MASSACHUSETTS OFFICE OF EMERGENCY MEDICAL SERVICES

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)

1 og. dr. information. (This roster is for use with training programs that have DP n/Ocivis continuing education numbers)							
PROGRAM TITLE (Print):			PROGRA	PROGRAM SPONSOR (Print):			
DRUG REVIEW			BROO	BROCKTON HOSPITAL			
PROGRAM LOCATION (Print):				PROGRAM DATE: PI		PROGRAM TIMES:	
BR	OCKTON HOSPITAL		:	FEBRUARY 24, 2016 9AM TO 11 AM			
OEMS CONED NUMBER:		30 Hour	_	Hour	ConEd Program Hours:		
159	073	Paramedic NCCR	EMT/AEN	EMT/AEMT NCCR		Conta Program Hours.	
nstruct	ions:						
LEAD IN	STRUCTOR MUST:						
1)	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.						
2)							
3)							
4)							
EMTs ATTENDING PROGRAM MUST:							
1)	Legibly PRINT and SIGN your nar	ne after your Massachu	setts EMT n	umber (if vo	u have one), atte	esting that you attended	
	 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)							
3)	·						
	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)	4) FAILURE TO SIGN THE ATTENDANCE ROSTER MEANS THAT NO CREDIT CAN BE AWARDED.						

	EMT NUMBER:	EMT NAME (Print):	EMT SIGNATURE:
1	856640	DAN GEARY	osin 1
2	845093	Kurt Weiland	the Alueland
3	826989	George 7 Gardiner Ji	Hat Harely
4	834199	John W. Gynn	Clar 12
5	814038	DAUSO J LEVENSON	12m/m
6	838485	Robert J. O'Brin	as ass
7	807588	ERIC J. ELDER	
8	824216	THOMAS LICKMAN JR	
9	840636	Mike Tray	The
10	880730	Chris Olson	01:0
11	835971	hian of Flahert	le olg
12	813676	Kevin R Finell	m

12	013676	Kevin	Knuch		
Under	the pains and penaltie	s of perjury, I att	test that this is a true and	accurate record of t	the conduct, hours, and actual
attend	lance for this training c	ourse.			
INSTRU	UCTOR NAME (Print):	IN	ISTRUCTOR Signature	\	INSTRUCTOR EMT Number:
DAN	NIEL MUSE, MD		4		
			Page / of	5	

MASSACHUSETTS OFFICE OF EMERGENCY MEDICAL SERVICES

DPH/OEMS 200-59 CONED ROSTER 01/2016

DEPARTMENT OF PUBLIC HEALTH-

(Continuing Education Roster Continued):

PRO	GRAM TITLE (Print):		OEMS CONE	D NUMBER:
DI	RUG REVIEW		159073	3
	EMT NUMBER:	EMT NAME (Print):		EMT SIGNATURE:
13	832747	Eric HOFFMAN		Ec Hall-
14	884673	PATRICK O'Weill		Think I o' tell
15	875716	Chris Hamilton		
16	864392	Robert E. Tetrea	ult	RITERIST
17	834477	Ton Hemen		VZCII.
18	857866	Michael Nelson		My Moto
19	867806	Michael montero	rte	puchal sworte
20	861834	Michael Koladziei		(4)
21	950592	STOT NASCATERY		XXXII
22	856599	JEFF GERMAINE		mille
23	829753	Trunch, I Claves	T	and the same of th
24	£0906563	DAVED REPER		550
25	882368	SHAWN MANTAIL		- Am
26	808065	JOHN J. SAMME	V	Jan
27	895984	Julia Yang	••	Mcalfrag
28	0817839	DANIER DOUCETTE		del
29	811632	RONALD D. HOWE		1202
30	70901874	Andlew Campbell		MA
31	862776	Jarrod Dristoli		Burn
	10900098	Edward F BAKEN J.	n	Elix F Prolif
33	884081	MICHAEL AUSTRIN		mel
34	848795	Lisa Stanto	Ω	chisa Stanton
35	884071	Lawrence MACDoug		The major
36	879165	WESLEY DWYER		baseDa
37	880460	Robert Heffernan		MO Z
38	852802	STEVEN FOSTER		10/

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 EMT Number:

DANIEL MUSE

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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 DEPARTMENT OF PUBLIC HEALTH-

CONED ROSTER

01/2016

DPH/OEMS 200-59

(Continuing Education Roster Continued):

PRO	GRAM TITLE (Print):		(continuing Education		ED NUMBER:	
D	RUG REVIEW			15907	3	
	EMT NUMBER:		EMT NAME (Print):		E	MT SIGNATURE:
13	E893569	Rach	el 0165	COMMUNICATION OF THE PROPERTY OF THE	Q001 (2000
14	874551	Micha				
15	884854	John	Hares		Jalo de A	
16	858791	Nichon	LAS GASSO	-	Clark-	
17	P0901735	Enc	Adams		3.7	
18	845860	Brier	n Parks		1 th	000
19	838113	545	Mellyn		MAIN	
20	A0900132	LUK	& Mc MOOD			(A)
21	A0900133	14:302	•		hum	
22	874469	Kour			140	2
23	842039	John	Cirley		at (26
	853330	WICEA	ISUM. 9 JEA	いり	histy	15 mulla
25 -	832561	Scott	r Collins			301
26	A2013567	Scott	M. Johns		1)
27	P833725	Colly	een Silver	NA	College	1 LSilveria
28	E3102420	3 0	HE BUYDS		July.	sew.
29	843999	Roma	an Olmstead		S.C.	The state of the s
30	859748	Mar	oca Basin	o	Alence	en Basses
31	0902639	Jacob	Shaming		March &	Comp
32	E0903685	Josep	n Perrellia		mar	12
33	E 815111	Jan			1 Same	1 7Q
34	861134	Brian	J MACANLEY		RUM	4
35	856988	MATTHE	W FOSTER		mo	
36	830416	JOHN	Houses		100	THE
37	878388	Joiet	Gerden		Show	
38	E87)86	Com	my Hyce		E	
39	849242	Jaso-	~ marroney			EL.
40	862763	1-211C	2001/			/en
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.						
	RUCTOR NAME (Print):	ourse.	INSTRUCTOR Signature			INSTRUCTOR EMT Number:
DA	NIEL MUSE				Visco at	
Note, if you do not have enough space for all students, simply copy and attach additional sheets of this page and number appropriately						
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W)	868346	JEFFRE	4 Kerrey	In July		: :

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:			
DF	RUG REVIEW		159073			
	EMT NUMBER:	EMT NAME (Print):		EMT SIGNATURE:		
13	825125	JAMES W. CAMPD	ECCIL X	ames W. ander 11		
14	842664	JOHN Previti		John Paevin		
15	845207	Ed McalAshin	19 1	So mine		
16	517262	Claire Appling		aire Capling		
17	840180	Alfred Cinamelan		2000		
18	829761	Thomas Food	Ų	Free ford		
19	871048	JEFFREY CUOZZO		Jana 1		
20	807601	Lzon H Sil	VA	Dean It Shale		
21	840176	MAITHEW BU	504	May Com		
22	832134	michael Renny	· e	MET		
23	856572	Sean Gerranghty		In Go		
24	P0901791	Kegneth Wright				
25	877039	Justin Silva				
26	871/31	Christopher Cotti		etitor de		
27	P28335	Harty Tyrrell		hos wir		
28	871073	Daniel Wauhah	/.	2002le		
29	878140	Tyler Bryant	P	3		
30	812487	DAN'S DEBEST		X/X/3-		
31	868480	JAMES WATERMAN		nlustin		
32	840911	DALE CAMPBELL	- A	Jeffell .		
33	888049	Richard Furloy	Py	ar w		
34	851794	Glen Graften	'6	le GH		
35	115531	James Bonto	a			
36	834484	SCOTT LAPAG	FLIA -	Feel Laglia		
37	839 <i>55</i> 8	Francis J Currie	Fa	land of Course		
38	890 934	Stephen Connors ST	St	Jan Gen		
39	851623	Tim Carroll	7	Coll V		
40	869032	KENNETT DOW		C		
Under the pains and penalties of perjury, I attest that this is a true and accurate record of the conduct, hours, and actual						
	ndance for this training RUCTOR NAME (Print):	course. INSTRUCTOR signature:		INSTRUCTOR EMT Number:		
				1		

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

DANIEL MUSE

Robert K. Connor 639 E E878632

Edward Davis
Dina Smith

Down Review 159073

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