

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): ST ANNE'S HOSPITAL 795 MIDDLE STREET, FALL RIVER MA	PROGRAM DATE: 6/13/2025	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	P874285	Jeffrey Langlois	<i>Jeffrey Langlois</i>
2	E0925740	Inhal Alkatay	<i>Inhal Alkatay</i>
3	E0924007	Jovanka Pearl	<i>Jovanka Pearl</i>
4	902731	Joseph Matrisciano	<i>Joseph Matrisciano</i>
5	P0904655	Elizabeth Santoro	<i>Elizabeth Santoro</i>
6	P930093	Colin Tardieu	<i>Colin Tardieu</i>
7	E3376031	Mandy Syers	<i>Mandy Syers</i>
8	P0904134	Madison Capizzano	<i>Madison Capizzano</i>
9	839576	Marie Tardano	<i>Marie Tardano</i>
10	E0920973	Glen Kjelgaard	<i>Glen Kjelgaard</i>
11	E432890	Robert Clady	<i>Robert Clady</i>
12	P0902476	Jesse Lacerda	<i>Jesse Lacerda</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.

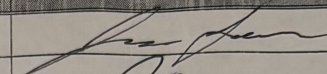
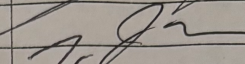
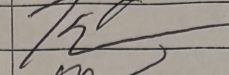
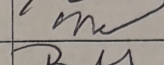
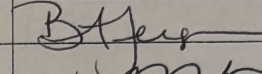
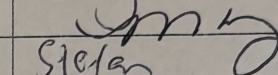
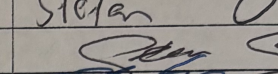
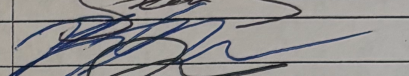
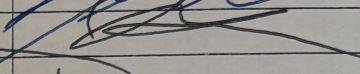
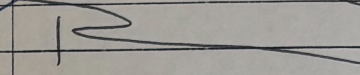
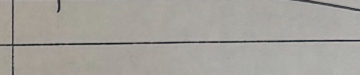
INSTRUCTOR NAME (Print): Barbara Walsh MD/Daniel Muse MD	INSTRUCTOR Signature <i>Daniel Muse, MD</i>	INSTRUCTOR EMT Number:
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(Continuing Education Roster Continued):

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	E930480	JESSE Lamy	
14	P863800	Jeffrey Brum	
15	P0904572	Kenneth Green	
16		w/ll smurt	
17	0901500	Bethanie Ferguson	
18	892091	Michelle Taylor	
19		Stefen F. Thordarson	
20	0904939	Sean Scanlon	
21	P0904860	Bryan Pham	
22	P0904611	Phuong Leigh	
23	P819846	RONALD ANDEREE	
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INSTRUCTOR NAME (Print): Barbara Walsh MD/Daniel Muse MD	INSTRUCTOR Signature: <i>Daniel Muse, MD</i>	INSTRUCTOR EMT Number:
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