

# MASSACHUSETTS OFFICE OF EMERGENCY MEDICAL SERVICES

DEPARTMENT OF PUBLIC HEALTH

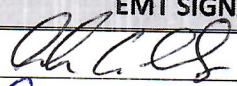


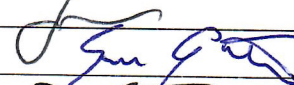
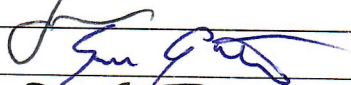
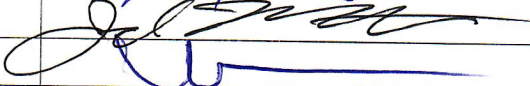
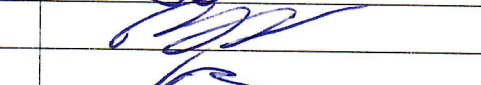

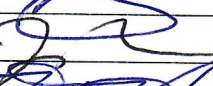
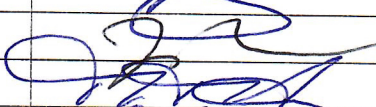
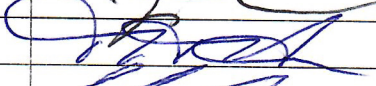

DPH/OEMS 200-59  
CONED ROSTER  
01/2016

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


PROGRAM TITLE (Print): <b>ROUNDS CASE REVIEW</b>		PROGRAM SPONSOR (Print): <b>BROCKTON HOSPITAL</b>	
PROGRAM LOCATION (Print): <b>K OF C 1195 Bedford St, Whitman, MA 02382</b>		PROGRAM DATE: <b>5/20/2025</b>	PROGRAM TIMES: <b>1800-2000</b>
OEMS CONED NUMBER: <b>2526-R5-00713-T1</b>	<input type="checkbox"/> 30 Hour Paramedic NCCR	<input type="checkbox"/> 20 Hour EMT/AEMT NCCR	<input checked="" type="checkbox"/> ConEd Program Hours: 2 HRS

**Instructions:** 2 HRS EMT BASIC ADVANCED EMT PARAMEDICS

- 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	P870562	Andrew Wilds	
2	P861928	SEAN PETERS	
3	848763	CHRISTOPHER BARBOUR	
4	833231	James Brackett	
5	856572	Sean Gerraughty	
6	902731	Joseph Matrisciano	
7	833149	Keith Wilson	
8	829869	Brian Harlans	
9	838485	Robert O'Brien	
10	905255	Jacquelyn Govey	
11	841240	Thomas Henderson	
12	875716	Chris Hamilton	

**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:
--	--	------------------------

# MASSACHUSETTS

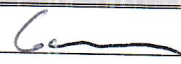


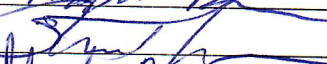


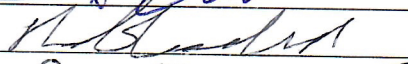

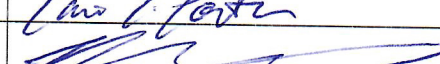

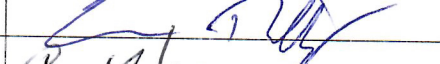
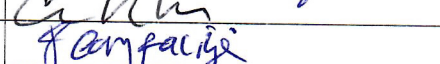
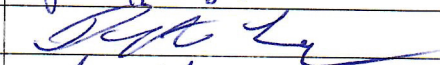
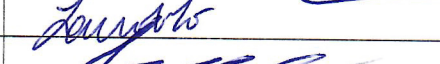

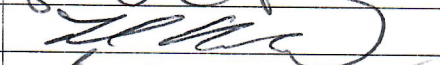
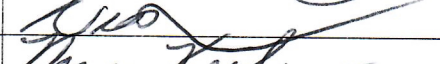

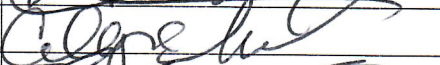


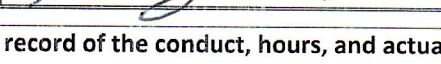
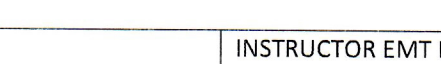

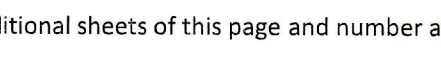


## OFFICE OF EMERGENCY MEDICAL SERVICES

DEPARTMENT OF PUBLIC HEALTH

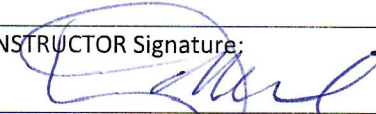
DPH/OEMS 200-59  
CONED ROSTER  
01/2016

**(Continuing Education Roster Continued):**

PROGRAM TITLE (Print): ROUNDS CASE REVIEW	OEMS CONED NUMBER: 2526-R5-00713-T1
--	--

#	EMT NUMBER:	EMT NAME (Print):	EMT SIGNATURE:
13	870559	GERALD Wawio	
14	403500	William Castard	
15	034817	Robert Pylarella	
16	P0904077	Martin Parker	
17	P0902686	Shane Thompson	
18	P0901703	Shenlyn Malley	
19	851194	Glen Gustin	
20	856548	Timothy Callahan	
21	P0904298	Reid Broderick	
22	855971	Liam O'Flaherty	
23	P0904279	Craig C. Costa	
24	876104	Patrick Picher	
25	B23851	William Connor	
26	P0902687	Connor Duff	
27	852981	Craig Winsor	
28	P0905029	Dean Palini	
29	E0923050	Peter Lee	
30	897152	Laurie White	
31	E0913778	Scott Fournie	
32	MS148930	Stephany Wright	
33	A0900132	Luke McHadden	
34	P858791	Nicholas Grasso	
35	P0902367	Ryan Keeley	
36	P862762	PATRICK TRAVERS	
37	871570	Colby Silva	
38	P0901869	Robert Creighton	
39	P0903774	MATTHEW RODENBUSH	
40	P0902674	Zachary Baldwin	

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

# MASSACHUSETTS

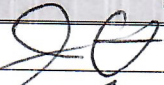
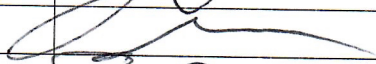
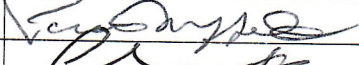


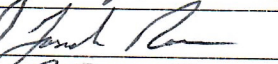
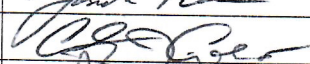

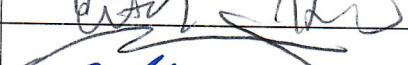
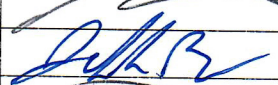





## OFFICE OF EMERGENCY MEDICAL SERVICES

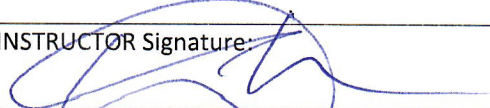
DEPARTMENT OF PUBLIC HEALTH

DPH/OEMS 200-59  
CONED ROSTER  
01/2016

**(Continuing Education Roster Continued):**

PROGRAM TITLE (Print): <b>ROUNDS CASE REVIEW</b>	OEMS CONED NUMBER: <b>2526-R5-00713-T1</b>
---	---

#	EMT NUMBER:	EMT NAME (Print):	EMT SIGNATURE:
13	819227	James Curtin	
14	880460	Robert Heffernan	
15	824241	Paul Mc Cafferty	
16	819057	Charles C. Williams, III	
17	865044	Jason Fricker	
18	890242	Joseph Rose	
19	876090	Anthony Conso	
20	839556	Elizabeth Henderson	
21	881970	JOSH NIX	
22	10904358	Jeffrey Perez	
23	901660	Kyle Guma	
24	10903252	Matt Berg	
25	856749	Brian Foot	
26	901791	Kenneth Wright	
27	880665	Scott Fliggins	
28			
29			
30			
31			
32			
33			
34			
35			
36			
37			
38			
39			
40			

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:

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