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)

PROGRAM TITLE (Print):			PROGRA	PROGRAM SPONSOR (Print):			
ADULT RESPIRATORY DISTRESS ROUNDS			BRO	BROCKTON HOSPITAL			
PROGRAM LOCATION (Print):				PROGRAM	ROGRAM DATE: PROGRAM TIMES:		
BROC	KTON HOSPITAL				3/22/17		1830 - 2030
OEMS C	ONED NUMBER:		30 Hour	20	Hour	□ (c	House
1617-	R5-01039-T1		Paramedic NCCR	EMT/AEN		ConEd Prog	ram Hours: 2 HRS
L	nstructions:						
	STRUCTOR MUST:						
1)	the state of the s						
2,	Massachusetts EMS r	egulations	, the course outline, and	d DPH/OEMS	Administra ram is comp	tive Kequiremen leted. Program s	t (AR) 2-212. ponsors may issue course
2)	completion certificat	ion docum es or mav t	entation to the Eivirs of provide attendees with	a copy of the	e roster sign	ed by the instruc	tor and student.
3)	Ensure an original sig	ned roster	is retained by the progr	ram sponsor	for each ses	ssion of the prog	ram
4)	Cross off any unused	lines after	the last student has sig	ned in at the	e completion	of the course.	
EMTs A	TTENDING PROGRAM	MUST:			, ,,,		
1)	Legibly PRINT and SIC	3N your na	me after your Massacht	usetts EMT r	number (if yo	ou nave one), att	esting that you attended
31	course as described a	apove. Kem nd retain c	nember to include the le ourse completion docui	mentation fr	om course s	ponsor or instruc	ctor.
2)	Any program lacking	an approva	al number may never re	ceive credit.	. Attendance	is at your own r	isk!
	a Note regard	dless of ani	proval, there are limitat	ions to the t	ypes of cont	inuing education	, such as Distributive
	Education, t	hat can be	used for renewal of EN	IT certification	on. Please re	ference AR 2-21	2 or the OEMS Renewal
	Guides foun	d on http:/	//www.mass.gov/dph/o	ems .	NT CAN BE /	VM/ΔRDED	
4)	FAILURE TO SIGN TH	E ATTENDA	NCE ROSTER MEANS TH	IAT NO CREI	JII CMIN DE F	WANDED.	
	EMT NUMBER:		EMT NAME (Prin	t):		EMT	SIGNATURE:
1	P880730	Ch	5 0150N			W OL	
2	876299	B01	SILVA	/		X-X	
3	856509	Jona	than (25	sh_		1/5	
4	0904821	1/h	ent letro	no _		HEK.	
5	38608	ER	20 J. ED	ER		i)	
6	0206973	Davi	d Markineau	,		1/1/19	%
7	590242	Jose	A Rose		1	sel for	
8	545207	EN	MCG/AShi	n q	48	- h	
9	विष्ठेष्ठ में पेरे द	Kobia	IT KZVBA	1	6	- 1/h	<u> </u>
10	0901994	Kw				-	
11	861825	しぐり	In 50 12 S				1
12	212512	Jan	dens Tamp	_//_		2/16	morri
Under the pains and penalties of perjury, I attest that this is a true and accurate record of the conduct, hours, and actual							
attend	ance for this training	course.					
INSTRU	JCTOR NAME (Print):		INSTRUCTOR Signa	iture	\		NSTRUCTOR EMT Number:
Dat	Daniel Muse, MD						
			Page <i>_</i>	<u>/</u> of			

OFFICE OF EMERGENCY MEDICAL SERVICES

DPH/OEMS 200-59 CONED ROSTER 01/2016

------ DEPARTMENT OF PUBLIC HEALTH-

(Continuing Education Roster Continued):

PROGRAM HILE (PIIIL)	PROGRAM TITLE (F	rint)	:
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OEMS CONED NUMBER:

ADULT RESPIRATORY DISTRESS ROUNDS

1617-R5-01039-T1

	EMT NUMBER:	EMT NAME (Print):	EMT SIGNATURE:
13	A0900128	John R Smilt	Con Edest
14	P857380	Lori Howard Warrer	Am Hurldstey M
15	849763	Christother A. BARBOUR	The state of the s
16	0901981	Michael Silliva	100
17	832727	Enc HOFFMAN	Enth
18	851752	Kevin m. Canty	Dim. Cut
19	825125	JAMES OU. CAMPBECCII	Je w. C.71
20	E3160981	GREE Som	Con
21	89/379	(adde Tomald	(M)
22	C-0905078	Dessica Dias	Contract of the contract of th
23	(55576	Davy McGillin	Ser ,
24	0402317	David Bradshow	DUSIL
25	874144	MITCHELL PAPINEAU	Town.
26	876912	Casey Florence	Cash John
27	852981	Craig Winsur	april
28	902087	Thomas J Nicholson	JW Mi
29	834805	Crary Nedell	Colof
30	23-33-07/B	Thomas, Stevens	185
31	868433	Kyuw hiey two	1/1/2
32	819227	Jane; L'Centre	
33	E889221	Thomas Pollita	72.5
34	85/623	1, mothy Carroll	7
35	895984	Jule Jang	July
36	819751	Creons V Hogg	Hogy I Joyes
37	876095	tatrick (shas	
38	0907136	Alan Novem	alle market
39	862054	Tinothy Guillotte	Frutting & Graftatt
40	0901577	KEUIN GONSOLUS	1
	r the pains and penaltic	es of perjury, I attest that this is a true and accurate course.	record of the conduct, hours, and actual
	RUCTOR NAME (Print):	INSTRUCTOR Signature:	INSTRUCTOR EMT Number:
Y	Tail 1945		

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 _____

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:
ADULT RESPIRATORY DISTRESS ROUNDS	1617-R5-01039-T1

	EMT NUMBER:	EMT NAME (Print):	EMT SIGNATURE:
13	<i>e034817</i>	Robert Pillarella	Bob Willaull
14	0904553	CHARLES COMEAN	
15	813850	ROBERT J Monembly	Rowland
16	862741	ANDian Barbone	Called
17	833386	Michael Wex	man and
18	841215	Joseph VISSE	Jay -
19	\$2d38L	natt Pozner	ment &
20	F (99040	Nicholas Dincars	Maked Dece
21	P106F6	Caityn Breen	Markan
22	854385	MATTHEW BREEN	
23	83150982	scwel Made ; OS	
24	A0900098	redward F BAKER In	2 lel F Bely
25	825716	Chris Hamilton	
26	879989	Geno & Posterna	Su o Batan is
27	814369	Stephen shea	8ty Ly She
28	881675	Sean Connolly	100
29	868368	Christie Lauton	JASAXX
30	812775	Tim Row Peter D'Brian	
31	881828		Rolly OR
32	842664	JoHn Previt	John Frent
33	8578w4	Site I Sicary	De Store
34	894497	David Valu	
35	847374	KEUTH Donovan	Klir dr
36	856599	TEFF GERMAINE	
37	851194	Glen Guften	Cola Col
38	898108	JOSHUA VANCE	John Xon
39	874133	Michael Haggerty	
40	902002	Sean Cartil	& Castle
Linda	r the pains and populti	es of periury 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):	INSTRUCTO Signature:		INSTRUCTOR EMT Number:		
Janual Muse					

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 ____

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:**

ADULT RESPIRATORY DISTRESS ROUNDS

1617-R5-01039-T1

	EMT NUMBER:	EMT NAME (Print):	EMT SIGNATURE:
13	324194	TABESHUMWAY	() 3 3
14	849422	Lav My knum	July 11
15	819114	Scott 6 Breev	Chille of R
16	810052	PAUL L LAMOUREUX SA	- Column I
17	834335	mathew Rid	AND SA
18	896224	Janed Garber	
19	830416	JOHN M. HOLLAND,	
20	817818	STEVEN I MONAHAN	Sty Mond
21	857534	Jason Blandini	Vin Blinden
22	10901958	Timothy Kundzicz	2 And O
23	842039	John Colly	John Cly
24	E9901508	July Burns	Julian Ju
25	881254	David Colonsh	
26	848945	Jim Micciantuono	Janes Million Tiers
27	887769	Selly Brass	Agran
28	X7 /707	Robert Planne	Kolent Peneg
29	907119	Jamos Banven	
30	856749	Bran Foca	15 Soy
31	872294 1929120	Backel madonna	Took Madoria
32	P066160	1thm rerin	pryale
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:			

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