

# 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): <b>ROUNDS ALTERED MENTAL STATUS</b>		PROGRAM SPONSOR (Print): <b>BROCKTON HOSPITAL</b>	
PROGRAM LOCATION (Print): <b>K OF C 1195 BEDFORD STREET WHITMAN MA</b>		PROGRAM DATE: <b>3/19/2025</b>	PROGRAM TIMES: <b>1800-2000</b>
OEMS CONED NUMBER: <b>2425-R5-01233-T1</b>	<input type="checkbox"/> 30 Hour Paramedic NCCR	<input type="checkbox"/> 20 Hour EMT/AEMT NCCR	<input checked="" type="checkbox"/> ConEd Program Hours: <b>2 hrs</b>

**Instructions:**

**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
- 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>.
- 4) FAILURE TO SIGN THE ATTENDANCE ROSTER MEANS THAT NO CREDIT CAN BE AWARDED.

	EMT NUMBER:	EMT NAME (Print):	EMT SIGNATURE:
1	034817	Robert Pillarella	<i>Rob Pillarella</i>
2	049763	CHRISTOPHER A. BARIBOUN	<i>Chris Bariboun</i>
3	835752	MALE OTHAS	<i>[Signature]</i>
4	851248	Richard MALKINSON	<i>Rich Malkinson</i>
5	836697	George O'Neil	<i>George O'Neil</i>
6	884673	Patrick O'Neil	<i>Patrick O'Neil</i>
7	861928	SEAN PETERS	<i>Sean Peters</i>
8	854805	Craig Nadell	<i>Craig Nadell</i>
9	810046	Craig A. ERICKSON	<i>Craig Erickson</i>
10	856548	Timothy Callahan	<i>Timothy Callahan</i>
11	MS132694	Jacquelyn Giron	<i>Jacquelyn Giron</i>
12	832766	Michael A. Reck	<i>Michael A. Reck</i>

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): <b>Daniel Muse, MD</b>	INSTRUCTOR Signature: 	INSTRUCTOR EMT Number:
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# MASSACHUSETTS


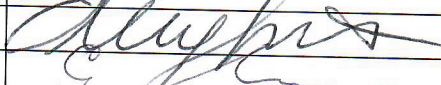
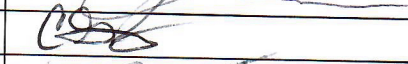




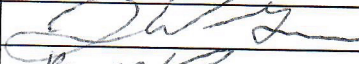



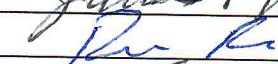
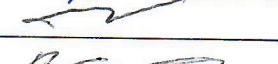

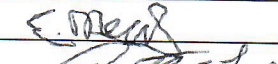
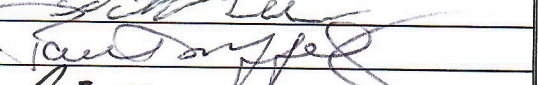



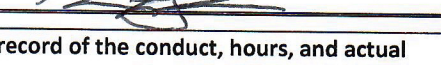


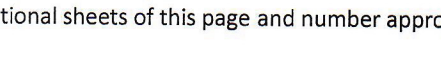



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### (Continuing Education Roster Continued):

PROGRAM TITLE (Print): ROUNDS ALTERED MENTAL STATUS	OEMS CONED NUMBER: 2425-R5-01233-T1
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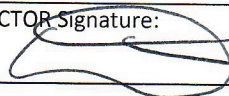
	EMT NUMBER:	EMT NAME (Print):	EMT SIGNATURE:
13	819227	James Curtin	
14	00904375	Meaghan Hill	
15	843352	Eric Peterson	
16	00904160	Christopher Grazioso	
17	0930018	DAVID CASPER	
18	0870382	Andrew Wilder	
19	870059	Gregory Wamoa	
20	842664	John Previti	
21	00904406	Kevin Piche	
22	NA	Tabitha Jones	
23	878288	Joseph Gordon	
24	903906	Ryan Basset	
25	0903640	Jill Johnson	
26	876095	Patrick Gibbs	
27	858791	Nicholas GRASSO	
28	848945	James Micciardone	
29	884118	Richard Long Jr.	
30	0903450	Debi Stacey	
31	E0924582	Bruce Sullivan	
32	885868	SHARON MANSIMAN	
33	E0924898	Emmanuel Neal	
34	E0923050	Peter Lee	
35	824241	Paul McAfferty	
36	875461	James Malone	
37	00902462	John Morrissiq	
38	00904886	Mark McKenna	
39	881834	Brian Trefry	
40	886306	PATRICK SAMMON	

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):

Daniel Muse, MD

INSTRUCTOR Signature:



INSTRUCTOR EMT 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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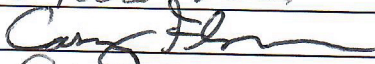
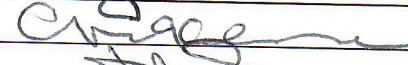


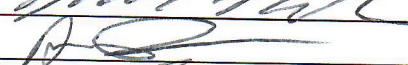



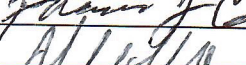
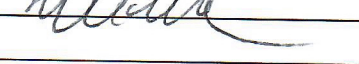

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	EMT NUMBER:	EMT NAME (Print):	EMT SIGNATURE:
13	819057	Charles O. Williams III	
14	816276	Daniel DelPrete	
15	<del>820763</del>		
16	80903675	Adam DeCellis	
17	80909322	Andrew Macado	
18	8876912	Casey Florence	
19	80604100	Carolyn McKenna	
20	902644	Jonathan S. S. S.	
21	80900133	Jason Murphy	
22	857846	Michael Nelson	
23	876642	Andrew Johnson	
24	849242	Jason Mahoney	
25	80904358	Jeffrey Perez	
26	867964	James Reidy	
27	839558	Francis J. Currie	
28	877638	Matthew Stanton	
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