## MASSACHUSETTS OFFICE OF EMERGENCY MEDICAL SERVICES

DPH/OEMS 200-59 CONED ROSTER 01/2016

DEPARTMENT OF PUBLIC HEALTH-Program Information: (This roster is for use with training programs that have DPH/OEMS continuing education numbers) PROGRAM TITLE (Print): PROGRAM SPONSOR (Print): ROUNDS "DISPATCH TO DISCHARGE" BROCKTON HOSPITAL& BROCKTON FIRE PROGRAM LOCATION (Print): PROGRAM DATE: PROGRAM TIMES: 770 CRESCENT STREET, BROCKTON MA 02302 2/15/18 9 AM TO 11 AM OEMS CONED NUMBER: 30 Hour 20 Hour ConEd Program Hours: **EMT/AEMT NCCR** Paramedic NCCR 1718-R5-01761-T1 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. 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. 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 . FAILURE TO SIGN THE ATTENDANCE ROSTER MEANS THAT NO CREDIT CAN BE AWARDED. EWENUMBER EMT NAME (Print): 1 E892937 2 849031 3 NOONAN 4 5 6 7 ล730 8 9 8/16 2 Z 10 11 12 P0901545

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):

Daniel Muse, MD

INSTRUCTOR Signature

INSTRUCTOR EMT Number:

## MASSACHUSETTS OFFICE OF EMERGENCY MEDICAL SERVICES

DPH/OEMS 200-59 CONED ROSTER 01/2016

(Continuing Education Roster Continued):

ı	PROGR/	MA	TITLE	(Print):

OEMS CONED NUMBER:

**ROUNDS "DISPATCH TO DISCHARGE"** 

1718-R5-01761-T1

	EMTNUMBER:	EMT NAME (Print);	EMTSIGNATURE:
13	835%	Steven Nelson	Wel
14	871706	ELPIDIO ESTRADA	0.0
15	856948	Brian Planton	A PA
16	834088	Joseph Delassigle	m De
17	864695	Mark Gedgardas	mal bolow
18	MA	CHRÉS CAPOUZAI	
19	894385	Amber GARDIEN	10000
20	89W95	Brittany Cumminas	Billey
21	841918	Anthony M. DeGrace	Ante Day
22	863007	Adre Januall	Mass
23	NA	Michael Murray	alle
24	854179	William M. Coy	WilmWy
25	863006	Erick W. Leonard	Cov. Il
26	850a35	ROBERT WYMAN JR	Other This
27	886238	Janet M Chunchill	Scret in Almeliere
28	<b>3</b> 89368	Chris Emswile	h
29	870579	Mark Silvia	he sh
30	89180-1	Kyon Borse	Kuit
31	815288	Thomas Bibby	Thomas Billy
32	839576	Mane Kjelgaard	Manie Genel
33	828162	Heanna Vecyer	mane of
34	850222	Christopher Gustin	Just of John
35	820532	PAUL WISOCKY	S GET WON
36	850054	JASON F. WILSON	to the
37	892192	SEAN MCSHOGFREY	(XXX untiffing
38	827899	Eduard Williams	Source ?.
39	879895	Susan Goodale	sur Soodale
40			

nder the pains and penalties of perjury, I attest that this is a true and accurate record of the conduct, hours, and actual tendance 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