OFFICE OF EMERGENCY MEDICAL SERVICES

DPH/OEMS 200-59 CONED ROSTER 01/2016

_		**************************************	— DEPARTMENT				<u> </u>	
	m Information: (The AM TITLE (Print):	nis roster is i	for use with training pro		have DPH/C AM SPONSC		education numbers)	
	UNDS REFUSALS				CKTON H			
				BRU			DDGCDAAA TIAAFG	
PROGRAM LOCATION (Print):					PROGRAM DATE: PROGRAM TIMES:			
BROCKTON HOSPITAL					1/25/2017 1830-2030		1830-2030	
OEMS	CONED NUMBER:		30 Hour	1 —) Hour	ConEd Prog	ConEd Program Hours:	
1617-	R5-01037-T1		Paramedic NCCR	EMT/AEI	MT NCCR	CONLUTTOS	2	
Instruc	tions:							
LEAD IN	ISTRUCTOR MUST:						n accordance with applicable	
2) 3) 4) EMTs A 1) 2) 3)	Issue course completion certificatensure an original site Cross off any unused TTENDING PROGRAM Legibly PRINT and SI course as described Ensure you receive a Any program lacking a. Note: regar Education, Guides four	etion docum tes or may p gned roster d lines after I MUST: IGN your na above. Rem and retain co g an approva rdless of app that can be nd on http:/	orovide attendees with is retained by the progress the last student has signed me after your Massachusember to include the legurse completion docural number may never reproval, there are limitati	nce the prog a copy of the ram sponsor ned in at the usetts EMT n etter prefix o mentation fronceive credit. ions to the ty IT certifications.	eram is completed roster sign for each selection aumber (if your EMT om course so Attendance ypes of conton. Please re	pleted. Program seed by the instructions of the program of the course. The program of the course ou have one), attenumber. The ponsor or instruction in at your own right in the program of the program o	esting that you attended ctor.	
	EMT NUMBER:		EMT NAME (Prin	t):		EMT	SIGNATURE:	
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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:

HANDERSON

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OFFICE OF EMERGENCY MEDICAL SERVICES

DPH/OEMS 200-59 CONED ROSTER 01/2016

(Continuing Education Roster Continued):				
PROGRAM TITLE (Print):	OEMS CONED NUMBER:			
ROUNDS REFUSALS	1617-R5-01037-T1			

	EMT NUMBER:		EMT NAME (Print):		EI	MT SIGNATURE:
13	£3595 f	MAN	u USHM	_		
14	867806	Mic	chael Montefort	e	Muy	1 m
15	E0905039	Cha	rles Dias		(lould	PIL
16	856640	DA	WILL GEDRY		050	ague
17	857866		chael Nelson		1///	
18	884673	PAT	rick Overll		- Falsa	I I o Mall
19	E0916642	Lin	Sullward		(Sal	Selliceif
20	E872018	Che	ryl Zrickson		they Ex	ulean)
21	863013	Ko	Rita Sena,		A CUI	Le Sonou
22	848790	_She	1/a Trayerse Do	hex	en The	CX D
23	865013	Wen	y St. Pierre		Madey	HALLIO
24	880585	Taylo	Young		31	2
25	861928	DEXN	PETERS		Salo	
26	861988	Joseph	Messiva		Dos MA	ressio
27	842664	JoH	n Prest		John	Privite
28	8588UZ	STE	De Fosier		(Jaco	22
29	E0963674	MATT	IEW LAFGUR		717-	FFC -
30	846867	Much	nael T Prefers		//w	0
31	872471	PETE	or Koventas		6	
32	835691	Verei	& Avery		200)
33	902081	Thom	as J Nicholson		of n	
34	902099	Ryan	Cannolly		The	11.11
35	10901824	Willia	in A. Pama		William	u ja
36	829761	Thom	es Ford		Show of	fly
l l	768480	James	WALTERMAN		Andle	Und
38	P0901735	Fric	Haans		8	
39	E13375	Jan	Melas		Je Mal	
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	UCTOR NAME (Print):		INSTRUCTOR Signature:	- \		INSTRUCTOR EMT Number:
Dan	iel 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 Page _____ of ____

OFFICE OF EMERGENCY MEDICAL SERVICES

DPH/OEMS 200-59 CONED ROSTER 01/2016

EMT SIGNATURE:

(Continuing Education Roster Continued):

7	m Roster Continucuj.
PROGRAM TITLE (Print):	OEMS CONED NUMBER:
ROUNDS REFUSALS	1617-R5-01037-T1

EMT NAME (Print):

EMT NUMBER:

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14	861784	Matthe	w P!	Douce	Leroly	
15	E0903444	MOSE	er T.	STANTON	207	
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18	13200225	Kygr	Dymas		Mylla	m
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20	871073		el Wac		1206	ille
21	2875727	Grego	ry Douce	ette	950	
22	F0904290	Marc	cretco	odwin	May 1	
23	826989	Geor	ge 7 Go	andmer Ir	973,6	f-
24	808065	20	HNJ.	SAMMEN	WAR	
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26	855971	Lign	sen wilds	herry	- hy	(1907)
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	r the pains and penaltie dance for this training o		attest that thi	s is a true and accurate	record of the condu	uct, hours, and actual
	UCTOR NAME (Print):		INSTRUCTOR	lignature:		INSTRUCTOR EMT Number:
Dan	ial Musa 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 REFUSALS** 1617-R5-01037-T1

		1017 100	J-0 1037-1 1				
	EMT NUMBER:	EMT NAME (Print):	EMT SIGNATURE:				
13	0902177	Joshua Anacki	for an				
14	822135	JAMES J. BEATTY	Jein Rade				
15	867964	James Reldy	Minula 1				
16	09198 0901989	Michael Shiliua	Dr.				
17	855041	Cheryl Agneus	Cherola				
18	869693	Michael Finn	CM COL				
19	839558	Francis 5 Purry	Trankener				
20	868008	Russell F Olumel	Was P O				
21	0904992	Kerr, Kinsella	Shin groels				
22	B 815111	James Rush	Ja-20				
23	887942	ANTHONY S. RIGO	(1)				
24	878015	Marcus Andrews					
25	10900098	Edward F BAKER JA	Gal & Bel				
26	837183	Keith Butch elder	Keith BAhal				
27	E0904398	Jeffrey Pedro	Just Show				
28	848945	JAMES MICCIANTUODO	Janes Mylanthas				
29	868323	Mattory Sherman	That I				
30	898106	Marrora Snerman	1000				
31	896 548	Yelsey Herring	Van H				
32	904201	Dillon Riby	7				
33	830416	JOHNM. 140 CAND	Jany. Will				
34	P0907705	Gary T. Sones	Shila				
35	0904137	Sarah Crawford	Darch Crawford				
36	853808	Keun McDonn					
37	885095	Bryan Brown	Wat To				
38	E0903601	Ariel Billini	March Marker				
39	880343	Thayer Wheeler	Thin Mille				
40	E3159387	Benjamps Rodard	The same of the sa				
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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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OFFICE OF EMERGENCY MEDICAL SERVICES

--- DEPARTMENT OF PUBLIC HEALTH-

DPH/OEMS 200-59 CONED ROSTER 01/2016

(Continuing Education Roster Continued):

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PROGRAM TITLE (Print):	OEMS CONED NUMBER:
ROUNDS REFUSALS	1617-R5 ₁ 01037-T1
EMT NUMBER: EMT NA	ME (Print): EMT SIGNATURE:
10 017000	

	EMT NUMBER:	EMT NAME (Print):	EMT SIGNATURE:
13	817532	Julio roman	1 oc
14	E0901971	PAUL D. FLYHN,	WA
15	907229	PAUL D. FLYHN James J. Bowline	ARIA
16	882432	Auguse Backens	74
17	872611	Jermfer Gallant	See
18	847694	South Margolis	John Bride
19	832561	Scott Collins	Arch Co.
20	819057	Charleso. Willians to	theting
21	884854	John Hayes	Jahl Han
22	845860	Brien Parks	Men From
23	P0863660	Robert Warrely	lux ameet
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attendance for this training course.						
INSTRUCTOR NAME (Print):	INSTRUCTOR Signature:		INSTRUCTOR EMT Number:			
Daniel Muse, MD						

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