**OFFICE OF EMERGENCY MEDICAL SERVICES** 

DPH/OEMS 200-59 CONED ROSTER 01/2016

---- DEPARTMENT OF PUBLIC HEALTH-

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

PROGRAM TITLE (Print):		PROGRA	AM SPONSO	OR (Print):	
PEDIATRIC EMERGENCIES			BROCKTON HOSPITAL		TAL
PROGRAM LOCATION (Print):	· · · · · · · · · · · · · · · · · · ·		PROGRAM	1 DATE:	PROGRAM TIMES:
680 CENTRE STREET, BROC	KTON MASS		MAY 24	, 2017	6:30 PM - 8:30 PM
OEMS CONED NUMBER:	30 Hour	20	) Hour	ConEd Pro	gram Hours:
1718-R5-00023-T1	Paramedic NCCR	EMT/AEI	MT NCCR	Containe	2 HRS

#### Instructions:

### 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	875727	Gregory Doucette	9120
2	868346	JEFFREY KELLEY	GC.
3	E090642	for Sellier	The Collection
4	876912	Casey Florence	Caryotan
5	867969	Somes Reids	1 Kgm/h
6	873185	MATTHEW FAME	-plfus
7	E0965987	ROBERT HOVER	Jun of
8	501022JN	Allen Hove	ansolo
9	858802	STEVEN FOSTER	
10	8/3850	ROBERT J MANCINELLY J.	e town Wary
11	902219	Cori Handorff	(best yay,
12	884673	Patrick oweill	Patrit O Holl

Under the pains and penalties o attendance for this training cou	 that this is a true and accu	rate record of the condu	ect, hours, and actual
INSTRUCTOR NAME (Print):	UCTOR Signature		INSTRUCTOR EMT Number:
Daniel Muse, MD			
	Page of	4	

**OFFICE OF EMERGENCY MEDICAL SERVICES** 

DPH/OEMS 200-59 CONED ROSTER 01/2016

DEPARTMENT OF PUBLIC HEALTH-

(Continuing Education Roster Continued):

(001.11.11.18)			
PROGRAM TITLE (Print):	OEMS CONED NUMBER:		
PEDIATRIC EMERGENCIES	1718-R5-00023-T1		

	EMT NUMBER:	EMT NAME (Print):	EMT SIGNATURE:
13	873813	VICIA Waletkus	12CLUME
14	863013	Barita Sona	Louter Sevice
15	861988	Joseph Message	for Mession
16	Co 34817	Robert Pillarella	19 Th Fellandy
17	882770	Carolynn Bunker	Gorolynd Bunker
18	849763	Christopher BANBOUNG JAMES Micciantyon	Man 7 1
19	848945	JAMES Micciantuoro	James & Walletta
20	115532	James J. Darwan	
21	822135	JAMES BEATTY	Jam Cesto
22	902026	Josh Roh	
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Under the pains and penalties of perjui	y, I attest that this is a true and accurate record of the	he 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

### **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:
PEDIATRIC EMERGENCIES	1718-R5-00023-T1

	EMT NUMBER:	EMT NAME (Print):	EMT SIGNATURE:
13	0902177	Joshua Anacki	In land
14	902081	Thomas J Nicholson	ay Min
15	E0908851	Paul & Chulli	Parly Charles
16	821352	Thomas La Belle	1 homas Sally
17	838772	Steve Peck	6.4
18	851623	Tin Carroll	Tell/
19	832727	Eric HOFFMAN	8072
20	858434	Daniel Westgak	Whitelyte
21	870559	Guald Wawi	Genelyh
22	847906	FRED FREEMAN	12h
23	5880665	SLOTT AbbINS	15 h
24	851794	Glen Graften	60 07
25	876642	ANDREW JOHNSON	1250
26	836200	John Schlatz	John Schlet
27	M5042337	Ryan Keeley	Mayon Leeley
28		J J	
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Under the pains and penalties of perjuit attendance for this training course.	ry, I attest that this is a true and accur	rate record of the cond	duct, 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**

DPH/OEMS 200-59 CONED ROSTER 01/2016

DEPARTMENT OF PUBLIC HEALTH-

(Continuing Education Roster Continued):

PROGRAM TITLE (Print):	OEMS CONED NUMBER:
PEDIATRIC EMERGENCIES	1718-R5-00023-T1

	EMT NUMBER:	EMT NAME (Print):	EMT SIGNATURE:
13	145346	JOHN P. HURCTY	Jew P. Chury
14	829520	Jason Coy	Ju u G
15	852981	Coaig Winsic	PM
16	870562	Andrew Wilds	Colo her
17	810052	CALLLAMOUREUR JA	Grafamel.
18	E13375	I du Maloo	Jake /
19	0901978	Andrew Daigle	Gedus 2 al
20	851318	Andrew Daigle Richard Markinnon	6
21	834805	Craig Nedell	Christ o
22	8/3846	JUAN E FORCE	LJOHA Force
23	834199	John W Glynn	
24	856749	Bran Fogg	Mata
25	855694	Tim Sprance	48
26	<b>89 6</b> 094	Patrick Globs	2001
27	843896	PAUL C. FREW	Par in
28 (	795 984	Julio Yang	Galo yes
29	829753	Thineshy Telans J.	
30	887717	Rendan Brewer	50-50
31	955576	Daw MGin	01120
32	868884	Ryan CeBlanc	911
33	871073	Daniel Washob	Della
34	1900 132	LUKE Mc Forson	Zolly)
35	852683	James Binker	Same Ruke
36	881970	JOSH NIX	123
37	861827	KALIN MAZUREK	James
38	,		-
39		X	
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Unda		es of pariury Lattact that this is a true and accurate	

	t			
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

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