## MASSACHUSETTS 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)

	is for use with training prog			education numbers)
PROGRAM TITLE (Print):		PROGRAM SPONSOR (Print):		
ROUNDS "DISPATCH TO DISCHARGE"		BROCKTO	N HOSPITAL&	BROCKTON FIRE
PROGRAM LOCATION (Print):		PROGE	RAM DATE:	PROGRAM TIMES:
770 CRESCENT STREET, BROCKTON MA 0230		302		9 AM TO 11 AM
OEMS CONED NUMBER:	30 Hour	20 Hour		
1819-R5-00027-T1 Paramedic NCCR		EMT/AEMT NCC	MT/AEMT NCCR ConEd Program Hours: 2 HOURS	
Instructions:				
LEAD INSTRUCTOR MUST:				-
<ol> <li>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.</li> <li>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.</li> <li>Ensure an original signed roster is retained by the program sponsor for each session of the program</li> <li>Cross off any unused lines after the last student has signed in at the completion of the course.</li> <li>EMTS ATTENDING PROGRAM MUST:         <ol> <li>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.</li> <li>Ensure you receive and retain course completion documentation from course sponsor or instructor.</li> <li>Any program lacking an approval number may never receive credit. Attendance is at your own risk!</li></ol></li></ol>				
EMT NUMBER:	EMT NAME (Print)		EMT:	SIGNATURE:
1 832727 800	c Hoffman		18- Help	
	ames Leur	'n/	James Pla	emi-
3 825211 Til	noth Libonov		From W	Ren
4 840176 Mg	474 en Busco	-(	7	
5 P0902704 Ku	in Benjan		The same of the sa	
1 — 1 - 1	Key Kerrey		(fle	
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	bert Beary		12	
	ing Widsor		Cillett	
10 824510	mothy Harhon		2/2/	The same and the s

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

Page of 3

Richard Mackinson

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## MASSACHUSETTS

**OFFICE OF EMERGENCY MEDICAL SERVICES** 

**DPH/OEMS 200-59 CONED ROSTER** 01/2016

(Continuing Education Roster Continued).

PROGRAM TITLE (Print):	OEMS CONED NUMBER:	
ROUNDS "DISPATCH TO DISCHARGE"	1819-R5-00027-T1	

	EMT NUMBER:	EMT NAME (Print):	EMT.SIGNATURE:
13	870562	Andrew Wilds	
14	353169	Michael MacContain	
15	869063	Jonathan Underhill	
16	861928	SEAN PETERS	A Comment of the Comm
17	823425	Dennis PERKINS	0 211
18	879900	Ryan Malianson	Eval
19	389368	Chris Emswill	The state of the s
20	863006	Erick W. Leanard	Slo- fl
21	812487	Dand DeBest	13/18/2-
22	0902448	Valerie Sullivan	Valea hun
23		Jake Franz	On 31
24	850218	Michael CZNA	LOPEX
25	857857	JOSEPH HUNT	M.D.
26	813840	JOHN E FORCE	Holm & Force
27	871706	ELPIDIO ESTRADA	16:06
28	Q25805	STEVEN FOSTER	
29	058004	BRUAN SMITM	7
30	854170	SHAWN M. CARFAGNA	Ahr Mar
31	847469	Christophu? Westerland	Christin P. Watter
32	859 891	Tool mikernan	flmen-
33		Nicgar Solo base	
34	376457	Brandon I Winn	Method ?
35	876931	Kevin Foster Dr	my j
36	872959	Michael Farmio	Mil
37	881958	ADAM SILVA	
38	878469	CORBI SILVA	
39	856749	Brien Fogg	13/15
40	876090	Anthony Conso	645) Co20
Unde atten	r the pains and penaltie dance for this training o	es of perjury, I attest that this is a true and accurate course.	record of the conduct, hours, and actual

Under the pains and penalties of perjur attendance for this training course.	ry, I attest that this is a true and accurate	record of the conduct, hou	rs, and actual
INSTRUCTOR NAME (Print): Daniel Muse, MD	INSTRUCTOR Signature:	INSTR	UCTOR EMT Number:

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

## M A S S A C H U S E T T S 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:		
ROUNDS "DISPATCH TO DISCHARGE"	1819-R5-00027-T1		

	EMT NUMBER:	EMT NAME (Print):	EMT SIGNATURE:
13	838962	Richard S. Smitz	Cont Carley
14	863012	Jay Heggnay	IN.
15	862763	Phil Woolf	
16	864304	Lelly Donovan	Killy Omnan
	0900098	Edward F BAKER JK	EQQ TIME 1
	90	Preston Klem	Pinto-
19	830416	JAHNM. HOLLAND	to make
20	10902837	Andrew P Crosta	Office of
21	0904189	Knystyna Oles	W.
22	20901545	Brandon Rubeski	Intellibra
23	3153501	Sara withie:	Sara Wiehle:
24	850529	Matthew Snith	AND WALL
25	689558	SIXTO JUSIND	Chile EIN
26	874112	Christine Leontle	Was de la constant de
27	8/9227	Janes W Cueta	7(4
28	832561	Scott Callins	Contract Cal
29	824217	JOSeph Warchett	puple ATA
30 31	877215	Justin Goldheig	1 Dade
32	891890	Wan Perser	1111
33	986 246	William himo Jr.	MA THE
34	843624	Keun Galligan	The fall
35	A0900133		Theel
36	898417	Jason Murphy	
37	844387	Thomas Beninger	1 Agris III
38	841912	Scott Albanese	8.4/111
39	VIII	U-0// /1[04ne3*	ion illiam
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Under the pains and penalties of perju attendance for this training course.	iry, I attest that this is a true and accurate re	cord of the conduct, hours, and actual
INSTRUCTOR NAME (Print): Daniel Muse, MD	INSTRUCTOR Signature:	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 Page \_\_\_\_\_ of \_\_\_\_\_