OFFICE OF EMERGENCY MEDICAL SERVICES

- DEPARTMENT OF PUBLIC HEALTH-

DPH/OEMS 200-59 CONED ROSTER 01/2016

Program Information: (This roster is	or use with training pro	grams that	have DPH/C	EMS continuing	education numbers)
PROGRAM TITLE (Print):			PROGRAM SPONSOR (Print):		
ROUNDS "DISPATCH TO DISCHARGE"		BRC	BROCKTON HOSPITAL& BROCKTON FIRE		
PROGRAM LOCATION (Print):			PROGRAM DATE:		PROGRAM TIMES:
80 PERKINS AVE, BROCKTON	MA 02302		10/24/20	18	9 AM TO 11 AM
OEMS CONED NUMBER:	30 Hour	Π2	0 Hour		
1819-R5-00142-T1	Paramedic NCCR	_	MT NCCR	ConEd Prog	ram Hours: 2 HOURS
Instructions:					
LEAD INSTRUCTOR MUST:	· · · · · · · · · · · · · · · · · · ·				
 Sign this roster in the space provided Massachusetts EMS regulations, Issue course completion docume completion certificates or may p Ensure an original signed roster 	the course outline, and entation to the EMTs on rovide attendees with a is retained by the progra	DPH/OEM ce the prog copy of th	S Administra gram is comp e roster sign	itive Requirement pleted. Program speed by the instruct	t (AR) 2-212. ponsors may issue 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.

4) Cross off any unused lines after the last student has signed in at the completion of the course.

- 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	20901545	Brandon Presbosici -	9.1154
2	P868433	Ryan Ly lon	The state of the s
3	0901600	Emily GB12AHALI	MI IC
4	P0902853	MEGHAN PAhits	
5	M090 7369	Marc P. Bernard	Mary P. Bernand
6	889368	Chris Emswilli	
7	E0906 185	WILLIAM R. BUTLE	mulano Rl
8	872673	Eurabeth Eurell	Com
9	868360	Cheri Patten	20/1-1/2
10	867806	Michael Monteforte	must him
11	871048	Anthony Minney	Insh
12	862482	CHRISTOPHER LYNDS	

Under the pains and penalties of pattendance for this training course	erjury, I attest that this is a true and accu	urate record of the	conduct, hours, and actual
INSTRUCTOR NAME (Print):	INSTRUCTOR Signature		INSTRUCTOR EMT Number:
Daniel Muse, MD			MOCTOR EINT NUMBER.
	Page of	5	

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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-R5-00142-T1

	EMT NUMBER:	EMT NAME (Print):	EMT SIGNATURE:
13	P0902109	Robert Mershimer	Ih MI
14	P896246	william Lina Dr	AVIL 2-A
15	1.0906209	Austin Hulley	Curst
16	838485	Robert O'prien	
17	F0902448	Valerie Sullivan	Valous
18	879900	Ryan Malconson	04/1-1
19	83433J	Matthew Ril	AMIN II
20	0901955	Joseph Anachi	
21	8A0195	SHEEHAN JIMOTHY J	7500
22	832561	Scott Gilins	56060
23	832727	Eric HOFFMAN	Emple
	894241	PAUL MC CARRENTY	result he Cifferti
25	902177	Jashua Angeri	
26	902416	Neil Harrington	Vij and Justin
27	\$73687	Allisen Polson	
28	902156	Stephen Connors Sr	Ja Con
29	886594	Chris Harris	1,70
30	865044	Jason Fricker	Am John
31	824757	JUITO DO ANDKAPES	// fel dolla
32	824217	Joseph Marchetti	Jones Mill
33	0909334	ROBERT NEUMEI STER	/ AJU)
34	873526	NICOCCE AMARAL	Mulkey
35	871673	Daniel Warhob	alleli
	840911	DALE CAMPBELL C	- Harris Coll
37	873809	ERRADON SMITH	Barre 6
	876642	ANDREW JOHNSON	1/4
39	862762	PATRICIC TRACTES	5
40	858807	STEVEN FOSTER	
Linda	m Alexander and the second	of novings I attend that this is a toront	

ury, I attest that this is a true and accurate record	of the cor	nduct, hours, and actual
INSTRUCTOR Signature:	·	INSTRUCTOR EMT Number:
		ury, I attest that this is a true and accurate record of the cor

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PROGRAM TITLE	(Print):

OEMS CONED NUMBER:

ROUNDS "DISPATCH TO DISCHARGE"

1819-R5-00142-T1

	EMT NUMBER:	EMT NAME (Print):	EMT SIGNATURE,
13	868368	Christic Layton	Instruction of the state of the
14	850224	Edward Lde	Edward Se
15	849742	Jason MAHONES	
16	0907862	Joshan Gray	12/12/
17	830416	JOHN M. Houses	STOCK S
18	856599	JEFF GERMAINS	
19	867179	Mathew Leighton	Water Lin
20	853808	Keur Modernes	
21	क्षेत्र३६०५	CHRIC DONATUS	Colas,
22	821352	Thomas La Relle	Thomas Hossell
23	836505	DAVID SANFILL	DOR
24	099762	CHARLES HRMANETT	, eliz
25	839558	FRANCES Currie	Francis Kanni
26	836699	Ceorge Oweil	Johns
27	856749	Bright Fora	Bative
28	£37650	Shows mHardy	State
29	ठ १००७ ।	Corey Hatel	17 Jose
30	901967	Michael Salliva	
31	848945	JAMES Micciarteren	Jams Munting
32	1-0901844	Toniel Ric	fl aft
33	0902863	Matthew Ration P	Wal -
34	873526	Neville Amarcal	youngel
35	846867	Michael J Peters	1/1/4
36	819057	Charles O. Williams IIF	Via Composition
37	886306	PATRICK SAMMON	1
38	828324	Chrickpher Martin	Chus Marti
39	843868	Joseph Soloma-	Jun a find
40			
I I a al a	r the pains and penaltic		

Under the pains and penalties of perjury, attendance for this training course.	I attest that this is a true and a	ccurate record of the cor	duct, hours, and actual
INSTRUCTOR NAME (Print):	INSTRUCTOR Signature:		INSTRUCTOR EMT Number:
Daniel Muse, MD)	

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-- DEPARTMENT OF PUBLIC HEALTH-

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1819-R5-00142-T1

	EMT NUMBER:	EMT NAME (Print):	EMT SIGNATURE:
13	814472	Roter Dennero	1 Dec Deur
14	P824510	Timothy in Hacken	100
15	812030	JAMESW. DUBEZUTO	a model Drikon wa
16	P0903053	Joseph Polito	
17	876950	Robert Falich	ALGUE
18	440176	Mittle Buscal	m
19	E0905987	ROBERT HOVE N	1 hor
20	850701	DON SWEETMAN SR	Don Sweetman gr
21	09:02712	Joon Londry	13
22	880460	Kobert Heffernan	ple and
23	81005-4	Jeffrey hed	Marca July Leil
24	839846	Josan Vivervos	12/28
25	856988	MATTHOL FOOTON	Mary
26	863937	Michael Trinciotta	I by Johns
27	827899	Eduard Williams	Eel
28	969097	KENNETT DOW	4
30		Kenneth Wright	
31	P0902442	JOHN MORRISSRY	John
32	E0908862 R13676	JOHN J. SAMMON	J. J
33	880979	Keyn Amel	The state of the s
34	87/696	Scort Greenberg JAMES & JONDVAN	Age King
35	861996	Patrick Harrington	And I de
		Morgan Genatusiu	KIN MILL
37	P0903687	Corner Duff	Market Told
38	872959	Michael tournior	and har
39	824516	THOMAS LUCKMAN JA	The state of the s
40	874931	Amy Glavir	The Dee
Unde	the pains and penaltie	es of periury. Lattest that this is a true and accurate	

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			

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PRO	GRAM	TITLE	(Print):

OEMS CONED NUMBER:

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1819-R5-00142-T1

	EMT NUMBER:	EMT NAME (Print):	EMT SIGNATURE:
13	879165	Wesley Dunger	(if)
14	836600	JACK REAGLE	Gas Be
15	885095	Bryan Brown	122 R
16	864 686	Richard M. Heenan	TO THE RE
17	864688	Waxne P. Burhard	Want Ball
18	898246	San Squitry	1/4
19	856933	William Barrett	le flasset
20	892189	herry Chandler	
21	866292	ROBERT REISEL	Calin 100
22	878364	Joseph McDonorsh	2
23	847396	James CROKER	Jan E Cil
24	812487	David DeBest	DINR
25	892197	Andrew Wisocky	Cilm //m
26	843624	Kevin Galligan	I'm All
27		7	
28			
29			
30			
31			
32			
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39 40	,		
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attendance for this training course. INSTRUCTOR NAME (Print): INSTRUCTOR Signature: INSTRUCTOR EMT Number:	Under the pains and penalties of p	erjury, I attest that this is a t	rue and accurate recor	rd of the conduct, hours, and actual
INSTRUCTOR NAME (Print): INSTRUCTOR Signature: INSTRUCTOR EMT Number:	attendance for this training course			,
Daniel Muse, MD	INSTRUCTOR NAME (Print):	INSTRUCTOR Signati	ure:	INSTRUCTOR EMT Number:
	Daniel Muse, MD			