OFFICE OF EMERGENCY MEDICAL SERVICES

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

PROGRAM TITLE (Print):

PROGRAM LOCATION (Print):

ROUNDS BLUNT THORACO-ABDOMINAL TRAUMA

K of C 1195 BEDFORD ST (RTE 18) WHITMAN, MA

CONED ROSTER 01/2016

PROGRAM TIMES:

6:30 PM - 8:30 PM

DPH/OEMS 200-59

DEPARTMENT OF PUBLIC HEALTH-

PROGRAM SPONSOR (Print):

BROCKTON HOSPITAL

PROGRAM DATE:

11/29/17

OEMS	CONED NUMBER:	30 Hour	20 Hour	☑ ConEd Program Hours:		
1718	3-R5-00027-T1	Paramedic NCCR	EMT/AEMT NCCR	2 HOURS		
Instruc	ctions:					
LEAD II	NSTRUCTOR MUST:					
1)		-		aining program in accordance with applicable		
2)	Massachusetts EMS regulations,					
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	, , –	•			
EMTs A	ATTENDING PROGRAM MUST:	_				
1)		me after your Massachi	usetts EMT number (if yo	ou have one), attesting that you attended		
	course as described above. Rem					
2)	Ensure you receive and retain co					
3)	,, ,					
				inuing education, such as Distributive ference AR 2-212 or the OEMS Renewal		
	Guides found on http:/			Terefice An 2-212 of the Ocivis Neffewar		
4)	FAILURE TO SIGN THE ATTENDA			WARDED.		
	EMT NUMBER:	EMT NAME (Prin	H.	EMT SIØNATURE:		
1	812772 MM					
2	774551 Micha	el Ruan		The state of the s		
3	14/1 SIT 7/3	M. T. Jair	MAHINAC	Wall Kather		
4	862763 Hili	P (Sport-		a las		
5	827833 Gla	in Smith				
6	E0908472 PAUL	+ FATIAS	- Ea	effortaries		
7	\$38113 Sc	57 Melly				
8	877039 Jus	stin Silve				
9	836636 Steph	ven Van Voor	no A	to Jank		
10	326502 W/11	am & Bay	washy It I	meling		
11	849422 Jay 1	Whenen		by My		
12	890242 Josep	4 Rosa		ford 1C		
1	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.					
	SCTOR NAME (Print):	INSTRUCTOR Signat	ure	INSTRUCTOR EMT Number:		
	by Mus D					
	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)
TROUNAIVI IIILL	([]]] [] .

OEMS CONED NUMBER:

ROUNDS BLUNT THORACO-ABDOMINAL TRAUMA 1718-R5-00027-T1

	EMT NUMBER:	EMT NAME (Print):	EMT SIGNATURE:
13	867806	michael montebrite	porte a
14	843354	DAVID FreeMAN	SIF
15	884779	Thomas Lucieman HT	2514
16	0902663	Daniel Preach	
17	863937	Michael Princiotta	M/Mms
18	881254	Dans Windy	
19	857846	Michael Nelson	Myflle
20	884081	MICHAEL DUSTRIND	Meer
21	885868	SITAWN MARTIALL	- SANO
22	832134	Michael Reane	Men
23	86(827	KALIN MAZUREK	A.M.
24	886026	Janine & Cordoiro	
25	E32 73919	Evan Cordeiro	126
26⊂	11831	(sugna) suprid.	Sugario
27	876950	Robat Fednich	LAN THOUGH
28	E0906842	RALPH BECKER	Jeff the
29	A0900201	Brian Gray	
30	844514	Wendy Laherre	and or
31	015553	Robert Lillinge	Meses Reg
32	812775	1 in Ray	
33	481838	Pater Of Briev	Petro on
34	865056	Nonathan Hickey	ft 2
35	858792	Orristopution	9
36	873728	Robert Collins	Gras 3
37	833640	Robert MANNING	ACO
38	Q40665	SCOTT \$166105	Left') from
39	861811	STEPHEN MEANTHY	
40	861134	Brian MACAULEY	B 517
	er the pains and penalti	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 (Brint):	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

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)) :
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OEMS CONED NUMBER:

ROUNDS BLUNT THORACO-ABDOMINAL TRAUMA 1718-R5-00027-T1

	EMT NUMBER:	EMT NAME (Print):	EMT SIGNATURE:
13	817004	Peter Tas vene	Attal all
14	P0901844	Poniel Rica	
15	881834	Brien Trefy	
16	872700	Sean Vundes	AMA
17	810054	Jeffrey Ledix	July Led
18	819227	James w Guetter	A Company of the Comp
19	824757	JOHN Defonsolos	The LAN
20	824295	JOHN J HUSSEY	
21	872611	Jennifer Gallant	
22	KOTOKY	ROBEN-Callabum	all
23	E0906116	Bridget Ricciarelli	RAND
24	€0904201	Dillon Rules	R
25	872633	HENRY KENNEDY	N. A.
26	P0907504	JAMES P. CONNOR	W. Fr
27	A130760	DOHMA AUSTIN	
28	E878187	BRYAN MithAelsen	
29	874466	Matt Crail	
30	881970	JOSH NIX	
31	B14524	LOU SUCLETON	
32	0902463	Jon Hot	
33	853449	KERRIE CARVER	the
34	853809	1 homas Shewins	
35	874469	Keun O'Hara	5011
36	8 G5 N+	July T. BUNGZU	
37	848495	Christopher Walsh	Ala W
38	864845	David Druge	Shi City
39	P0902303	Van Voroven	Vall
40	870958	JUSTIN MCKAIT	gat set

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):	INSTRU CTOR 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

Page ______ of _____

OFFICE OF EMERGENCY MEDICAL SERVICES

DPH/OEMS 200-59 CONED ROSTER 01/2016

DEPARTMENT OF PUBLIC HEALTH-

(Continuing Education Roster Continued):

PROGRAM T	TTLE (Print):
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OEMS CONED NUMBER:

ROUNDS BLUNT THORACO-ABDOMINAL TRAUMA 1718-R5-00027-T1

	EMT NUMBER:	EMT NAME (Print):	EMT SIGNATURE:
13	846867	Michael J Paters	N. C.
14	8 <i>08</i> 049	Kichard Funloy	all M
15	B41 240	Thomas J. Henderson	77
16	838712	Steve Peck	9
17	852683	Janes Bunker	Hum Buku
18	882770	Carolynn Bunker	Carolynus Bunker
19	878015	Marcus Andrews Carol A Berghaus	Mor and
20	8 28312	Carol A Berghaus	Carl a Berlin
21	868346	Streney Rances	Cr I
22	98281	THOMAS M. KILDUFF	- Tan M. Kldvfl
23	E746417	KARKEOWUIS	KIRCH
24	886306	PATRICK SAMMON	12-13
25	826514	Theresa M'Quade	I My made
26	840029	Adapa Levine	(-/5
27	E0908862	JOHN J. SAMMON	Who are
28	E090642	Lev Sullissey	In College
29	819114	Scott 6 Brew	Jeff A R
30	81926	PICUAD acchese	de
31	0902177	Joshva Spacki	The face
32	871570	Collap & Silva -	to Care Sil
33	876939	JASON SUZOR	No. of the state o
34	6090 808	Julie Burns	"Ikliku"
35	359486	JOSEPH J HIELLO	(J=0/0)
36	8्र २१२५४	Richart Mackinson Jr.	blyfulffer
37	840636	Mike Tracy	The
38	903663	Darrin Kelm	and o
39	0907577	Greston Klew	pre
40	858802	STEVEN FOSTEX	'C

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:	
Van Much			

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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 BLUNT THORACO-ABDOMINAL TRAUMA 1718-R5-00027-T1

	EMT NUMBER:	EMT NAME (Print):	EMT SIGNATURE:
13 6	002 13 4	ANDREW BACKMAN	
14	849242	Jason manares	
15	887717	Brendan Brewer	The same of
16	847342	Anthony Ciccoli	Allest Cont
17	812216	Chris Hamilton	
18	902099	Pyan Connolly	All a do
19	816276	Daniel DelPrete	Daniel Welland
20	867964	James Redly	human
21	40900133	JUSON MIRPHY	Ann
22	888115	Ketherine Klive	
23	838962	Kichar SSny ith	(cepy on
24	818295	Bradford Newbyry	
25	851623	Timothy Carroll)	
26	841001	Greg LATIEUR	y,
27	876095	Pat Gbbs	The state of the s
28	902156	Steve Connors	Store Con
29	876090	Anthan Conso	Coled
30	850579	Matthax Smith	A CONTRACTOR OF THE PROPERTY O
31	869719	ANDREW SOLDEN	Cluby Sill
32	862762	PATRICK TOQUERS	
33		,	
34			
35			
36			
37			
38			
39			
40			

40		
Under the pains and penalties of per	jury, I attest that this is a true and accurate reco	ord of the conduct, hours, and actual
attendance for this training course.		
INSTRUCTOR NAME (Print):	INSTRUCTOR Signature:	INSTRUCTOR EMT Number:
Jan Mul		

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