

MASSACHUSETTS OFFICE OF EMERGENCY MEDICAL SERVICES

DEPARTMENT OF PUBLIC HEALTH


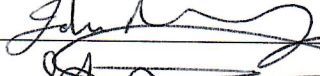


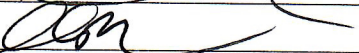

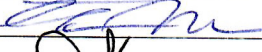

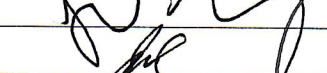

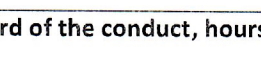

DPH/OEMS 200-59
CONED ROSTER
01/2016

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


PROGRAM TITLE (Print): COMET PEDIATRIC SIMULATION TRAUMA TRAINING		PROGRAM SPONSOR (Print): BROCKTON HOSPITAL AND BMC COMET	
PROGRAM LOCATION (Print): MANSFIELD FIRE DEPARTMENT: 500 East Street, Mansfield MA		PROGRAM DATE: May 12, 2025	PROGRAM TIMES: 0800-1200
OEMS CONED NUMBER: 2526-R5-00710-T2	<input type="checkbox"/> 30 Hour Paramedic NCCR	<input type="checkbox"/> 20 Hour EMT/AEMT NCCR	<input checked="" type="checkbox"/> ConEd Program Hours: 4 HOURS

Instructions: 4 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	P930787	Ayla Canaran	
2	P0902462	John Morrissey	
3	P0904970	Grace Determan	
4	P0905047	JACK MILLS	
5	P875607	Tim Goodwin	
6	P0901528	Giovanni Rodriguez	
7	P0904954	Kyle Enos	
8	P0903602	Steven Mulone	
9	P0902654	Danielle Knight	
10	P851468	Jason Perry	
11	P0904807	Joffrey Compere	
12	P0903258	Austin Harley	

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): Barbara Walsh MD/Daniel Muse MD	INSTRUCTOR Signature: 	INSTRUCTOR EMT Number:
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MASSACHUSETTS

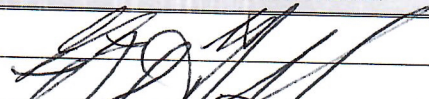


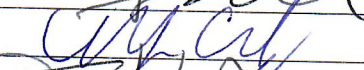
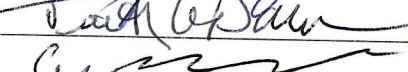
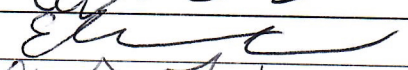
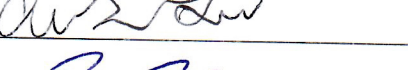
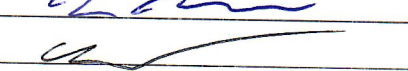

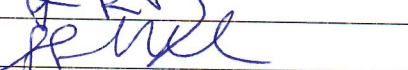

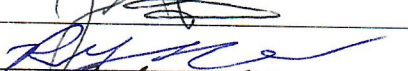
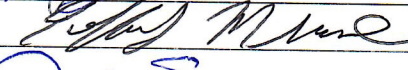

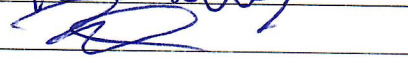



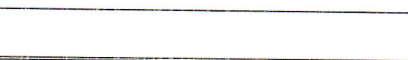
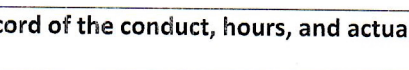
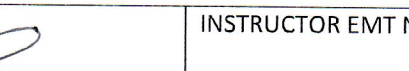
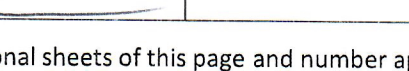
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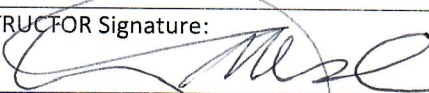
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CONED ROSTER
01/2016

(Continuing Education Roster Continued):

PROGRAM TITLE (Print): COMET PEDIATRIC SIMULATION TRAUMA TRAINING	OEMS CONED NUMBER: 2526-R5-00710-T2
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#	EMT NUMBER:	EMT NAME (Print):	EMT SIGNATURE:
13	833338	Jonathan Steeves	
14	835096	Muriah Hallinan	
15	842664	JOHN Pleviti	
16	845984	James m LOPEZ	
17	902968	Sean Curtis	
18	P0902692	Morgan Crawford	
19	825211	Timothy O'Donovan	
20	0903559	Gustis Madren	
21	P0903233	Elise Bowen	
22	83839836	Anura Gn	
23	P0904189	Ryan Branco	
24	867964	James Reddy	
25	876104	Patrick Fisher	
26	P930787	Sebastian Davis	
27	P930519	Ashley Shannen	
28	P0904081	Nda Nrol.	
29	852157	James Santucci	
30	P0904564	Ryan Hinchey	
31	834689	JEFFREY MUNROE	
32	862552	JUSTIN SUNEY	
33	860056	PATRICK KELLY	
34	814371	Michal Velkacas	
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INSTRUCTOR NAME (Print): Barbara Walsh MD/Daniel Muse MD	INSTRUCTOR Signature: 	INSTRUCTOR EMT Number:
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Note, if you do not have enough space for all students, simply copy and attach additional sheets of this page and number appropriately