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): TUFTS HOSPITAL STRO	KE REVIEW		AM SPONSO KTON HO	OR (Print): OSPITAL	,
PROGRAM LOCATION (Print): 680 CENTRE STREET, BI	ROCKTON MASS		PROGRAM 11/13/2		PROGRAM TIMES: 6:00 PM - 8:00 PM
OEMS CONED NUMBER: 1920-R5-00105-T1	30 Hour	_	Hour MT NCCR	ConEd Prog	gram Hours: 2 HRS
Instructions:					

- 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.
- 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
- 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.
- 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!
 - 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.

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2	839564	Darelle Harmen	Delle
3	8566410	DAN GEARY	0.980
4	821352	Thomas LaBelle	Thomas To Selle
5	862054	Truothy Guillotte	Justle Wellett
6	835958	Marc Solding	2
7	872649	Christopher Duer	(Ob)
8	829520	Jason Cox	MATE
9	808046	Donald L. Dopner	Comply of Ovon
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12	892695	Brittany cummings	B. (Italy)
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	JCTOR NAME (Print): el Muse, MD	INSTR	OCTOR Signature	7	INSTRUCTOR EMT Number:
			Page of 5		

-DEPARTMENT OF PUBLIC HEALTH-

DPH/OEMS 200-59 CONED ROSTER 01/2016

(Continuing Education Roster Continued).

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TUFTS HOSPITAL STROKE REVIEW	1920-R5-00105-T1

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27	876095	Yotack Gibbs	1 Sange
28	872611	Jennifer Gallant	Sed .
29	867964	Samer Reidy	2/2/2
30	290242	Joseph Rose	Jarel Con
31	902099	Ryan Comolly	1 Miles
32	222112	Katherine Kline	900
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34	876104	Patrick Picher	
35	0902863	Matthew Tathate	North W
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37	807588	ERIC J. EDER	TO THE
38	812117	Andrew Kelly	The same of the sa
39	8/1/213	Justin Goldberg	The state of the s
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	RUCTOR NAME (Print):	INSTRUCTOR Signature:	INSTRUCTOR EMT Number:
Dani	iel Muse. MD		

Daniel Muse, MD

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:		
TUFTS HOSPITAL STROKE REVIEW	1920-R5-00105-T1		

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34	810052	BANK L. CAMOUREN FR	(stall
35	885868	SHAWN MARRIALL	
36	830416	John M. Hocks	
37	840195	JIM SHEEHAN	Succession
38	854325	RYAIL AMADO	
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	er the pains and penalti ndance for this training	es of perjury, I attest that this is a true and accurate	e record of the conduct, hours, and actual
	RUCTOR NAME (Print):	INSTRUCTOR Signature:	INSTRUCTOR EMT Number:
Dan	iel Muse, MD		

MASSACHUSETTS OFFICE OF EMERGENCY MEDICAL SERVICES

DPH/OEMS 200-59 CONED ROSTER 01/2016

DEPARTMENT OF PUBLIC HEALTH-

(Continuing Education	Roster	Continued):
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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				I attest that this is a true and accurate	record of the conduct, hours, and actual
Attendance for this training course. NSTRUCTOR NAME (Print): INSTRUCTOR Signature: INSTRUCTOR EMT Num				INSTRUCTOR Signature:	INSTRUCTOR EMT Number:
Daniel Muse, MD					

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(Continuing Education Roster Continued):

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	EMT NUMBER:	EMT NAME (Print):	EMT-SIGNATURE:
13	862763	PRIL WOOLF EBFD	
14	874469	Keuin O'Hara	A. Ox
15	864304	Telly Donovan	Fally Doncrow
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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		
attendance for this training course.		
INSTRUCTOR NAME (Print):	INSTRUCTOR Signature:	INSTRUCTOR EMT Number:
Daniel Muse, MD		