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):		PROGR	AM SPONSO	R (Print):	
ROUNDS: TOXIDROMES			BROCKTON HOSPITAL			
PROGRAM LOCATION (Print): MASS	ASOIT CONFERENCE	CENTER	PROGRAM	1 DATE:		PROGRAM TIMES:
770 CRESCENT STREET, BROC	KTON MASS					9:00 AM TO 11:00 AM
OEMS CONED NUMBER:	☐ 30 Hour	□ 20	Hour	,		
1718-R5-00026-T1	Paramedic NCCR		EMT/AEMT NCCR		nEd Program Hours: 2 HRS	
Instructions:						
LEAD INSTRUCTOR MUST:						
 Sign this roster in the space pr 	ovided, attesting that you	ı have condi	ucted this tr	aining pi	rogram in	accordance with applicable
Massachusetts EMS regulation						
 Issue course completion documentation to the EMTs once the program is completed. P completion certificates or may provide attendees with a copy of the roster signed by th 				rogram sı	ponsors may issue course	
Ensure an original signed roste						
4) Cross off any unused lines after the last student has signed in at the completion of the						
EMTs ATTENDING PROGRAM MUST:			•			
1) Legibly PRINT and SIGN your n	ame after vour Massachu	isetts FMT n	umber (if vo	ou have d	nnel atte	esting that you attended
course as described above. Re					,, acc	sting that you attended
2) Ensure you receive and retain					r instruct	tor.
3) Any program lacking an appro-						
and the second s	proval, there are limitati			-		3.
	used for renewal of EM	-	-	_		
	//www.mass.gov/dph/oe				· 	
4) FAILURE TO SIGN THE ATTEND			IT CAN BE A	WARDE	b.	

	EMT NUMBER:	EMT NAME (Print):		EMT SIGNATURE:
1	835691	Derek Avery	4	MAS .
2	F3595F	MARC OSITAY		2, 77
3	812772	Mark DiToeco	2	the let gran
4	853694	TIMOTH SPROKES	45	
5	0901504	Steven Glassan	1	no
6	836662	Kens Yeaton	of	
7	819057	Charles O. Williams, #	(le	C
8	828408	Roger leClair	Ast	Later
9	872638	MAtthew Stanber	Mas	III-
10	824510	Timothy Hawton	1/1/	4
11	852981	Craig Winsor	MY	Man
12	909771	Robert Shravone	127	May

Robert Shravone	Religious -
s of perjury, I attest that this is a true and accurate record course.	of the conduct, hours, and actual
INSTRUCTOR Signature	INSTRUCTOR EMT Number:
Page of	
	of perjury, I attest that this is a true and accurate record of purse. INSTRUCTOR Signature

DPH/OEMS 200-59 CONED ROSTER 01/2016

OFPARTMENT OF CHRISC HEALTH.

(Continuing Education Roster Continued):

PROGRAM TITLE (Print):

ROUNDS: TOXIDROMES

1718-R5-00026-T1

	EMT NUMBER:	EMT NAME (Print):		EMT SIGNATURE:		
13	P0863660	RUSERT ODONNELL	(Ca	toonall		
14	877034	Robert Malone	FG			
15	800831	KEVIN T. HENDERSON	Ly			
16	870562	Andrew Wilds	12	hell		
17	859748	Marara Basia	1/10	na Basue		
18	906799	JOHN w Normall	Ze	why ?		
19	255971	Liam OF Kingy	16	Orter		
20	839810	Jeson Vivetro	7	8 - 1		
21	834329	Richard 1705/1	1/2	16cm		
22	E836496	Todd a Jones	771			
23	870338	Timothy Medeires	S			
24	881675	Sean Connolly	16			
25	E0904254	Tinothy Nuttall	12			
26	840911	DALE CAMPBOLL		full		
27	879165	Wesley Dunger	Week			
28	856548	Timothy Callahan		Stell		
29	865044	Jason Fricker	In.	In.		
30	837274	PAULA BAILEY	1 tau	ele Pourle.		
31	884884	JOAN HAYES	John y	And S		
32	818625	Lance Benjamino	En	e Jen		
33	24005	PANETIZ 5 Courses	16			
34	PO992545	TOMASZ NUMRYCH	Theres	as Steemente		
35	813375	John Malos P	- fel	wel of		
36	877039	Justin Sika				
37	883073	Michael Musticatio		1//		
38	874469	Keun O'Horo	20	Mr		
39	867179	Matthew Leighter	Melle	m		
40	P0902303	Daniel Donaver	Darl	no		
Unde	Under the pains and penalties of perjury, I attest that this is a true and accurate record of the conduct, hours, and actual					

Under the pains and penalties of perju	ry, I attest that this is a true and accurate record	of the condi	uct, 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

DPH/OEMS 200-59 CONED ROSTER 01/2016

TEPARTMENT OF DURING MEASTUL

(Continuing Education Roster Continued):

PROGRAM TITLE (Print):

OEMS CONED NUMBER:

1718-R5-00026-T1

		17 10-13-00020-11			
	EMT NUMBER:	EMT NAME (Print):		ENAT SIGNATURE:	
13	841001	GREG LAFLEVE	1/2		
14	849763	ChrisToPher A. Barbour	Mun	11/11/11	
15	840636	Mike Tracy		500	
16	<i>૧૯૫૫૭</i>	Richard Forley to	12:1	21	
17	0902329	Toruca Hill	I.P.	\mathcal{A}	
18	851794	Glen Graften	605	CH 1	
19	875716	Chris Hamilton	1/		
20	901981	Mike Shillow	0	(~)	
21	863012	Day Heagacy	ملك	a co	
22	1034817	Robert Pillarella	Khi	Fillarell	
23	847374	KEUIN DONOVAN	Com	Du	
24	877739	Joseph Globan	11		
25	E0908862	JOHN J. JAMMON			
26	836897	Michael Davis		Mind Ol ains	
27	811632	RONALD ID, HOWK		22	
28	874931	-Amy Glaria	Cun	J M	
29	288112	Katherine Kline			
30	0902317	David Brodshaw	I	316	
31	862763	Bil Wood	76). 4/2	
32	873750	Kay Gobbi	1	and Jobby	
33	950415	Daniel N Smith		T STILL	
34	684325	RYAIL E. AMADO	(A)	a Coll	
35	868360	Chen patter			
36	60906787	Gregory Poldberg	H	Myly	
37	810054	Jackbey A. Ledia	Lift	and the second	
38	902219	CoriHandorff	200	a HC	
39	871131	Christophe Cetty	Cei	C	
40	837650	Shawn M Hardy	+	le le fal	
Under the pains and penalties of perjury, I attest that this is a true and accurate record of the conduct, hours, and actual					
	dance for this training or CUCTOR NAME (Print):	INSTRUCTOR Signature		INSTRUCTOR EMT Number:	
	iel Muse, MD	INSTRUCTOR SIgnatures		INSTRUCTOR EIVIT NUMBER:	
Dall	IOI IVIUGE, IVID			,	

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

DPH/OEMS 200-59 CONED ROSTER 01/2016

DEPARTMENT OF PUBLIC HEALTH-

(Continuing Education Roster Continued):

PROGRAM TITLE (Print):

OEMS CONED NUMBER:

1718-R5-00026-T1

	EMT NUMBER:		EMT NAME (Print):		EMT SIGNATURE:
13	847342	Anth	ony Ciccolo	/ los	+ Cul
14	861139	BiAN	MACACLY	(H)	
15	891024		EN SCIAKA	Sty	2./
16	836697		se O'Weil		0/11
17	892695	Britta	my cummings	B.(wy5
18	814472	Peter	Derreno	3	Deller
19	8715BG	Jaru	& Marphy	byth	19
20	130760	Danny	16 ASTIT IR		
21	856640	Dane	al E. Geory	09	
22	A0900133	Jaso	n D. MURPH	M	
23	876912	Case	y Florence	Gene	Jans
24	E0909412	Brier	Parks	AL.	a st
25	847312	Jar	1es Leurini	James	Herri
26	823540	5000	TJohnson	1/1	
27	842039	John	Curley	Ch	A'Cls
28			<u> </u>		
29					
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	r the pains and penaltic		l attest that this is a true and acco	urate record of the	conduct, hours, and actual
	RUCTOR NAME (Print):	, ,	INSTRUCTOR Signature:		INSTRUCTOR EMT Number:
Dan	niel 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 G of

DPH/OEMS 200-59 CONED ROSTER 01/2016

DEPARTMENT OF PUBLIC HEALTH-

(Continuing Education Roster Continued):

PROGRAM TITLE (Print):	OEMS CONED NUMBER:	
ROUNDS: TOXIDROMES		1718-R5-00026-T1

	EMT NUMBER:		EMT NAME (Pr	int):		EN	IT SIGNATURE:
13	115532	Damo	s-J. Ber	itve-	HATT		1
14	2902663	Danie	i / / a			\sum	Θ_{Λ}
. 1	279161	Da		ing	DV	Z	278
16	824757	JCH	\	STRANE	The	\mathbb{X}	Til I
17	8505>9	Mak	the Smit	7	KM	20	A Company of the Comp
18	8,15288	Tho	mas Bibb	9	Thon	res	Belly
19	40900132	LUKE	* Mchaoos	<i>1</i> ⋽~		Er	
20	825241	Tion	othy Gil	busion c	Jant	<u>(</u>	Danon
21	881254	(V) a.	12 C	la Jin			
-	853013	B	rian I	Frast	1		2/-
23	836558	1)a	ng Og	ilve	De	L)	2
24			<i>y</i>				
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	the nains and nonaitic		utical mat mia la	<u>u uuc</u> ana acculat	u i uuuru on inte t	, - , , u u	,, ama artau
	the pains and penaition ance for this training of JCTOR NAME (Print):		JMSTRUCTO PQSig I				INSTRUCTOR EMT Number:

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