## MASSACHUSETTS **OFFICE OF EMERGENCY MEDICAL SERVICES**

**CONED ROSTER** 01/2016

**DPH/OEMS 200-59** 

-- DEPARTMENT OF PUBLIC HEALTH-

Program Information: (This roster is for use with training programs that have DPH/OEMS continuing education numbers)							
PROGRA	PROGRAM TITLE (Print): PROGRAM SPONSOR (Print):						
ROUNDS REFUSALS AND BEHAVIORAL EMERGENCIES BROCKTON HOSPITAL							
PROGRAM LOCATION (Print):				PROGRAM		DATE:	PROGRAM TIMES:
680	CENTRE STREET	, BROCK	TON MASS 1/27/20		1/27/201	6	6:30 PM - 8:30 PM
OEMS CO	ONED NUMBER:		30 Hour	<del></del>		ConEd Program Hours:	
15907	72		Paramedic NCCR				
Instructi	ions:						
<ol> <li>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.</li> <li>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.</li> <li>Ensure an original signed roster is retained by the program sponsor for each session of the program</li> <li>Cross off any unused lines after the last student has signed in at the completion of the course.</li> <li>EMTS ATTENDING PROGRAM MUST:         <ol> <li>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.</li> <li>Ensure you receive and retain course completion documentation from course sponsor or instructor.</li> <li>Any program lacking an approval number may never receive credit. Attendance is at your own risk!</li></ol></li></ol>							
4)		E ATTENDAI	NCE ROSTER MEANS TH		IT CAN BE A	WARDED.	
EMT NUMBER: EMT NAME (Print): EMT SIGNATURE:							
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3	0/3835	(200	7 6 Flyings		\	my	1
4	852727	Ence	- HOFFM	<u> </u>		( )	
5 6	145346	JUHN	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Joen	- New	
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9	849422	./	McComera			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
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	867179	MaH	· ×		<i>yr</i>	When Je	engh hom
12	12 834199 John W. Glynn Jun						
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:						

## 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):	OEMS CONED NUMBER:			
ROUNDS REFUSALS AND BEHAVIORAL EMERGENCIES	159072			

	EMT NUMBER:	EMT NAME (Print):	EMT SIGNATURE;	
13	859477	Joseph P Colanino	Lorde Col	
14	826989	Grace of Gardener	Miffe	
15	856749	Bright Forg	Beller	
16	E0905187	Robert Hoven		
17	E893635	Alla Haur	an le	
18	842039	John Carley	Il El	
19	E818774	STEPNEN DUGGAN	At reduces	
20	864392	Robert E. Tetreault	Test EVIS 15	
21	822093	TORN MISTALL	Jel 20, 18	
22	838767	JACKSON MACOMBES		
23	840636	Mike Trace		
24	839556	Glitabish Henderson	hulf Hell	
25	876939	JASON SUZOR	A CONTRACTOR OF THE PROPERTY O	
26	876930	Nicholas Fernald	note	
27	847896	Elic Johnson		
	880993	Shayne Blatteman		
29	815111	James Rush	Re	
30	897913	Josefu Solari	Days San	
31	Po 401791	Kenneth Wright		
32	861311	Clarter (al		
33	850973	Michael Withou	Mile the	
	887717	Brendan Brewer	is Con Se	
35	837/83	Keith Batchelder	Hedl Beth	
36	<b>€85</b> 6558	David Ogilvie	Doel	
37	893491	Koon Gorma	Ry ly	
38	849763	Christopher BARBOUR	Mart A. The	
39	829757	TIMOTHYKIRLEY	7	
40	P0901472	Brian Rodick	me de	
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:				
	1	TYD Day Kurt HI-	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):	OEMS CONED NUMBER:		
ROUNDS REFUSALS AND BEHAVIORAL EMERGENCIES	159072		

	EMT NUMBER:	EMT NAME (Print):	EMT SIGNATURE:
13	872519	Richard Velez Jr	2/1/
14	319226	RICHAD CICCHESO	
15	C897371	ALISSASMAN	Turses
16	825145	Riched Sm. 61	MFD NFD
17	833124	James SHEA	
18	881254	Danie C Jarry	
19	853795	David Barlowsky	Dag Britan
20	BSIBYR	Richard Markingon	66/my
21	871131	Christopher Cotti	Che
22	877039	Justin Silve	
23	868346	Seffrey Levery	CHY,
24	867964	James Resof	Horses
25	862763	This Woolf	
26	862762	PATRICK PRAVORS	
27	812487	Dan'd DeBest	DI SWED
	881628	Konn I FOSTOR	Kang Dates
29	861791	JASON CAVALLARD	y Gly
30	858434	Daniel Westgak	alification
31	A 0900098	Edward F BAKER JR	Elect first
32	812772	MARK DITOUS	Zhly J
33	836505	DAUCH SANTICLE	Daby
34	841048	Jeffrey Cuozzo	July 12
35	848945	JAMES P. Micciantuono	James P. Micraelin
36	A0900133	Jason MURPHY	feeling 1
37	879896	DEREK HAIMAIDI	
38 39	819057	Charles o. Williams II	CA STATE
	130760	DOHOW E / STA IN	MUNI
	0961545	Brandon Rubesk.	Tolk in

	Equipol Sure or		m. 100		
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	2				
INSTRUCTOR NAME (Print):	JNSTRUCTOR Signature:	1,10	INSTRUCTOR EMT Number:		
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## MASSACHUSETTS

**OFFICE OF EMERGENCY MEDICAL SERVICES** -DEPARTMENT OF PUBLIC HEALTH-

**DPH/OEMS 200-59 CONED ROSTER** 01/2016

(Continuing Education Poster Continued):

(Continuing Education Roster Continued):			
PROGRAM TITLE (Print):	OEMS CONED NUMBER:		
ROUNDS REFUSALS AND BEHAVIORAL EMERGENCIES	159072		

	EMT NUMBER:	EMT NAME (Print):	EMT SIGNATURE:
13	839558	Francis J Currie	Francis & Carrier
14	876912	Casey Florence	Comment
15	841240	Thomas J. Handers-	12/2/
16	C12011	Hafina Tangal	Personal
17	633625	John North	
18	849242	Jason MAHONAY	
19	880005	SCOTT PLOWING	Leaf 2
20	-49 <del>00</del>		7
21	A0900132	Luka Mchrocon	Maria
22	876642	ANDREW JOHNSON	125
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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):	METRUOTOR Signature,	MP	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 \_\_\_\_\_\_