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

-DEPARTMENT OF PUBLIC HEALTH-

**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)

PROGRAM TITLE (Print): EMS ROUN			AM SPONS		education numbers;
THE ORIFICE: EVALUATION OF TI			BRO	CKTON HOSPI	TAL
PROGRAM LOCATION (Print): MASS	ASOIT CONFERENCE	CENTER	PROGRAM	M DATE:	PROGRAM TIMES:
770 CRESCENT STREET, BROC	KTON MASS		Octobe	r 25, 2016	9:00 AM TO 11:00 AM
OEMS CONED NUMBER:	☐ 30 Hour	□ 20	O Hour		
1617-R5-00043-T1	Paramedic NCCR	_	MT NCCR	ConEd Pro	gram Hours: 2 HRS
Instructions:				<u> </u>	

#### LEAD INSTRUCTOR 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) 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
- 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!
  - 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 <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.

	EMT NUMBER:	EMT NAME (Print):	, EMT SIGNATURE:
1	826989	George 7 Gardner Gr	a sala
2	884673	PATRICK J. O'Neill	Hatril of 19 Waste
3	5025337	Volie Voena	HILLICE
4	901771	Robert Thrabone	Parly Mobile
5	877215	Justin Goldberg	Sup Illle
6	876174	Andrew Kelly	
7	893276	TYLER LARACY	
8	634477	Ton Heave	ZHI
9	808065	JOHN J. SAMMON	W
10	880979	SCOTT Greenberg	How
11	879(61	Due Cowing	Da San
12	807601	LEON H SILVA	hear AH Shale
Under	Under the pains and penalties of perjury, I attest that this is a true and accurate record of the conduct, hours, and actual		

Under the pains and penalties of peattendance for this training course.	erjury, 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		
	Page/ of	

## MASSACHUSETTS

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

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

-DEPARTMENT OF PUBLIC HEALTH-

(Continuing Education Roster Continued):

**OEMS CONED NUMBER:** 

THE ORIFICE: EVALUATION OF THE HUMAN PORTALS

1617-R5-00043-T1

	EMT NUMBER:	EMT NAME (Print):	EMT SIGNATURE:	
13	878015	Marcus Andrews	Mara	
14	832130	Michael Renne	nit on	
15	863937	Michael Princiotta	The Mount	
16	858791	Nicholas Grasse	1000 4	
17	825,008	Robert S. Simi Ja	Moul)	
18	884054	John J. Hayes	Lated Han	
19	818724	STEPHEN M. DUGGAN	A dishard	
20	£33.520	Theory M Hardy	Ste la Maria	
21	853/69	Michael MacCustain		
22	872804	CHRIS DENAME	Charles	
23	839840	Juson Viveres		
24	862762	PATRICK TRAUBLS		
25	145346	JOHN P. HURLKY	Adar Offer	
26	851794	Glen Graften	On Of	
27	0902177	Joshua, Anack	ha a	
28	0901987	Michael Sullivan		
29	882770	Carolynn J. Bunker	Carolyn Bunker	
30	852683	James Burker	Aren Bun	
31	850579	Matthew Smith	HISTORY IN	
32	E0906563	DAVID REPERA		
33	825560	MATTHEW L. Gray /	lery	
34	848495	Christoper WALS	CAUL	
35	845860	Brian Parks	May Kla	
36	873258	Robert Collins	So a vinl	
37	538772	Stere gled	40	
38	856640	DANKER & CHEVREY	auri	
39	813676	Levin a tind		
40	858434	Daniel Westgate	Williaty	
Unde	Under the pains and penalties of perjury, I attest that this is a true and accurate record of the conduct, hours, and actual			
	dance for this training outputs UCTOR NAME (Print):	Ourse.	INSTRUCTOR ENT Number	

Under the pains and penalties of perjury, attendance for this training course.	I attest that this is a true and a	ccurate record of the condu	ct, hours, and actual
INSTRUCTOR NAME (Print):	(NSTRUCTOR 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

# MASSACHUSETTS

**OFFICE OF EMERGENCY MEDICAL SERVICES** 

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

-DEPARTMENT OF PUBLIC HEALTH-

(Continuing Education Roster Continued):

1617-R5-00043-T1

PROGRAM TITLE (Print): EMS ROUNDS **OEMS CONED NUMBER:** 

THE ORIFICE: EVALUATION OF THE HUMAN PORTALS

Daniel Muse, MD

	EMT NUMBER:	EMT NAME (Print):	EMT-SIGNATURE:	
13	841001	GREGORY LAFLEUR		
14	899993	Michael Calligle-	King	
15	370579	mark Silvia Jr	whole	
16	E0904431	Dougles Phianes	X. C.	
17	517262	Claire Appling	Claire Capaling	
18	812772	MARK DI Tocco	all all	
19	0901978	Andrew Deich	Bed 5 Col	
20	839558	Francis & Currie	June francis	
21	814654	JAMES M. Hill	Amos on Dal	
22	901791	Kegneth Wright		
23	840180	Alfred Connington	CIA	
24	828892	William E Hill	Will gul	
25	877034	Robelt Malone	FO III	
26	888190	Tanya Beautieu	Janua Ba	
27	819947	Paul Chvilli	Tolel Church	
28	874931	Amy Glavia	Cay of As	
29	817526	Joseph Feeney	Jun	
30	8/3850	WOBERT J Mane, Il In	Kole Marry	
31	847374	KAVIN DOMOUAN	au su	
32	843382	Eric PEterson	The state of the s	
33	4878249	RYAN PATRICIAN	My	
34	572471	VETER KOVENERS	And the second	
35	130760	Jahre A Sul	ML	
36	866702	Patrick Sullivan	Johnson	
37	848572	Free Beltramini	275cl.	
38	830416	John M. House	The file	
F	852981	Crais RWinsor	orly !	
40	898995	JAMES Micciantrono	Jans P. Myere two	
Unde	Under the pains and penalties of perjury, I attest that this is a true and accurate record of the conduct, hours, and actual			
	dance for this training or RUCTOR NAME (Print):	INSTRUCTOR Signature:	INSTRUCTOR EMT Number:	
Í	, ,		momocron Livis Number.	

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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# 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): EMS ROUNDS **OEMS CONED NUMBER:** 

THE ORIFICE: EVALUATION OF THE HUMAN PORTALS 1617-R5-00043-T1

	EMT NUMBER:	EMT NAME (Print):	EMT SIGNATURE:
13	876950	Robert Fedrick	deld Tho
14	<del>884673</del> →	PATRICK OURILL	Patal
15	824483	Angela C. CARNES	ancela C-Counci
16	815292	William CARNES	Will CC
17	15115	LHARLES P. CURRAN	Charles P. Quesan
18	838763	Josef Kenezer	945-7
19	858067	THOMAS G. EVANS	Trancetory
20	832766	Michael A. Reck	Mr. 1/23
21	881675	Sean Connolly	10/9/9
22	849247	Jason Manarey	FE
23	861811	STEPHEN MEANTHY	home
24	830368	MARK Roberton	Mark (str
25	836691	George O'Noi!	5 Go gul
26	818295	Bradford Newbury	(fry)
27	E0906787	Gregory P Goldberg)	Hy Pally
28	884779	Thomas Luciation III	A DO
29	872649	Christopher Dyer	C (2)
30	842312	James Leurini	way felling
31	847342	Anthony Ciccolo	1 Club Col
32	825241	Timothy booron	- out (Donore
33	837183	Kgith Batchglder	West Batcheld
34	BSIDYP	Richard Mackinnen	allen Ca
35	881970	JUSH NIX	
36	225338	10/1/27 Hace	Jayne - Force
37	E811678	( KEVIN I FOSTER	1/ King Tolis
38	P876931	Kenin Goder or	12/19
39	883923	David Burke	Newig Binke
40	803780	Pat Carple!	1/w

Under the pains and penalties of perattendance for this training course.	ury, I attest that this is a true and accurate recor	d of the conduct, hours, and actual
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

- DEPARTMENT OF PUBLIC HEALTH-

(Continuing Education Roster Continued):

1617-R5-00043-T1

PROGRAM TITLE (Print):	EMS ROUNDS	OEMS CONED NUMBER:
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THE ORIFICE: EVALUATION OF THE HUMAN PORTALS

	EMT NUMBER:	EMT NAME (Print):	EMT SIGNATURE:
13	885095	Bryan Brown	My The
14	832561	Scott Collins	500 Co De
15	873809	BRANDON SMITH	98/50
16	819057	Olacalas a 1 1/1/2003 TIA	(Teller
17	825148	Ruson South	
18	080599	Reland Smith Robert Caurence	1) lessel sures
19	871085	Nicholas Lyons	Service -
20		•	
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Under the pains and penalties of pattendance for this training course	erjury, I attest that this is a true and accurate record o	of the conduct, hours, and actual
INSTRUCTOR NAME (Print):	INSTRUCTOR signature:	INSTRUCTOR EMT Number:
Daniel Muse, MD		

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