MASSACHUSETTS

OFFICE OF EMERGENCY MEDICAL SERVICES

PROGRAM SPONSOR (Print):

Brockton Hosptal

DEPARTMENT OF PUBLIC HEALTH-

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

PROGRAM TITLE (Print):

ROUNDS: 2019 PROTOCOL UPDATE

DPH/OEMS 200-59 CONED ROSTER 01/2016

X

PROGRAM LOCATION (Print):					PROGRAM DATE:		PROGRAM TIMES:
Knights of Columbus, Whitman MA				5/22/19			1830-2030
OEMS	OEMS CONED NUMBER:						
1920-R5-00101-T1			30 Hour Paramedic NCCR	20 Hour		ConEd Pro	gram Hours:
7020 10 00101-11				EWITAEI			ANVANCED AND PARAMEDIC
Instru							
1	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)							
	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						
1	4) Cross off any unused lines after the last student has signed in at the completion of the course.						
1)	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. Rem	ember to include the le	tter prefix o	f vour EMT r	number.	esting that you attended
2)	Ensure you receive a	and retain co	ourse completion docur	nentation fro	om course s	oonsor or instru	
3)			I number may never re				
	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)			NCE ROSTER MEANS TH		IT CAN BE A	WARDED.	
EMT NUMBER: EMT NAME (Print): EMT SIGNATURE:							
1	863013	Ko	ority sor	NH		Hour	I Smith.
2	878015	Mas	/ 0	ews		Man	- A
3	852981	Crai				11/1	March
4	8/3850		PT J MA	Vrinel	11.00	N Ma	141.014
5	A0940098	ENCO		kn Jn		G Q0 #	The V
6	847 664	101	tw Previt	\ \	\mathcal{Z}	20100	SAA
7	834805	Crai	a Nepezi				
8	829520	Jaso					7
9	861988	Joseph	R Messia		0	2021 N. W	lessis
10	853/69	Micho	1 11 11			2)
11	E0906515	C () H	W7		3	They h	
12	P0907674	Lacho	ry Baldwin		N	my Pul	nli
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.							
	CTOR NAME (Print):	OMIJE.	INSTRUCTOR Signatu	ure		l In	ISTRUCTOR EMT Number:
Danie	el Muse, MD			-	A		
Pageof							

MASSACHUSETTS

OFFICE OF EMERGENCY MEDICAL SERVICES

CONED ROSTER

01/2016

DPH/OEMS 200-59

DEPARTMENT OF PUBLIC HEALTH-

(Continuing Education Roster Continued):

PROGRAM TITLE (Print):

OEMS CONED NUMBER:

ROUNDS: 2019 PROTOCOL UPDATE

1920-R5-00101-T1

	EMT NUMBER:	EMT NAME (Print):	EMT SIGNATURE:	
13	e034817	Robert Pllarella	Roll Pallalle	
14	875727	Gregory Doncette		
15	ଷ୍ଟ୍ର	MICHAGE AUSTRINO	11/02	
16	903082	Breit Eaton	15/5	
17	321352	Thomas LaBelle	Thomas Laste	
18	856640	DAN GEARY	Q945	
19	C0907311	Jams MiFariane	Tus Metaphine	
20	847312	James Leurini	Juny Leuren	
21	E0909824	Brock DuVarnez	And Del	
22	835691	Derell Hery	JANS .	
23	871048	Jeffrey Cuozzo	Tell to	
24	891025	Dominic Sciara	James de	
25	870841	JOSH112 DAIX2812	Andrea dina	
26	902806	Daysin Kelm	Ba	
27	843354	DANG FREMAN	MA	
28	873804	CHRIS DENAND	Coffee	
29	815946	Thomas BINNAU		
30	0901978	Makew Deigh	Corpor Con	
31	867179	Matthew Leighton	Mather phres	
32	850415	Daniel Smith	AAAAA	
33	P0902586	RUSSEU A. LUCAS	Kenell A	
34	853808	Keyn McConn //		
35	00000	THUMN SMITH	7	
36	807188	ERIZ J. FLOOR	F) III	
37	839558	Francis & Corrie	form Hour	
38	876642	ANOREN JOHNSON		
39	838962	Kichard S. Smith	Tions of	
40	901791	Kenneth Wright		
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 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

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-

DPH/OEMS 200-59 CONED ROSTER 01/2016

(Continuing Education Roster Continued):

OEMS CONED NUMBER:

ROUNDS: 2019 PROTOCOL UPDATE

1920-R5-00101-T1

	EMT NUMBER:	EMT NAME (Print):	EMT SIGNATURE:
13	8/1632	RONALD P. HOWE	
14	20909334	ROBUT J NEUMEISIM	Soul -
15	10902367	Ryan Keeley	Musan Keele
16	861877	KALIN MAZUREK	Mile
17	872471	BETER KOURSEAS	
18	874934	MICHAEL MAHONEY CAUL LAMOUREUX 51	Machen
19	810067	CALL LAMOURAUX'52	C3 Hummel
20	881834	Brien Trefy	And
21	868360	Cheri Parten	TAK
22	396524	COTHER SURFACED	
23	130e090A	Paul M Couturier	Pane me Conserver
24	849242	Jason menoney	
25	40900133	Jason Murphy David Martineon Jr Michael Ryan	Jase Mill
26	1090 3017	David Martineur Jr	J. g. J.
27	874551	Michael Kyan	Cally
28			\mathcal{O}
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32 33			
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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					

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 _____