# MASSACHUSETTS

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

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

DPH/OEMS 200-59 CONED ROSTER 01/2016

DEPARTMENT OF PUBLIC HEALTH-

| PROGRAM TITLE (P  | rint):   |  | PROGRA               | M SPONSO   | R (Print):   |                           |
|---|--|--|----------------------|------------|--|---------------------------|
| BEHAVIORAL  | EMERGENCIES  |  | BRC                  | CKTON I    | HOSPITAL   |                           |
| PROGRAM LOCATION (Print):   |  |  | PROGRAM              | DATE:      | PROGRAM TIMES:   |                           |
| BROCKTON HOSPITAL, BROCKTON MA  |  |  |                      |            | 1830 TO 2030   |                           |
| OEMS CONED NUM  | 1BER:  | 30 Hour  | □ 20                 | Hour       |  |                           |
| 1617 DE 0004  | O T4   | Paramedic NCCR   | EMT/AEN              |            | ConEd Pr   | ogram Hours:              |
| 1617-R5-0004  | U-17   |  |                      |            |  | 2                         |
| LEAD INSTRUCTOR   | MI IST:  |  |                      |            | <del></del>  |                           |
| <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 (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> |  |  |                      |            |  |                           |
| Guides found on <a href="http://www.mass.gov/dph/oems">http://www.mass.gov/dph/oems</a> . 4) FAILURE TO SIGN THE ATTENDANCE ROSTER MEANS THAT NO CREDIT CAN BE AWARDED.   |  |  |                      |            |  | TE OF THE OLIVIS NEHEWAI  |
| 4) FAILURE TO   | O SIGN THE ATTENDA   | /www.mass.gov/dph/oe<br>NCE ROSTER MEANS THA   | ems .                |            |  | 12 of the OLIVIS Reflewal |
| 4) FAILURE TO   | O SIGN THE ATTENDA   | /www.mass.gov/dph/oe<br>NCE ROSTER MEANS TH,<br>EMT NAME (Print  | ems .<br>AT NO CREDI |            | WARDED.  | T SIGNATURE:              |
| 4) FAILURE TO  EMT NUM  1 %55   | O SIGN THE ATTENDA   | NCE ROSTER MEANS THA   | ems .<br>AT NO CREDI |            | WARDED.  |                           |
| 4) FAILURE TO EMT NUM 1 555 2 8080  | O SIGN THE ATTENDA   | EMT NAME (Print  | ems .<br>AT NO CREDI |            | WARDED.  |                           |
| 4) FAILURE TO  EMT NUM  1 %55   | SIGN THE ATTENDAL  | EMT NAME (Print  | ems .<br>AT NO CREDI |            | WARDED.  |                           |
| 4) FAILURE TO  EMT NUM  2 8080 3 8200   | SIGN THE ATTENDANT WIBER: WYG Kich WO Che SG Mich  | EMT NAME (Print  | ems .<br>AT NO CREDI |            | WARDED.  |                           |
| 4) FAILURE TO  EMT NUM  2   | OSIGN THE ATTENDANT WHER: WIGHT Rich WO Che SG Mich  | EMT NAME (Print  | ems . AT NO CREDI    |            | WARDED.  |                           |
| 4) FAILURE TO  EMT NUM  2 8080 3 8200 5 8643  | SIGN THE ATTENDANT  WIBER:  WIGHT  WICH  WICH  THE WOOL  | EMT NAME (Print  EMT NAME (Print  LO  LO  LO  LO  LO  LO  LO  LO  LO  L  | ems . AT NO CREDI    |            | WARDED.  |                           |
| 4) FAILURE TO  EMT NUM  2   | SIGN THE ATTENDANGER:  WHER:  WHO Kich  So Mich  22 Rober  David   | EMT NAME (Print  EMT NAME (Print  ELE FORT  ELE FORT  Bradshaw   | ems . AT NO CREDI    |            | WARDED.  |                           |
| 4) FAILURE TO  EMT NUM  2   | SIGN THE ATTENDANGER:  WHER:  WIGHT  KICH  Che  SG Mich  RESCO  David  | EMT NAME (Print  EMT NAME (Print  LO  LO  LO  LO  LO  LO  LO  LO  LO  L  | ems . AT NO CREDI    |            | WARDED.  |                           |
| 4) FAILURE TO  EMT NUM  2   | SIGN THE ATTENDANGER:  WHER:  WIGHT  KICH  Che  SG Mich  ROBER  David  Che  SO David  Che  SO Down   | EMT NAME (Print  EMT NA | ems . AT NO CREDI    |            | WARDED.  |                           |
| 4) FAILURE TO  EMT NUM  2 8080 3 8200 5 8643 6 090346 7 88073 8 88/97 9 873/85  | SIGN THE ATTENDANT  WIBER:  WIGH  WICH  SG Mich  RE  David  O David  O Dorig  MAHMER   | EMT NAME (Print  EMT NAME (Print  LINE CARR  LE GETT OF  Bradshaw  S OISON  SUP MIX  S FAMEY   | ems . AT NO CREDI    |            | WARDED.  |                           |
| 4) FAILURE TO  EMT NUM  2   | SIGN THE ATTENDANGER:  WHER:  WIGHT Rich  Che  SG Mich  20 David  Che;  OD David  Che;  OD JOE  MAHMEE  Z Fric   | EMT NAME (Print  EMT NA | ems. AT NO CREDI     |            | WARDED.  |                           |
| 4) FAILURE TO  EMT NUM  1   | SIGN THE ATTENDANGER:  WIBER:  WIGH  Rich  Rober  David  Chi  Chi  Chi  Chi  Chi  Chi  Chi  C  | EMT NAME (Print  EMT NA | ems. AT NO CREDI     |            | WARDED.  |                           |
| 4) FAILURE TO  EMT NUM  1 \$\SS\$  2 \$\Boboolean  3 \$\langle 200  5 \$\langle 40346  7 \$\langle 8073  8 \$\langle 8/97  9 \$\langle 8/338  10 \$\langle 9/0208  11 \$\langle 9/0208  12 \$\langle 9/0208   | SIGN THE ATTENDANGER:  WHER:  WO Che  So Mich  Rober  David  Ch;  Matthew  Eric  Rich  Thom  | EMT NAME (Print  EMT NAME (Print  LINE FOR LO  AND FRAME  SOLO  SO | ems. AT NO CREDI     | T CAN BE A | EM<br>LA CA<br>LA CA | T SIGNATURE:              |
| 4) FAILURE TO  EMT NUM  1 \$\SS\$  2 \$\Boboolean  3 \$\langle 200  5 \$\langle 40346  7 \$\langle 8073  8 \$\langle 8/97  9 \$\langle 8/338  10 \$\langle 9/0208  11 \$\langle 9/0208  12 \$\langle 9/0208   | SIGN THE ATTENDANGER:  WISCH  WIGHT  WISCH  WICH  WICH | EMT NAME (Print  EMT NA | ems. AT NO CREDI     | T CAN BE A | EM<br>LA CA<br>LA CA | T SIGNATURE:              |

DANIEL MUSE, MD

## MASSACHUSETTS

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

**CONED ROSTER** 01/2016

**DPH/OEMS 200-59** 

(Continuing Education Roster Continued):

| PROGRAM TITLE (Print): | OEMS CONED NUMBER: |
|------------------------|--------------------|
| BEHAVIORAL EMERGENCIES | 1617-R5-00040-T1   |

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INSTRUCTOR NAME (Print): 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

# MASSACHUSETTS

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-DEPARTMENT OF PUBLIC HEALTH-

| (Continuing Education Roster Continued): |                    |   |
|--|--------------------|---|
| PROGRAM TITLE (Print):                   | OEMS CONED NUMBER: | _ |
| BEHAVIORAL EMERGENCIES                   | 1617-R5-00040-T1   |   |

|        | EMT NUMBER:                                       | EMT NAME (Print):   | EMT SIGNATURE:   |
|--------|---|---|--|
| 13     | 877039  | Justin Silva  |  |
| 14     | 807480  | ANDREW MCGILLIVRAY  | an Chiller ay  |
| 15     | 902099  | Ryan Connolly   | 12/  |
| 16     | 819227  | James W Centin  | 00   |
| 17     | 881254  | David C Jush  |  |
| 18     | 0907729   | James J. Berlyan  | HATTON   |
| 19     | 840195  | SHEEHAN TIMOTHY J   |  |
| 20     |   | SHEEHAN SARAH   | Sarah A B 50.12  |
| 21     | P0863660  | ROBENT ODONNELL   | and Nowell   |
| 22     | 876090  | Anthony Conso   | 1940 (725  |
| 23     | 8557971   | hay of Flahere  | hat release  |
| 24     | 815946  | Thomas BIMALL   | 1  |
| 25     | 874199  | John a ohun   | Bour   |
| 26     | 825211  | Timothy 6 Donova -  | South (Dan   |
| 27     |   |   |  |
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| 39     |   |   |  |
| 40     |   |   |  |
| Under  | the pains and penaltie                            | s of perjury, I attest that this is a true and accurate i | record of the conduct, hours, and actual   |
| attenc | lance for this training co<br>UCTOR NAME (Print): | ourse. INSTRUCTOR Signature:                              | INSTRUCTOR ENT Number  |
|        |   |   | I DNISTIDITE I CONTENTE DE LA CONTENTE DEL CONTENTE DEL CONTENTE DE LA CONTENTE D |

| Under the pains and penalties of perjury, attendance for this training course. | I attest that this is a true and accurate record | of the conduct, hours, and actual |
|--|--|-----------------------------------|
| 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