

# MASSACHUSETTS OFFICE OF EMERGENCY MEDICAL SERVICES

DEPARTMENT OF PUBLIC HEALTH

DPH/OEMS 200-59  
CONED ROSTER  
01/2016

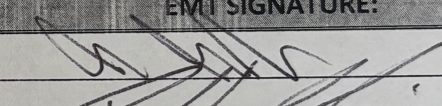
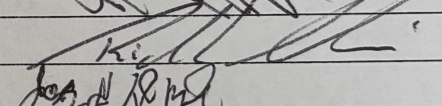
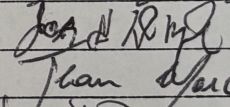
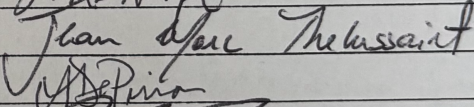
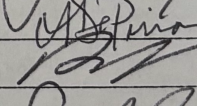
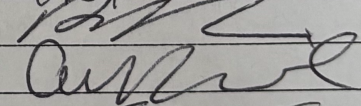
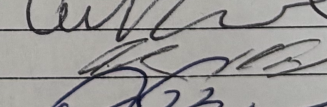
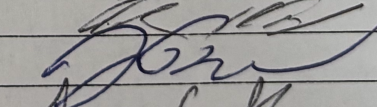
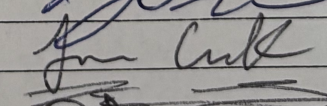
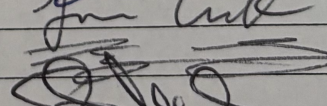
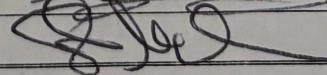
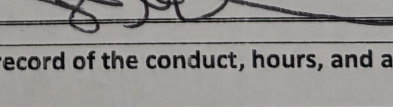
**Program Information:** (This roster is for use with training programs that have DPH/OEMS continuing education numbers)

PROGRAM TITLE (Print): COMET PEDIATRIC SIMULATION TRAUMA TRAINING	PROGRAM SPONSOR (Print): BROCKTON HOSPITAL AND BMC COMET		
PROGRAM LOCATION (Print): BREWSTER AMBULANCE 1555 MAIN STREET BROCKTON MA	PROGRAM DATE: 6/6/2025	PROGRAM TIMES: 1300 - 17000	
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	PO902832	Ian Andrews	
2	827831	Richard Salucci	
3	802495	JOSEPH DOYLE	
4	PO904678	Jean Marc Thelusaint	
5	PO904144	Allison DePina	
6	E0915537	Burru DePina	
7	PO904799	Caroline Reed	
8	PO903787	Mark Healey	
9	E830277	Jones Reed	
10	PO903983	Joseph Cincotta	
11	P930640	Kyoko Yano	
12	828326	Stevan Nelson	

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.

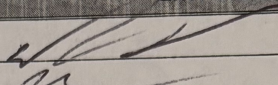
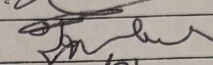
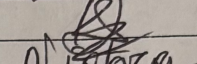
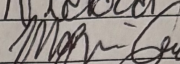
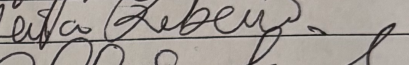
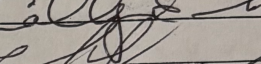
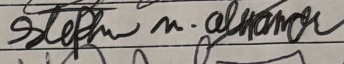
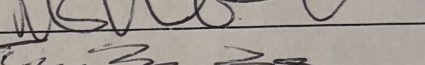
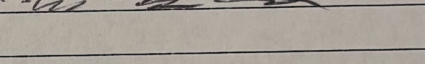
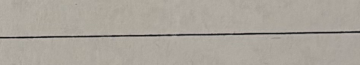
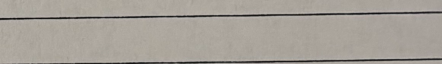
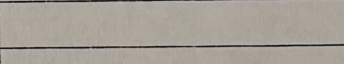
INSTRUCTOR NAME (Print): Barbara Walsh MD/Daniel Muse MD	INSTRUCTOR Signature <i>Daniel Muse, MD</i>	INSTRUCTOR EMT Number:
---	--	------------------------

# 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): COMET PEDIATRIC SIMULATION TRAUMA TRAINING	OEMS CONED NUMBER: 2526-R5-00710-T2
--	--

	EMT NUMBER:	EMT NAME (Print):	EMT SIGNATURE:
13	P930018	David Casper	
14	A000494	Michael Andean	
15	P930664	Tyler Allenthal	
16	P0901791	Kenneth Wright	
17	<del>P930459</del> P930459	Victoria Beverly	
18	P0903771	Mackenzie Carlisle	
19	P0904876	Neila Ribeiro	
20	871570	Colby Silva	
21	E0921747	CHRISTOPHER CANNALLY	
22	E0924769	Stephen Alexander	
23	876892	MERIDITH McDONALD	
24	E0925427	Teaghan LeBlanc	
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: <i>Daniel Muse, MD</i>	INSTRUCTOR EMT Number:
---	---	------------------------