MASSACHUSETTS OFFICE OF EMERGENCY MEDICAL SERVICES

DPH/OEMS 200-59 CONED ROSTER 01/2016

INSTRUCTOR EMT Number:

Program Information: (This roster is	for use with training pro				education numbers)
PROGRAM TITLE (Print): PROGRAM SPONSOR (Print):					
ROUNDS-EKG BROCKTON HOSPITAL					ΓAL
PROGRAM LOCATION (Print): MASSA	SOIT CONFERENCE	CENTER	PROGRAM	DATE:	PROGRAM TIMES:
770 CRESCENT STREET, BROCK	TON MASS		DECEME	BER 20,2016	9:00 AM TO 11:00 AM
OEMS CONED NUMBER:	30 Hour		Hour	-	ı
1617-R5-00045-T1	Paramedic NCCR	EMT/AEI	VIT NCCR	ConEd Prog	ram Hours: 2 HRS
Instructions:					
LEAD INSTRUCTOR MUST:		, ,,			
1) Sign this roster in the space pro					
Massachusetts EMS regulations 2) Issue course completion docum				•	• •
completion certificates or may p					
3) Ensure an original signed roster					
4) Cross off any unused lines after	the last student has sign	ned in at the	completion	of the course.	
EMTs ATTENDING PROGRAM MUST:					
Legibly PRINT and SIGN your na Source as described above. Rem					esting that you attended
course as described above. Rem 2) Ensure you receive and retain or		•	-		tor
3) Any program lacking an approva	- 1				
	1 -			•	
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 858067 THO	MAS ENA	NS NS		Tion	e Eue
2 901771 Rob	cut Shiavon	e		Release	Mus 2
3 870562 And	ren bilds	-		CQLBQ	
4 879/61 Day	oid Cowing			AGN	70
5 808049 Kich	cic Furlow	, , , , , , , , , , , , , , , , , , ,	12	the the	1
6 E0905987 ROB	ent Hoven	/	<u>'</u>	My 1	m
	en Comors Je	-	4	Co Eu	Cart
8 878140 Tyler	Bryant		b	3	3
9 808065 JOH	N J. SAMMO	\sim	9	Mr.	
10 10348/7 Robe	erth Pillaro	211a	W	oli Me	larella
11 829338 Robe	rti) Whitman	1 TR.	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	fully 10	
12 12 19901830 Sec	en Mort	-in			
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 Signature

INSTRUCTOR NAME (Print):

Daniel Muse, MD

MASSACHUSETTS

OFFICE OF EMERGENCY MEDICAL SERVICES

DPH/OEMS 200-59 CONED ROSTER 01/2016

| Continuing Education Roster Continued |:
| PROGRAM TITLE (Print): OEMS CONED NUMBER:
| ROUNDS-EKG 1617-R5-00045-T1

	EMT NUMBER:	EMT NAME (Print);	EMT SIGNATURE:
13	800831	KPVIN T. HENDERSON	LUV
14	830416	JOHN M. HOLLAND	Jo m. Vfa
15	E 2904246	Zhor Romi	
16	835691	Devel Arenz	7081-65?
17	877334	Joseph Gillians	JE.
18	839333	Michael Gallagle-	Char
19	क्षेत्र० ८१५	BOD SILVA	2 m
20	871584	Jared Marphy	Jareoli
21	902214	Nicholas Furey	7-
22	855165	Mile woods	
23	842667	SAMES SHEARI)	Jace!
24	848947	Eric J. Roppolo	Trif Konna
25	P846074	Nicolas Pino	21-
26	840176	MATTHE BUSCH	1600
27	846867	Michael J Reters	but
28	863012	Juny Heagney	Mean
29	811628	Levis I FOSTER	Kennif Fosler
9	829869	Brian Haskins	(D)
31	874144	MINICHELL PAPINEAU	Aigo
32	876174	Andrew Kelly	3
33	880678	David Smith (Constitution
34	841240	Thomas J. Herderson	12/2/
	70901844	Daniel Rice	1
36	881675	Sean Connolly	101
37	865056	Torother Hickory	fitt with
38	835971	Lian OFtcherry	1200
39	864688	Wayne & Barchard	Wan Bull
40	874647	KRISKRONILLIS	Motal
T			

_	70	
Under the pains and penalties of perjury,	attest that this is a true and accurate record of	f the conduct, hours, and actual
attendance for this training course.		
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

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):

ROUNDS-EKG

(Continuing Education Roster Continued):

OEMS CONED NUMBER:

1617-R5-00045-T1

	EMT NUMBER:	EMT NAME (Print):	EMT SIGNATURE:
13	880993	Shayne Blakeman	28-131
14	819226	Prictite cicciece	
15	A0900133	Jazon murply	1 min
16	814472	Peter J. Denneno	(Delen
17	8/3835	Gregor & Bayaget	Mul
18	873158	Robert Collins	eza a u
19	819057	Chales o. Williams II	dein
20	845502	David Cupsky	Rang
21	893276	TYLER LARACY	The state of the s
22	838767	JACKSON MACOMBER	THE THE
23	848495	Christopher Walsh	Bull
24	866702	Patrick Sulliver	July Ill
25	827833	6/a Smith	
26	872 633	HENRY KENNEDY	293
27	839558	Francis & Currie	fuffyfgygur
28	130766	Dodand I A Frit	All of
29	874469	Keuin O'Hara	Land
30	826502	Willam A Barlemely #	The Division of the Control of the C
32	9/78/8 332561	STEVEN MONAHAN	Alter Jimonghan
33	872519	Scott Collins	School
34	851623	Richard Ville J.	
35	820056	Michael Carrall	118
36	847312	James Lourin:	Turken Prinse
37	880460	Robert Heffernan	1200
38	843382	Er. c PEterson	
39	82951∞	Marker Gray	J16
40	883923	David Birke	Janel Lunke

Under the pains and penalties of pe	erjury, 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		

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-EKG | 1617-R5-00045-T1

	EMT NUMBER:		EMT	NAME (Print):			EN	AT SIGNATURE:	
13	878288	Jos	eph (Sordon			122	14	
14	855694	Ti	MO THY	Spranes			TIA	20	
15	853809	C	aris 1	Melanson			117		
16	871048	Je	Per	Cuozzo	:			16	
17	861825			Johe 9		-	0		
18	843896		CF				811	2	
19	869730			Murphy		8	tu.	hanks	
20	875727	Gres	ary I	ancrettre		-	7	1, 1	
21	852981	Cra	is	Ninsur			111	h	
22	0902026	1057	Pol						
23	873185	Mitthe	•				Thur		
24	884779	Thon	nas	Liceran H	9			7 10	
25	ES7844	John		Ir Carly		مرع	-8	oral	
26	868296	LE8	1E	DAVID		1			
27	5327£2	Georg	29€ [-	Saice He					
28	080 599	Rober	4 19	uneno		12			
29	883580	Vatrice		curphe 11		1	00		
30	823753	Ker	~/	Young		2	ussel	1h	11
31	836200	John	526	ilate		6h	2 Silve	tik /	`
32	851194		n Gra			(10)			-
33	0902317	Davi	13	ratohn		J.	= 0	M	
34	0901978	And	Eu)	Daigle		7	Dex	5 Couls	
35	875714	Chros	He	small				- My	
36	869447	Bryan	Clear	y		2			
37	886594		Har			4	Ja		
38	P0901703	Sherite	m M.	Illin		Shils	~M	al -	
39	874460	Matt	Cral			PO	ke a		
40	00901797	Adam	Fla	hetho			2		
Under	the pains and penaltie	s of perjury,	attest th	at this is a true and ac	curate r	ecord of	he conduc	ct, hours, and actu	al
atteno	lance for this training co JCTOR NAME (Print):	ourse.					<u> </u>		
	el Muse MD		INSTRUC	Of Signature:				INSTRUCTOR EMT	Number:

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MASSACHUSETTS

DPH/OEMS 200-59 CONED ROSTER 01/2016

(Continuing Education Roster Continued):			
PROGRAM TITLE (Print):	OEMS CONED NUMBER:		
ROUNDS-EKG	1617-R5-00045-T1		

	EMT NUMBER:	EMT	NAME (Print):		EMT SIGNATURE:
13	E0903054	Derek C	runeu	1	Deute C
14	852683	James R	_	1	ma Burla
15	843624	Kevin G	elligan	1/1	in All
16	A0900132	LUKE Me	FADOEN	V	
17	811627	James	Ribby	Ju	ur Bobs
18	812405	ROBERTS	NEUMEISTER		Rosel Vermas W
19	838962	Kichard	S. Snitz	MC	e boty
20	834335	Matthe.	Rich	Me	All Inc
21	881414	Jereny	H. Cerce		THE COURT OF THE PARTY OF THE P
22	554853	Nicole	Harris	1	16851
23	858792	Chres roph	- Advessa	8	
24					
25					
26 27					
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29					
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40					
Unde	r the pains and penaltie	s of perjury, I attest t	hat this is a true and accurate	record of	the conduct, hours, and actual
atten	dance for this training c	ourse.			
HICKII	OCTOR NAIVIE (Print):	INSTRU	CTOR Signature:		INSTRUCTOR EMT Number:

Under the pains and penalties of perju attendance for this training course.	ry, 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		

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