MASSACHUSETTS

OFFICE OF EMERGENCY MEDICAL SERVICES

DPH/OEMS 200-59 CONED ROSTER 01/2016

DEPARTMENT OF PUBLIC HEALTH-

Frogram Information: (This roster is for use with training programs that have DPH/OEMS continuing education numbers)						
PROGRAM TITLE (Print):			PROGRAM SPONSOR (Print):			
AIRWAY MANAGEMENT			BRC	BROCKTON HOSPITAL		
PROGRAM LOCATION (Print):				PROGRAM DATE:		PROGRAM TIMES:
K of C 1195 BEDFORD ST (RTE 18) WHITMAN,			I, MA	MA 12/13/17 18		1830-2030
оемs coned number: 1718-R5-00028-Т1		30 Hour Paramedic NCCR		20 Hour MT/AEMT NCCR		ram Hours: 2 HRS
Instructions:						
 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. 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. Ensure an original signed roster is retained by the program sponsor for each session of the program 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	819226	BUHARD CICHER	1000
2	E0906563	DAVID REPERA	
3	868346	Jerren Leun	A N. C.
4	808049	Richard Furlow	their ha
5	812772	MARK DITOREO	41/1/
6	98281	Thomas M. KILDUFF	Than betary
7	838962	Krehave S Sm th	Co Do de
8	E818632	Charles Holls	The Coll
9	817794	GOEY MARANO	(Coc)
10	834331	Matthe Rich	mat so 1
11	838315	Corol A Berghaus	Car OG Box
12	902214	Nicholas Furey	220

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	The C			
	Page / of 3			

MASSACHUSETTS

OFFICE OF EMERGENCY MEDICAL SERVICES

DPH/OEMS 200-59 CONED ROSTER 01/2016

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(Continuing Education Roster Continued):

PROGRAM TITLE (Print):	
AIRWAY MANAGEMENT	

OEMS CONED NUMBER: 1718-R5-00028-T1

17 10-113-00020-11				
	EMT NUMBER:	EMT NAME (Print):	EMT SIGNATURE:	
13	132020	Shown M Hardy	Statista!	
14	807.588	GRICH, EDER	708	
15	800831	KEVIN T. HENDERSON	for	
16	871068	Anthony Phimes	S. S.	
17	862763	171 Wost	Clary !	
18	A0900098	Edward F BAKER JR	Elet Bel. V	
19	866702	Patrick Sullivan	Polske I	
20	868360	Cheri Putten	ank_	
21	836636	Stephen Coeste Van Voorhis	Stock Cat Very locks	
22	852683	James Bunker	Jan Buhn	
23	881254	David Charlin		
24	858797	Christopher lowser		
25	PG901844	Daniel Rice.		
26	842669	JOHN Previti	John Pelvita	
27	87/065	Ken Baker	Kul Rely	
28	849763	Christopher Barbour	Marine Marine	
29	859486	JOSOPH J. AIRLD	0400	
30	E0907024	Stephen LMallett	Exerter mullet	
31	E0907508	July Rurns	UBULC.	
32	928338	Robert D. Whitman JR	Jana 1	
33	824510	Timethy M. Hashen	2/266	
34	836200	John Schlatz	Ward Johns 11	
35	#0906842	RALPH BECKER	Afloyy	
36	813840	JOHN E FORCE	John E forme	
37	876095	Patrick Gibbs	1 policy of the second of the	
38	E0909417	Brian Ests	12 2 th	
39	843382	Ede VETELION	Cis // Man	
40	861834	Michael Kaladziei	The state of the s	
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				

MASSACHUSETTS

OFFICE OF EMERGENCY MEDICAL SERVICES

DPH/OEMS 200-59 CONED ROSTER 01/2016

PROGRAM TITLE (Print):

(Continuing Education Roster Continued):

OEMS CONED NUMBER:

AIRWAY MANAGEMENT 1718-R

1718-R5-00028-T1

	EMT NUMBER:	EMT NAME (Print):	EMT SIGNATURE:
13	848495	Christopher Walsh	(1)
14	835691	Devell grenn	July S
15	841240	Thomas J. Henderson	Or The State of th
16	871570	College & Silva	Callens off
17	877039	Justin Silva	
18	343354	DAUID FREMAN -	217
19	878187	Bryan Michaelson	
20	861811	STEPHEN MCARTHY	1 The second second
21	834477	Thomas L. Hearn	RU
22	884081	MICHAEL AUSTRIAD	dues
23	P0902303	Dan Dolover	Dael m
24	874460	Matt Cred!	ec
25	861827	KALIN MAZUREK	Ken
26	818774	Stephen M. DUGGON	St n Dun
27	313850	ROBERT J MANCINELLI JR	Role Illary
28	E0906515	C.D. NILL JR	CDHOLY
29	824241	PAUL MCCASSERty	Vene me Ciffet
30	856988	ALATHON FOSTEN	MA
31	814/172	teter J. Stroneyo	Son voellery
32	8/3375	John Malabet	alle el
33	884306	PATRICK SHIMON	The state of the s
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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):	INSTRUCTOB Signature:	INSTRUCTOR EMT Number:		
Daniel Muse, MD	1 min			

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