OFFICE OF EMERGENCY MEDICAL SERVICES

-DEPARTMENT OF PUBLIC HEALTH-

DPH/OEMS 200-59 CONED ROSTER 01/2016

Program Information: (This roster is f	or use with training pro	ograms that	have DPH/O	EMS continuir	g education numbers)
PROGRAM TITLE (Print):		PROGR	PROGRAM SPONSOR (Print):		
ROUNDS: CARDIOLOGY			BROCKTON HOSPITAL		
PROGRAM LOCATION (Print):			PROGRAM	DATE:	PROGRAM TIMES:
K of C 1195 BEDFORD ST (RTE 18) WHITMAN, MA			9/25/19		1830-2030
OEMS CONED NUMBER: 1920-R5-00103-T1	30 Hour Paramedic NCCR	_	O Hour MT NCCR	ConEd Pr	ogram Hours: 2HRS

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:		MT NAME (Print):		الحريد	NT SIGNATURE:
1	90906880	Course 1	Bound		Shr	ev -
2	\$3595£	Marc	DSHM		to	
3	824295	JOHN-	J. HUSSEY			
4	835691	Dereg	Avery	<	The B	\(\)
5	368346	JEHREN K	elley		(IL)	\wedge
6	894385	Amber	Herring		500	b
7	824241	that hi	Cofferen		The Don	which
8	861970	Sesu	ルダ		ATION	
9	638113	Seon	- Mellyn		/////	
10	0902863	Matthe	w Iafrate		Modera	chel
11	8666091		1001+		our	Luc
12	901771	Robert	SHIAVONE		Rolet	this
Under the pains and penalties of perjury, I attest that this is a true and accurate record of the conduct, hours, and actual						
attend	ance for this training o	course.	Surface dilude		record or the condi	ict, nours, and actual
1	JCTOR NAME (Print):	INS	TRUCTOR Signature		\	INSTRUCTOR EMT Number:
Danie	el Muse, MD					

	to conduct, nodis, and accuai
TRUCTOR Signature	INSTRUCTOR EMT Number:
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: CARDIOLOGY

1920-R5-00103-T1

	EMT NUMBER:	EMT NAME (Print):	EMT SIGNATURE:	
13	887717	Brendan Brewer	3 L S 8 -	
14	815946	Thomas BUNDE		
15	886026	Janine Cordeiro	R	
16	E579604	John 'S In Couth	2	
17	878015	Marcus Andrews	Man Man	
18	824757	JOHN DOANDLAGGE	Military	
19	856548	T. mothy Callahan	SAU.	
20	894330	Jereny Twomby	MATERIA	
21	115532	James Bortram	MACA	
22	P0902697	Morgan Genatossid	Mulh	
23	P0902870	Patrick Burent		
24	901987	Michael Salliva	9h	
25	819057	Cheres o. Williams, TIP	Ce	
26	884118	Richard Ferley Jr	Ro Del	
27	825241	Timothy & Dewan	Tinds light	
28	871048	Jeffrey Cuozzo	Jeffer	
29	873720	Sean Genedy	Mille	
30	873510	Lea Vennedu	Skerken	
31	808049	Kichane Furlay	June 1/2	
32	55502	STEVEN FOSTER		
33	848495	Christopler Walsh	Com	
34	P0902674	Cachany Baldwin	May & Milish-	
35	848324	Kichard Fergoon	The state of the s	
36	r8+1132	Steven Enright	1 The state of the	
37	861988	Joseph R Messix	Mesto	
38	P0902315	JUNDO NITZUL	1/2/	
39	0402463	Josephan HWF	1216	
40	895984	Julio Yang -	Talks	
Under the pains and penalties of perjury, lattest that this is a true and accurate record of the gonduct, hours, and actual				
	dance for this training outputs UCTOR NAME (Print):	INSTRUCTOR Signature:	INSTRUCTOR EMT Number:	
	el Muse, MD		INSTRUCTOR 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

Page _____ of _____

OFFICE OF EMERGENCY MEDICAL SERVICES

DPH/OEMS 200-59 CONED ROSTER 01/2016

(Continuing Education Roster Continued):

(**************************************	n Rooter Continuedj.
PROGRAM TITLE (Print):	OEMS CONED NUMBER:
ROUNDS: CARDIOLOGY	1920-R5-00103-T1

	EMT NUMBER:	EMT NAME (Print);	EMT SIGNATURE:	
13	890445	John McCourt	Quey May &	
14	873864	CHRYS DONAINS	The second second	
15	870562	Andrew Wilds	CB als	
16	P0902500	Peter Hogan	124	
17	P0902690	JOSH SPROUL	1/1/2	
18	90906515	CONILL TR	EO HUS)	
19	80907082	Brat Eater	72 5	
20	P0903442	Michael Devilly	my Sills	
21	896524	COFFEE CAPTRED		
22	P0901797	Adam Flahery	22.	
23	825753	Tunny T Clary II	AN Lal	
24	836636	Stephen VAn Voorhis	Stope Cats Van Voor	
25	876950	Mos Fedrich	July 1600	
26	886306	PATRICK SAMMON	7	
27	901791	Kenneth Wright		
28	89625	Dominic Sciera	Jan Su	
29	843382	Eric Peterson	Ellin	
30	86/996	Patrick Harrington	Material	
31	E0908862	JOHN J. JAMMON	yuk-	
32	862767	PATRICK TRAVERS		
33	283/15	Katherine Kline		
34	853169	Michael Madusein	MA	
35	£3273919	EVAN CORDEIRO	Colone !	
36	934355 Q-7588	Maffles nich	THE SIL	
37	00,500	ERIC Y EDER	20%	
38	880979	Scott Greenberr	to the	
39	E0909412	Bran M. Parks	11 2 /	
40	86187	KAlin MARUREK		
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.				
	dance for this training on the control of the contr	INSTRUCTOR Signature:	INSTRUCTOR EMT Number:	

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 Signarure:	INSTRUCTOR EMT Number:		
Daniel Muse, MD				

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

OFFICE OF EMERGENCY MEDICAL SERVICES

--- DEPARTMENT OF PUBLIC HEALTH-

DPH/OEMS 200-59 CONED ROSTER 01/2016

(Continuing Education Roster Continued):

PROGRAM TITLE (Print):

ROUNDS: CARDIOLOGY

OEMS CONED NUMBER:

1920-R5-00103-T1

	EMT NUMBER:	EMT NAME (Print):	EMT SIGNATURE:
13	880665	SCOTT FILOGIANS	1,427
14	902416	Neil Harrington	Jul 26 to
15	836200	John Schlitz	Con Politics
16	0901978	Andrew Daide	(Dolar Jan)
17	879896	DEREK HAMAIDI	
18	876179	Andrew Veller	
19	874460	Matt Crail	2
20	821834	Bria Trefa	
21	884349	Craig Srell	4
22	852683	James Bunker	Harris Buch
23	825148	Rechord Smith	
24	856599	JEFF GERMAINE	
25	8/9227	James w Cuntin	5000
26	833962	Reduced S-Smill	6665
27			/
28			
29			
30			
31			
32 33			
34			
35			
36			
37			
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				

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 _____