

# M A S S A C H U S E T T S

## 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): Canton Fire Department 99 Revere Street Canton MA	PROGRAM DATE: May 27, 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	A2014262	Sean C. Barry	<i>Sean C Barry</i>
2	E3105911	Michael Coan	<i>Ma</i>
3		MICHAEL HAGERTY	<i>[Signature]</i>
4	P0904945	Dylan Edes	<i>Dylan Edes</i>
5	P0903529	ALEXA BETHONEY	<i>Alexa Bethoney</i>
6	P0904115	Daniel Harris	<i>Daniel Harris</i>
7	P0903917	Michael White	<i>Michael White</i>
8	873989	Alexander Rose	<i>[Signature]</i>
9	876826	Patrick Moloney	<i>[Signature]</i>
10	877215	Justin Goldberg	<i>[Signature]</i>
11	P0904714	Ryan Forant	<i>[Signature]</i>
12	P0900575	John Goldberg	<i>[Signature]</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): Barbara Walsh MD/Daniel Muse MD	INSTRUCTOR Signature <i>[Signature]</i>	INSTRUCTOR EMT Number: MD -
---	--	--------------------------------

# M A S S A C H U S E T T S

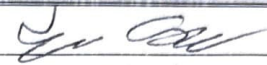
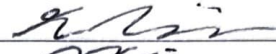

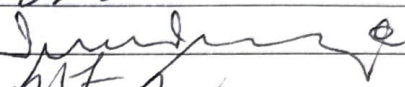


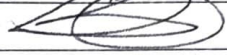
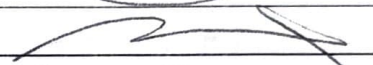
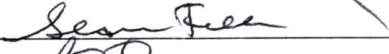


## OFFICE OF EMERGENCY MEDICAL SERVICES

DEPARTMENT OF PUBLIC HEALTH

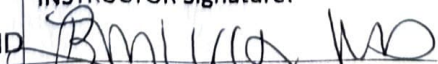
DPH/OEMS 200-59  
CONED ROSTER  
01/2016

**(Continuing Education Roster Continued):**

PROGRAM TITLE (Print): COMET PEDIATRIC SIMULATION TRAUMA TRAINING	OEMS CONED NUMBER: 2526-R5-00710-T2
--	--

#	EMT NUMBER:	EMT NAME (Print):	EMT SIGNATURE:
13	E0926551	Tyler Csakany	
14	P930613	Kyle Vieira	
15	P0904531	Amira Kim	
16	826502	William A Barkawsky II	
17	E0925808	Michelle Ferrara	
18	P0901789	Luke Barney	
19	P0901656	Peterson Curalan	
20	881970	JOSH NIX	
21	868272	Sean Fallon	
22	853811	Leo Reardon	
23	P0903079	ANDREW BRIGGS	
24			
25			
26			
27			
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): Barbara Walsh MD/Daniel Muse MD	INSTRUCTOR Signature: 	INSTRUCTOR EMT Number:
---	--	------------------------