# MASSACHUSETTS OFFICE OF EMERGENCY MEDICAL SERVICES

DEPARTMENT OF PUBLIC HEALTH-

**Program Information:** (This roster is for use with training programs that have DPH/OEMS continuing education numbers)

DPH/OEMS 200-59 CONED ROSTER 01/2016

PROGRAM TITLE (Print):			22.43 containing cadeactor Hambers)	
DOLINIDO IIDADA DA LA CARRA DE LA CARRA DEL CARRA DEL CARRA DE LA				
	O DISCHARGE	BROCKTON	HOSPITAL& BROCKTON FIRE	
			DATE: PROGRAM TIMES:	
80 PERKINS AVE, BROCKTO	N MA 02302	DECEM	BER 19, 2018 9 AM TO 11 AM	
OEMS CONED NUMBER:			07117101171171	
1819-R5-00029-T1	30 Hour	20 Hour	ConEd Program Hours:	
10101000025-11	Paramedic NCCR	EMT/AEMT NCCR	2 HOURS	
Instructions:				
LEAD INSTRUCTOR MUST:				
1) Sign this roster in the space pr	ovided, attesting that you	ı have conducted this tı	raining program in accordance with applicable	
Massachusetts EMS regulation	ns, the course outline, and	I DPH/OEMS Administra	ative Requirement (AR) 2-212.	
Issue course completion documents or may	mentation to the EMTs or	nce the program is comp	pleted. Program sponsors may issue course ned by the instructor and student.	
Ensure an original signed rosts	er is retained by the progr	am sponsor for each se	red by the instructor and student.	
4) Cross off any unused lines after	er the last student has sign	ned in at the completion	n of the course.	
EMTs ATTENDING PROGRAM MUST:				
Legibly PRINT and SIGN your n	ame after your Massachu	setts EMT number (if ye	ou have one), attesting that you attended	
course as described above. Re	member to include the le	tter prefix of your EMT	number.	
<ul><li>2) Ensure you receive and retain</li><li>3) Any program lacking an approx</li></ul>	course completion docum	nentation from course s	sponsor or instructor.	
// [ 0. a a.a @ a appio	oproval there are limitation	ons to the types of cont	e is at your own risk! tinuing education, such as Distributive	
Education, that can b	e used for renewal of EM	Γ certification. Please re	eference AR 2-212 or the OEMS Renewal	
Guides found on http	://www.mass.gov/dph/oe	<u>ems</u> .		
4) FAILURE TO SIGN THE ATTEND	ANCE ROSTER MEANS TH	AT NO CREDIT CAN BE	AWARDED.	
EMT NUMBER:	EMT NAME (Print		EMT SIGNATURE:	
1 0900690	JOSH SPROG		MA	
2 828915	Z110./	7		
3 812051 800	= h TAA	9 (		
0/3830 RO3		wenelly to	Mary Kliney	
330373 / //	nothy Corlighe	in	cea	
70700000	an Hadrews		N. IN.	
02-002 00(	^	cowsly at.	July of the	
7 P0902692 Morg	an Genatossiu	, ,	Mys	
8 875461 Jun	es Malare			
9 882481 Mich	nel Molla			
10 837193 GI	REG HALL			
11 840180 AV	Wel Carpen			
12 840636 M	the Tray		Trace	
Under the pains and penalties of perju	rv. I attest that this is a tr	ue and accurate recor	d of the conduct hours and actual	
attendance for this training course.	. y) i decese chae chis is a ci	- and accurate record	of the conduct, hours, and actual	
INSTRUCTOR NAME (Print):	NSTRUCTOR Signatu	ıre	INSTRUCTOR EMT Number:	
Daniel Muse, MD				

#### MASSACHUSETTS

**OFFICE OF EMERGENCY MEDICAL SERVICES** 

DPH/OEMS 200-59 CONED ROSTER 01/2016

(Continuing Education Roster Continued):

	The state of the s
PROGRAM TITLE (Print):	OEMS CONED NUMBER:
ROUNDS "DISPATCH TO DISCHARGE"	1819-R5-00029-T1

	EMT NUMBER:		EMT NAME (Print):		1.	EMT SIGNATURE:
13	820056	Mic	hae Cheeoci	4	111110	1000
14	836505		20 SANHL	-	33.50	
15	E0909417	I 🔺	n M Parks		n. e	r fed a
16	886238	Jane	t, M Churchill		Sanet	m Churchice
17	825211	Tina	ho Dur	C	Lacru	Kick arrove
. ,	880665	Swi	T 966125	ءِ	South	
19	BAØ195	_ SHER	EHAN TIMOTHY I		THE STATE OF	
20	819057	Charl	es o Willbams. TT		lo	"Le
21	848945	Jam	& Muchin		Jim 1	Vicciantuano
22	849472	-Jay	Medaman		Jai 10	14
23	879165	Wes	lay Dungler		1 hus	2
24	882770	Caro	lynn Bunker		Caro	En ABecke
25	852683	Jame	3 Baker		from	Australia
26	A0900087	DA	VID McCloud		120	A Milland
27	E0913985	Kevin	Picher		Decem	lefre
28	879900	Rya	~ Malconson		030	A . /
29	834335	Ma	thew rich	-	Phal	
30	871073	Dan	iel Washab		Al	W
31	865564	PETER	2T. DEONAN		1914 V	2
32	102740	Colin	Roberts		ے میک ا	
33	886306	PATK	PICK SAMMON		12	-18
34	812030	JAM	ES DeBEAM		Remen	16 DiBace Ja
35	FR	Cory	Lacey		Than	7
36	871696	JAmes	5 F. Donver An		1/2 5	20
37	850 224	En	Just be		Eilen	and Lac
38	864688	4994	ne P. Barchard		Van	Bank /
39	810046	Crais	ERICKSON		Cresh &	
40	865044	Suson	n Fricker		And	The state of the s
	r the pains and penaltic dance for this training o		l attest that this is a true and accur	ate re	cord of the co	nduct, hours, and actual
	UCTOR NAME (Print):		INSTRUCTOR Signature:			INSTRUCTOR EMT Number:
Danie	el Muse, MD				1	

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

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### MASSACHUSETTS

**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"

**OEMS CONED NUMBER:** 1819-R5-00029-T1

	EMT NUMBER:	EMT NAME (Print):	EMT SIGNATURE:	
13	856640	DANKI E, GERRY	G G	
14	858434	Daniel Westquite	00114	
15	853811	(eo Reardon	HAR.	
16	840176	MATTHOW BUSHU	o Gr	
17	889368	Christopher Emswilly	Indas.	
18	901981	Michael Shiller	1.662	
19	435753	John Bartorelii	In Sintel	
20	856599	JEFF GERMAINE	AM	
21	773158	PATRICK DALTI	CA .	
22	836184	BALRETT JUHUSIN	1	
23	862412	CHRISTORICA LANDS		
24	868976	RUBERT HENDRICAN		
25		Robert Orals	Be	
26	853302	STEVEN FOSTER	<u> </u>	
27	<i>839761</i>	Thomas FOR	SAM S SIX	
28	902705	BRENT BELL	Bussell	
29	8433,2	Eric Yeterson	CAC.	
30	P0902870	Patrick Ourant	Talls	
31	850586	Scott F. Dutter	Scott T. Deffey	
32	86300H	Heather Deter	5	
33	871086	Eric Maquire	Light games	
34	876458	Mark CU Lopes	Month	
35 36	832561	Scott Collins!		
37	883780	totrick Compbell	talle	
38	883923	David Burke	Dowid furh	
39	862762	PATRICIE TRIVERS		
40	0902317	Doniel Pice	The state of the s	
1		Tuson Rustini	V THE NO.	
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.				
	RUCTOR NAME (Print):	INSTRUCTOR Signature:	/ INSTRUCTOR EMT Number:	
Danie	el 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

## MASSACHUSETTS OFFICE OF EMERGENCY MEDICAL SERVICES

DPH/OEMS 200-59 CONED ROSTER 01/2016

DEPARTMENT OF PUBLIC HEALTH-

(Continuing	<b>Education</b>	Roster	Continued):

ROUNDS "DISPATCH TO DISCHARGE"

PROGRAM TITLE (Print):

OEMS CONED NUMBER: 1819-R5-00029-T1

	EMT NUMBER:	EMT NAME (Print):	EMT SIGNATURE:
13	872633	Hear Kennen	- R \-
14	858791	HENRY KENNEDY Nicholas Grasso	1/1/21
15	8715469	COLEY STAVED	201
16	eogodogs	MATT RADES	30
17	836602	Seffrag Blood	111/2/1
18	840911	DACE CAMPRIZE	
19	814472	Peter Donnero	DAJ BRA
20	823 753	Kerry Young	may 4
21	P0903718	wish beach	240
22	E3332781	Christopher J. Anderson	
23	862776	Jarrod Drescol'	Mun
24	860537	IAN KURTINITIS	Ja 1676
25	848922	Eric Beitnemini	
26 27	829560	MATTHEW & Cray	My
28	0901600	EMILY ABIZAHAM	M
29	0903994	Brandon Rubeski	The state of the s
30	828785	KICHAROLOSATU Slava //	A STATE
31	897405	Steektamilton	Ja Henrie
32	067102	Daniel Dec	The
33	862807	Dana Unanyst Kain Durelle	
34	E0909244	Pavid Welch	Dill.
35	833892	William = Hill	The total
36	857809	Chris Melanson	Was C HW
37	855165	Milcelouds	1
38	902086	10500n Deitsen	la band
39	8399441	Vathaniel Winnie	Mai Turini 0
40	871076	Thomas Betschart	6 Bil
Unde	r the pains and penaltie	s of perjury, I attest that this is a true and accurate	

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

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**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-R5-00029-T1		

	EMT NUMBER:	EMT NAME (Print):	EMT SIGNATURE:
13	901831	Brent Kuripla	Rese
14	843859	SCOT A HUGT	Sall Mills
15	883197	taul S Jones	
16	868981	Jeremy Madden	Jenna P. Modolh
17	<b>ए</b> ४३७७३	Michael Westrechio	Mydra
18	862654	John Beank	Was Nand
19	876924	SHANE PAORE	1 × 200 1 -
20	812487	David DeBest	2 DAME
21	858792	Christopher Hussen	
22	878364	Foseph McDonoryh	
23	8909209	GOLLOS ING	an II
24	868296	LESLIE SOSE DAYID	18h
25	903806	Darrin Kelm	
26	848495	Christopher JUNISL	CAWall
27	P873258	Robert Collins	Byd 67
28	P0902601	Cony Hakl	ly Holy
29	844387	STEPHEN MCLEAN	5th mz
30	549242	Jasa Manoney	
31	824217	Joseph Marchetti	puply/M/
33	881834	Brin Trefry	
34	873961	Jamie Buldrean	
35	868973	Denjamin Deany	770
36	3396423	Michael Murray	1
37	847406	Aschod to Small	0100
38	843624	Jet in Roardon	1 9
39	00121829	Keun Galligan	(~ ) Fay
40			
11			
onae	er 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 Signature	INSTRUCTOR EMT Number:			
Daniel Muse, MD					

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