OFFICE OF EMERGENCY MEDICAL SERVICES

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)

Instructions:					
1819-R5-00026-T1 Paramedic NCCR		_	MT NCCR	ConEd P	Program Hours: 2 HRS
OEMS CONED NUMBER:	30 Hour	2	O Hour		
770 CRESCENT STREET, BROCKTON MA 02302			5/7/18		0900-1100
PROGRAM LOCATION (Print):			PROGRAM	/I DATE:	PROGRAM TIMES:
ROUNDS "DISPATCH TO DISCHARGE"		BRO	BROCKTON HOSPITAL& BROCKTON FIRE		
PROGRAM TITLE (Print):		PROGR	PROGRAM SPONSOR (Print):		
					0

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:	EMT NAME (Print):	EMT SIGNATURE:
1	835691	Defel hery	JANG.
2	Solan	Class Carloter 7	
3	A090020i	Boken Gray	See .
4	839576	Mane Kelgaard	Marie Kulsmund
5	P875727	Gregory Daucette	3423
6	824216	THOMAS LUCKMAN Sh	
7	E0909406	Keith Batchelder	Let Batcheld
8	E0906563	DAVID REPERA	
9	886238	Janet Churchill	Sanet Churchiel
10	889368	Chris Emswill	Oh fin
11	E0908580	JOSEPH JUDGE	35
12	1842664	JOHN Previt	Croh Dente
Under	the nains and nenaltic	es of nerium. Lattest that this is a true and accurate	

		10 / 10 / 10 · 10 · 10 · 10 · 10 · 10 ·
Under the pains and penalties of perjur	y, I attest that this is a true and accurate	e record of the conduct, hours, and actual
attendance for this training course.		,,
INSTRUCTOR NAME (Print):	INSTRUC TOR Signature	INSTRUCTOR EMT Number:
Daniel Muse, MD		
	Page B 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 "DISPATCH TO DISCHARGE"	1819-R5-00026-T1

	EMT NUMBER:	EMT NAME (Print):	EMT SIGNATURE:
13	836505	DAVID SANHLL	D20
14	856558	David Ogalue	Just
15		Harold Peterson	30 July
16	817308	SLOTT M. ANDERSON	Scott M. andem
17	825145/	Adred m Smith	1 cons
18	861827	KAI: MAZUKEK	The me
19	818774	Stephen M, DUGGAZ	Sha man
20	842039	John Culley	an Ce
21	40900133	Jasa muelty	my
22	P0902706	Jerry Thompson	angon-
23	838485	Robert O'Brien	
24	819751	George W Hogy	Leone W Hogy
25	902145	Michael L. Marcox	Medal & Mayoux
26	84697	Robert FARRIN	Redlin
27	0901674	Eachary Baldwin	w
28	837274	FAULA BRILEY	table Board
29	847342	Anthony Ciccolo	Cest Cut &
30	0902467	Jonathan Hart	for In
31	879774	Joseph Coffin	The fitter
32	853/69	Michael MacCustain	
33	847403	William Maloney	Town Males
34	854189	Lekoy J. Woodman II	Le Ray ! Woodman TIL
35	885868	SHAWN MANSTYGU	Smeno
36	60005eg8	nather Bourne	Queller 7.13
37	840911	DALE CONTROLL &	PLIN
38 (91281	(ledges) Tierford	De Campbel
39	862762	PATRICE TRAVERS	
40		Jordan Vuguar	Bank hell

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 EMT Number:

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

OFFICE OF EMERGENCY MEDICAL SERVICES

DPH/OEMS 200-59 CONED ROSTER 01/2016

DEPARTMENT OF PUBLIC HEALTH-

(Continuing Education Roster Continued):

PROGRAM TITLE (Print):

ROUNDS "DISPATCH TO DISCHARGE"

1819-R5-00026-T1

	EMT NUMBER:	EMT NAME (Print):	EMT SIGNATURE:
13	125241	Timothy allowing	J. with Qan
14	864304	Lelly Omoran	Aul L Donnor
15	0902663	Daniel Preach	
16	E0006530	Alexander Bailey	and What
17	E0901659	Chris Cottas	Chro Seelile
18	850220	George Eonas	665-
19	6887056	EDWIN OCK	Eliza O 2
20	813676	Keva Finch	THART
21	863763	ThitiP (NoolF	
22	881254	Danis Coars	
23	A902099	Ryan Connolly	- The C
24	858791	Nicholas Gasso	Man -
25	8738041	CHRIS DONAHLET	Call
26	843850	Ednard Churchill	Cles Cles
27	861928	SEAN PETERS	04 60 m
28	813375	John Wala-P	frilless.
29	E870731	Brian C Swiers	Brien C. Levers
30	827899	Eduard Williams	Ee III
31	\$70559	DAVID Mectood	A A A A A A A A A A A A A A A A A A A
32		Carald Wanyo	Could we
33	358808	BRYAN SMITT	175
34	846131	Thomas & Fora	The grows
35	850701	DON SWEETMAN SR	Dan Sweetman Ja
36	861134	Boni Maranly	Brim Mariney
37	848927	Eric Bellingston	S. R.
38	843624	Kevin Galligan	15 July
	A09000 98	Edward F BAKEN JA	Elle of Red V
40	388115	Katherine Kline	

Under the pains and penalties of pattendance for this training course	erjury, I attest that this is a true and accurate recor	d of the conduct, hours, and actual
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

OFFICE OF EMERGENCY MEDICAL SERVICES

---- DEPARTMENT OF PUBLIC HEALTH-

DPH/OEMS 200-59 CONED ROSTER 01/2016

(Continuing	Education	Roster	Continued)) :
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(Continuing Education Roster Continued).			
PROGRAM TITLE (Print):	OEMS CONED NUMBER:		
ROUNDS "DISPATCH TO DISCHARGE"	1819-R5-00026-T1		

	EMT NUMBER:	EMT NAME (Print):	EMT SIGNATURE:
13	A0900087	David McCloud	Hard Me Chow
14	829784	DEANNIS M. PIETRUSZEWSKI	AND PULL
15	838113	Scon MELLYN	14 16
16	810052	PAUL LAMOUREUX 52	Cat lune
17	850233	JEFFREY R SVIRTUNAS	alo
18	to908756	Daniel McKale	Bain m
19	880665	SCOTT FIGGIES	Aud Don
20	811622	James Bibby	Janna Lly
21	892194	David Oven	
22	856946	Jonald Marcha	Many
23	856933	William Bassett	WY Basset
24	886026	Janine Corderro	13-CC
25	E0905837	Brandon Moreno	The to
26	0903/190	Victoria Ceravolo	
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