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):					PROGRAM SPONSOR (Print):				
RO	UNDS "DISPA	TCH TC	DISCHARGE"	' BRO	CKTON I	HOSPITAL&	BROCKTON FIRE		
	AM LOCATION (Print):				PROGRAM	DATE:	PROGRAM TIMES:		
80 PE	RKINS AVE, BR	OCKTON	MA 02302	···	February 27, 2019 9 AM TO 11				
OEMS	CONED NUMBER:		30 Hour	2C	Hour				
1819	-R5-01292-T1		Paramedic NCCR		MT NCCR	ConEd Prog	ram Hours: 2 HOURS		
1) 2) 3) 4) EMTs A 1)	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 4) 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! 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 .								
	EMT NUMBER:	PER	EMT NAME (Print) et a la militaria de la composición del composición de la compos		A EMT	SIGNATURE:		
1	82698	Geor		er Tr	4	()Chm			
2	10902694	J 0 30 p/	Manyanara		4				
3	=6916355	WILL	JAM DALE (JOHES	Ppla	in Dal	L You		
4	836505	DAV			1	500	/		
5	840771	Loui	, Zeccaria			\			
6	875727	Gregor	(,)	····	\ \tau	## B	·		
7	F0909406	1/ 1/ 1/	Q L. L. I. doc		1 1	5/28/11/10)		

9 PAVID DeBest 10 843868 Solomon JOSEPH 11 pineau 12 835096 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: Daniel Muse, MD Page _

MARK

DPH/OEMS 200-59 CONED ROSTER 01/2016

Continuing Education Roster Continued):

	8 = = = = = = = = = = = = = = = = = = =
PROGRAM TITLE (Print):	OEMS CONED NUMBER:
ROLINDS "DISPATCH TO DISC	1819-R5-01292-T1

	EMT NUMBER:	Company Tracks	EMT NAME (Print):	EMT SIGNATURE:
13	889368	Christa	opher Emswill	1 the
14	0904189		ryna des	n
15	850592	Scot		-Mi NO
16	0902674	Tucha	iry Baldwin	huy h
17	862762	PATRIC	N TRAVERS	
18	E0905487	Robo	ent Haven	MA DO
19	M5066555	Szyan	1 Malionson	
20	0907448		ie Sullivan	Valer
21	M8049229	Mecillar	u BABHS	mo
22	898417	Thomas	J-Berninger	Afrin
23	886238	JAnes	f Orcutt	Sant Drouth
24	819751		a W Hogg	Gene W 1 to py
25	P099862	tace	Sell"	Pard Stron
26	881675	Dogn	connolly	10/
27	0101600	Emily A	BRAHAN	M
28	0901548		n Rubosts	Klintheri
29	811632	RONAL	OD. HOWE	1/200
30	863012	Day Hea	gney	Mena
31	751994	6len	Gaffer	CO Cy
32	896137		in long o	
33	824217		Marchetti	hull the
34	843850		d Churchill	MASCHE
	824216		s Luckman Jr	Clife
36	871412	Λ	G HREN	
37	870562	Al	new wilds	The state of
38	838 162	Kych	hard sombly	Jano 1
39	87871	1	Ly Lieb	
40	836629	Lueis	STOPHER RTILLOW	t Codeman to I
			l attest that this is a true and accu	rate record of the conduct, hours, and actual
	dance for this training (RUCTOR NAME (Print):	course.	INSTRUCTOR Signature:	INSTRUCTOR EMT Number:
	al Musa MD		7	

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 ____

Daniel Muse, MD

DPH/OEMS 200-59 CONED ROSTER 01/2016

DEPARTMENT OF PUBLIC HEALTH-

Continuing Education	n Roster Continued)
----------------------	---------------------

PROGRAM TITLE (Print):

OEMS CONED NUMBER:

ROUNDS "DISPATCH TO DISCHARGE"

1819-R5-01292-T1

7674	EMT NUMBER:		FMT NA	ME (Print):			
13	854178			an eminimal decision, as where		E	MT SIGNATURE:
14	892196	John		Lew,			CM,
15	871696	نــنــ ا	cand re	$\overline{}$		1 alex	- son
16		JAMe	•	1 busvan		fro 7	R
17	847403	Wille		Malone		- Tyle	y flatos
18	829864 Sugara	· · · · · · · · · · · · · · · · · · ·		Donaha	2	do	1 Willed
19	849242			Alloney			760
20	827167	Thon		-0 Md /		8 MUST	800
<u> </u>	0900909	Manre		Thon			
21	847342	Anth	/ =	<u>iccolo</u>		and	Cul
22	853013	Bria		Frs.+		The	-6-
23	858808			Smood		73	>
24	885868	-	- 1	MARIN		CAN.	
25	57786		my				
26	872969	DAVIS			$\overline{}$	()and	Seen
27	902219	Cori	-	dorff		Hou	
28	0901978	Hnd.	en (lige.		- Och S	
29 30	870087	Eric	1/	b Mones		778	
31	853169	Michael		won		14/6	
32	878364	Josep	h Mc	Donough			
	833605	John		arral			
33	850701	DON	1 /	WEETM.	AN SO	Jon	Sweetmant
34	1852981	GRAIG		300		apply	
35	[0 10 13]	Brian		wiers		Brian (- Jules
36	402214	Niche		Fyrey		>/-	>
37	862776	Jarro	_	sca		1/2	10
38	901662	K _{>} /	v Geo			7 4/	
39	876090	Antho	ny Co	ins 0		(4)	-602+
40			•			10	
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 on the country of the count	course.	INSTRUCT	OR Signature:			INSTRUCTOR EMT Number:
	el Muse, MD						MASTROCION LIVIT NUMBER.

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

DPH/OEMS 200-59 CONED ROSTER 01/2016

(Continuing Education Roster Continued):

PROGRAM	TITLE	(Print)

OEMS CONED NUMBER:

ROUNDS "DISPATCH TO DISCHARGE"

1819-R5-01292-T1

	EMT NUMBER:	EMT NAME (Print):	EMT SIGNATURE:
13	868368	Christie Layton 60 WW COX, 5 ams & Campbell	MAN
14	£887056	EDUN COX.	Edist 9
15	889020	Sames & Campbell	DXA
16	890-91		
17	092191	William T Curtin III	West 27 Est 111
18	10902109	Robert Mershiner	13000
19	847374	KEUIN DONOJAN	Ken Dir
20	866292	ROBERT REISER	(color) (Li
21	876455	TIMOTHY LACOUTURE	
22	830416	John Howard	So THE
23	759793	Paul Gurnes	President
24	872611	Jennifer Gallani	C PS
25	875465	COREY STLVA	
26	P0903687	Connor Diffy	Day Aly
27	864686	Richard M. Heenan	Menula
28	854503	Marc P. Bervard	Marie P. Bernard
29	843624	Kevin Galligan	K-Anel
30		7	V
31			
32			
33			
34			
35 36			
37			
38			
39			
40			
Unde atten	r the pains and penaltie dance for this training o	es of perjury, I attest that this is a true and accurate course.	record of the conduct, hours, and actual
	UCTOR 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

(Continuing Education Roster Continued):

DDAG	D A B A	717	- 10	
PROG	1KAIV		$+ i\nu$	rıntı

OEMS CONED NUMBER:

ROUNDS "DISPATCH TO DISCHARGE"

1819-R5-01292-T1

	EMT NUMBER:		the same of the sa	ME (Print):		ΕŊ	AT SIGNATURE:
13	P896246	WIII	iam	Lina	Jr.	MILL	2
14	862054	TIMOFO	her (Sullett-	>	Man	The state of the s
15	861996	Patrice	E Han	ainst en		1/11/	
16	877419	Johna	than	Hunt		10/4	- farmer and a second
17	828892	Willie	am E	14111		Julia	Hall
18	0902367	Pyan	Keele	у .		Thran	Keelen
19	832561	Scot		Mins		Sed	
20	902156	Steve	Con	nors		Atylan	Con
21	827899	Edw		1. (1" am	***	Eg-	
22	E811628	1/00/11	1 5	FOSTON	- No.	Kent	1 Solo
23	868433	Gan	Luton	<u>/</u>		DLTE	
24	831240	Sco'	Tille	2662			My
25	0902278	C117a	Deth	inaciv	1010	W/	/
26	840646	DONAL	W W.	6 AZEK	250	1	
27		- 11					
28							
29 30							
31				· · · · · · · · · · · · · · · · · · ·			
32				<u> </u>			7/1
33						w	
34				.			
35		· -					
36							
37							· · · · · · · · · · · · · · · · · · ·
38	78	,	· · · · · · · · · · · · · · · · · · ·				
39						***	
40							
Under	r the pains and penaltie	s of perjury, I	attest tha	t this is a true a	nd accurate	record of the condu	ict, hours, and actual
atten	dance for this training c	ourse.					
	UCTOR NAME (Print): el Muse, MD		INSTRUC	OR Signature:			INSTRUCTOR EMT Number:
Danie	NIUSE, MID		$oldsymbol{arepsilon}$				

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 _____