MASSACHUSETTS

OFFICE OF EMERGENCY MEDICAL SERVICES

- DEPARTMENT OF PUBLIC HEALTH-

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	AM SPONSO	R (Print):		
ROUNDS "DISPATCH TO DISCHARGE"			BRO	BROCKTON HOSPITAL& BROCKTON FIRE			
PROGRAM LOCATION (Print):			•	PROGRAM	PROGRAM TIMES:		
	ERKINS AVE, BROCKTO	N MA 02302		10/22/19		0900=1100	
OEMS C	ONED NUMBER:	☐ 30 Hour ☐ 20		Hour			
1920-1	R5-00104-T1	Paramedic NCCR	EMT/AEI		ConEd Program Hours: 2 HRS		
Instruct	ions:						
LEAD IN	STRUCTOR MUST:						
1)	Sign this roster in the space prov	vided, attesting that you	ı have condi	ucted this tr	aining program in	accordance with applicable	
	Massachusetts EMS regulations,	. the course outline, and	DPH/OEMS	Administra	tive Requirement	t (AR) 2-212.	
2)	Issue course completion docume	entation to the EMTs on	ice the prog	ram is comp	oleted. Program sj	ponsors may issue course	
3)	completion certificates or may provide attendees with a copy of the roster signed by the instructor and student.					or and student.	
3) 4)	7 - From a minor signed reside is recarried by the program sponsor for each session of the program						
, see on any anasod mes area the last stadent has signed in at the completion of the course.							
EMTs ATTENDING PROGRAM MUST:							
1)	1) Legibly PRINT and SIGN your name after your Massachusetts EMT number (if you have one), attesting that you attended						
2)	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.					or the Orivio Mellewat	
_4)							
	WENTSON DEFINITION OF THE PROPERTY OF THE PROP						

7 (24.5) 7 (24.5)	EMT NUMBER:	EMT NAME (Print):	EMT SIGNATURE:
1	820056	Michael Chraoci	11000
2	902558	Mosshew Mich	Marin
3	896242	Joseph Rose	Josef L
4	10902212	Tyla Araujo	I helding &
5	824138	Preph Spartella	later offer
6	82421G	THOMAS LUCKMAN DE	
7	867806	Michael monterorte	Much In
8	625148	Richard In Sall	Na
9	87595F	More a sid my	3
10	871131	Chris GHi	0000
11	P3901844	Danie (Tag	all 1
12 ′	833723	William R Choate	willn & Robert

12 835723	William & Choate	William & Robert
Under the pains and penaltic attendance for this training of	es of perjury, I attest that this is a true and accourse.	curate record of the conduct, hours, and actual
INSTRUCTOR NAME (Print):	INSTRUCTOR Signature	INSTRUCTOR EMT Number:
Daniel Muse, MD		
	Pageof	3_

MASSACHUSETTS

DPH/OEMS 200-59 CONED ROSTER OFFICE OF EMERGENCY MEDICAL SERVICES 01/2016

DEPARTMENT OF PUBLIC HEALTH

(Continuing Education Roster Continued): PROGRAM TITLE (Print): **OEMS CONED NUMBER:**

ROUNDS "DISPATCH TO DISCHARGE" 1920-R5-00104-T1

	EMT NUMBER:		EMT NAME (Print):			ΕN	IT SIGNATURE:	
13	871586	Jace	& Marp-			2~2		
14	850701		1 SWEETING	9N JA	190	27	Iwee trum	7
15	819226		-D CICCHES					<u> </u>
16	E0909412	Bren	- <i>n</i> -	·	1/2	2_	K-	
17	819227	JAME	s w Cuetin		26	# /		
18	810054	JEF	FREYA Le	dia	0g	4/1	- a Lea	los
19	832561	50	. 1			She	30	
20	825241	Tim	othyoDon	du c	Bu	A)	(Dans	$\overline{}$
21	892695	Britte	any Cumm	nings	P. 1		NOID	
22	E0905837	Bran	don Moran		Tan	_	W.	
23	A0900133	S/50)	V MURPHY		M		7	
24	880605		1 P166/25		Leit		9	
25	881959	Va.	12 C) arzy		152			
26	861928	SEW	PETERS		1			
27	177610	$ >$ $\sqrt{4}$	run In Hard	<u>Z</u>		90 /	selfer f	
28	876 108	PAR	ick Rox	,	1,0	\oldoesia \oldoesia \oldo	5	
29	816811	apull	1 Jambel	\		13	Median	7
30	832134	1763		િ	VU	CW		/
31	P0902303	Dan Do			Han	e	<u> </u>	
32	881262	Stae	Ponte		U) \$50			
33	# 00000	Garre	- ().		120	4		
	20713351	Bam	1 Derina		1731		\sim	
35	85880Z	$\overline{}$	J FOSTER			L		1112 1154
36 37	814472	16 hr	Janeno (C)	1	KK.	45	Will the second	
38	f28f92 837856	Willy	_ 1	<u> </u>	WILL	-	HW!	
39	30.800	TUG	1 19	,	Mo	1	1	
40	0402317 840646	XWI	& 15102Shew	/			310	
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.								
	RUCTOR NAME (Print):		INSTRUCTOR Signature:				INSTRUCTOR EMT	Number:
Dani	el Muse, MD		7	- +	Control of the last of the las			

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 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 "DISPATCH TO DISCHARGE"	1920-R5-00104-T1				

	EMT NUMBER:	EMT NAME (Print):	EMT SIGNATURE:			
13	836805	DAVID Sporter	D 120			
14	858434	Daniel Westgite	in Watst			
15	876912	Cosey Florence	Cantlon			
16	8/3840	JOHNE FORCE	John Force			
17	867179	Milit	Muller from			
18	£90882	Margan Generally	tail stilling			
19	84005	PARIK 3 Courses	Catt fe			
20	80902692	Morgan Genatossid	CANTER 1			
21	<u> ४५७३५३</u>	Anthony Ciccolo	Who Con			
22	P0902706	Jerry thompson	Turo Ola			
23	880979	SOTT Greenbers	John Fuff			
24	808049	Kichane Funder	This the			
25	902219	Cori Handorff	(out			
26	8AØ195	SHEETHAN , TIMOTHY J	7500			
27	872959	Michael Fournier	m			
28	902099	hyon Connorm	FUR -			
29	902806	Darrin Kelong	and a			
30	.878915	Billy Lieb "				
31	0902694	Joseph Manganara	1 Jun			
32	847374	Kevin Donovan	On lan			
33	866702	Patrick Sullivan	Polish			
34	855694	TIMONY SPROUS	7			
35	0901509	Stren Classman	1 ma			
36	876924	SHANE CAPPE	3h a			
37	865044	Jason Fricter	for John			
38	882770	Carolynn Bunker	Capolinus Bunker			
39	852683	James Burker	Tan Sun			
40	813676	Kevn Fich	HATE			
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.						
INST	INSTRUCTOR 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