the July
16	PC9CZ937	Chas Bradley	Cf2
17	871085	Nicholas Lyons	man
18	874090	Anthony Carso	9-1-Com
19	834335	Matthe Wich	that I
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Under the pains and penalties of perjury, attendance for this training course.	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		

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

MASSACHUSETTS

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: MENTAL ILLNESS	1819-R5-01293-T1

	EMT NUMBER:	EMT NAME (Print):	/ EMT SIGNATURE:
13	395984	Julie Yang	Addun
14	878288	Michael Delcourt	
15	878288	Michael Delcourt Joseph Gordon	Oh a
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Under the pains and penalties of perjury, attendance for this training course.	l attest that this is a true and accurate record of t	he conduct, hours, and actual
	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