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	grams that	have DPH/O	EMS continuing	education numbers)	
PROGRAM TITLE (Print):			PROGRAM SPONSOR (Print):			
BROCKTON HOSPITAL ROUNDS: SEPSIS			CKTON H	•		
PROGRAM LOCATION (Print): PROGRAM DATE: PROGRAM TIMES:					PROGRAM TIMES:	
BROCKTON HOSPITAL 680 CENT	TRE STREET BROO	CKTON	11/28/18		6:30 PM - 8:30 PM	
OEMS CONED NUMBER:	30 Hour		) Hour			
1819-R5-00025-T1	Paramedic NCCR	_	EMT/AEMT NCCR		ConEd Program Hours: 2 HRS	
Instructions:		2 HRS B	ASIC, ADV	ANCED AND	PARAMEDIC	
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 <a href="http://www.mass.gov/dph/oems">http://www.mass.gov/dph/oems</a> .  4) FAILURE TO SIGN THE ATTENDANCE ROSTER MEANS THAT NO CREDIT CAN BE AWARDED.						
EMT NUMBER:	EMT NAME (Print)	l:		EMT.	SIGNATURE:	

	EMT NUMBER:	EMT NAME (Print):	EMT SIGNATURE:
1	861928	SEAN PETERS	SLR.
2	8/3835	Gos Bourset	Aly R
3	817215	Justin Coldberg	10000
4	877487	Benjamin Gates	Benjama D. B.A.
5	E3282479	Kristen Cullity	Kriston Cullities
6	E3288812	Michaela Bucca	Michaela Buzga
7	E0034817	Robert Pollarella	(RdWilfarell
8	808049	Richard Fullow	with Mal
9	812772	MARK DITACEO	MA
10	83555	MARC OSHAY	
11	840636	Mike Tracy	2000
12	825241	Timothy hi DONOVA	Turk Choan

Under the pains and penalties of pattendance for this training course.	erjury, I attest that this is a true and	d accurate record of	the conduct, hours, and actual
INSTRUCTOR NAME (Print):	JHSTRUCTOR Signature		INSTRUCTOR EMT Number:
Daniel Muse, MD			THE TOTAL ENTITION OF THE PARTY
	Pageo		

#### **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:** 

BROCKTON HOSPITAL ROUNDS: SEPSIS

1819-R5-00025-T1

	EMT NUMBER:	EMT NAME (Print):	EM SIGNATURE:		
13	823425	DENNIS PERHINS	OSER		
14	E897836	Jacqueline Cardoza	Farlin Carolona		
15	E090 4553	Charles P. Comea & JR	After toff		
16	875716	Chris Hamilton	CAMM		
17	824216	THOMAS LUCKMAN OR	The same of the sa		
18	0402317	David Bradshaw	5-311		
19	884779	THOMAS LUCKMANCETT	As 6 315		
20	0902696	Chris Macone	Che Man		
	E0966563	DAVID REJETA	190		
22	P0902832	las Andrews			
23	833723	William R Charle	both & Chit		
24	P0902315	JUSTIA DOMMA	210,-		
25	899135	JAMES BEATTY	Jan Best		
26	8:5946	Thomas BIMMU	11 Vac		
27	853808	Ker- MNonntll			
28	846867	Michael J Peters	Cipe e		
29	E0908862	JOHNJ. JAMMON	My		
30	E824757	JOHN DEANDIZADE	1 Sommeled del		
31	851194	Glen Graffu	1610T		
32	855576	David McG.VL			
33	873185	MATINGED FANCY	My		
34	824510	Timothy M. Florhen			
35	907558	Marghen OIM	Med		
36	85/537	Mother O Ceary	infor		
37	E090851	Paul Chuilli	ford (hull)		
38	856599	JEFF GERMAIN	11/11/11		
39	877039	Justin Silva	1 The state of the		
40	071571	College Silva	Color IM		
Unde	Under the pains and penalties of perjury, I attest that this is a true and accurate record of the conduct, hours, and actual				
	dance for this training on UCTOR NAME (Print):	INSTRUCTOR Signature:	INSTRUCTOR EMT Number:		
	el Muse, MD	Joseph Control of the	MSTROCTOR EINT Number:		
		gh space for all students simply convend attach ad			

#### **OFFICE OF EMERGENCY MEDICAL SERVICES**

— DEPARTMENT OF PUBLIC HEALTH—

DPH/OEMS 200-59 CONED ROSTER 01/2016

(Continuing Education Roster Continued):

PROGRAM TITLE	(Print)
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OEMS CONED NUMBER:

BROCKTON HOSPITAL ROUNDS: SEPSIS

1819-R5-00025-T1

*	EMT NUMBER:	EMT NAME (Print):	EMT SIGNATURE:
13	861988	Jose R Messia	Joseph Mruss
14	884118	Richard Living to	D. 4.1
15	261996	Patrick Horringten	BALL 8
16	P0903687	Connor Puff	Cen Car
17	EZAZZEL	Dear Guin	Our est
18	E0910015	Josep Henne	
19	1201844	Daniel Rice	JAM
20	1871131	Christopher Cotti	Chapt
21	P877809	BRANDON SMITH	28th
22	890597	Charles Boudreau	Charles Bourds
23	850579	Matthew Snith	and the
24	891024	STEPHEN TURA	stale
25	861134	Bin Maconf	
26	834355	Matthew Lit	Sout 1
27	839944	Wathanie Winnie	Thorn to Timin
28	881675	Sean Comolay	
29	0910739	Robert Bear	
30	870562	Andrew Wilds	Cililia
31	902806	Journ Colm	
32	813850	ROBERT T MAKENTER	JR Lastly all
33	819226	KICHAD CICLOCE C	
34	814172	Peter Dennono	a proceeding
35	A0900/33	JASON MURPHY	Mul
36	874931	Any Glavia	Can Dry
37	812487	David DoBest	DJ DA
38	833640	Robert MANNING	
39	8/8/88	Joseph Garlan	
40	052156	Michael (Renne	MC
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

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 algnature:		INSTRUCTOR EMT Number:		
Daniel Muse, MD		<del></del>			

#### **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:

BROCKTON HOSPITAL ROUNDS: SEPSIS

1819-R5-00025-T1

				00020-11	
	EMT NUMBER:		EMT NAME (Print):	E	MT SIGNATURE:
13	E3147913	Richa	rd BreazeR	far	
14	E0910223	Sean	Cambrecht	O A	NA
15	836703	John	Bartorelii	WASS	WY
16	7902968	Sea		V JE	- 0 ( b
17	10902870	Patrio	ch DURANT	F	
18	833616	GerA	ed Such	Mr.	M.
19	819227	Jan	nes Cuztin	JCA	
20	843896	PAU	L FREH	ORI 1	12
21	SAØ195	SHE	EHAW, TIMOTHY J	7	
22	876924	SHANE	CARR	8h c	
23	876931	Keun		Vin my	
24	906787	Gie	0.11	Jun P.	Rest
25	810054	Tos	shey LEDIN	2300	Roll
26	840001'	BR	ian Clark	A Am	Dan
27	817794	501	EY MANANS	(Duy /s	
28	852981	Crai	1 Winsur	Chill	74
29	829761	Thor	has for	There & Fr	
30	810052		L CLAMOOREUE 52	-6-6-	Comel
31	Po.902212	Tyla	bungil	Chelent	n a
32	820056	Mich	lad brecoci	MIR	200
33	P0901735	Eric	Adams	Spire	)
34	875401	Tomes	Malone	A. m	
35	865044	Swon		In The	
36	202905	Orla	Knig	11	
37	P0901958	Timoth	y Kurdzicz	Jan 2	
38	874548	Barr		EXI, A	Cent
39	850806	Jef	F. Chastin	Jol1 1/h	out!
40	40 8416	Neil	Harrington	111 Was	122
Unde	r the pains and penaltie	s of perjury,	I attest that this is a true and accurate	e record of the cond	uct, hours, and actual
attendance for this training course.					
	CUCTOR NAME (Print): el Muse, MD		INSTRUCTOR Signature		INSTRUCTOR EMT Number:
Daill	CI IVIUSE, IVID			7	

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OEMS CONED NUMBER:

**BROCKTON HOSPITAL ROUNDS: SEPSIS** 

1819-R5-00025-T1

	EMT NUMBER:	EMT NAME (Print);	EMT SIGNATURE:
13	853449	KERRIE CARVER	Mr. Man
14	890242	Joseph Rose	and I
15	870509	Michael J Crowe	Chudal & Boul
16	838967	Richard S. Smith	Puler 12
17	E0906515	CDHILL TA	CSHIN
18	402081	TJ NICHOLSON	offm
19	879165	Wesley Duye	
20	893276	TYLER LARACY	the state of the s
21	824241	PAUL MC CAfferty	Tadomi Cited
22	P868884	Ryan LeBlanc	14/180
23	E0908876	Keith Portes	Miles
24	858791	Nicholas Grasso	An
25	880979	Scott Greenberg	15-32
26	858792	Scott Greenberg Christiph-Hris	c C
27	874469	LESLIE SOGE DIND	76 C
28	868296		2 fr
29	883923	David Burk	David Lonk
30	883780	totrick Compleil	talks -
31	882134	Timothy Hilmes (	
32	881384	Brian Pentinger	N. Committee of the com
33	P037864	Jaim J Michardin	Sign of the second
34	874647	KRIS KROWICHS	Thefa
35 &	0912406	Emma Cavanaugh	Campo Co
36	859732	ERIC A ARRUOSK	Endan
37	115531	James Berran (	
38	888481	CARIOS SOUSA	13/13000
39		2	
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					