

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): ROUNDS MENTAL ILLNESS | | PROGRAM SPONSOR (Print): BROCKTON HOSPITAL | |
| PROGRAM LOCATION (Print): K of C 1195 BEDFORD ST (RTE 18) WHITMAN, MA | | PROGRAM DATE: 1/27/2026 | PROGRAM TIMES: 1830-2030 |
| OEMS CONED NUMBER: 2526-R5-01098-T1 | <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: CME 2 HRS BASIC, ANVANCED AND PARAMEDIC

- 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 | 871048 | Jeffrey Cuzzo | |
| 2 | 834805 | Craig NEDELL | |
| 3 | 824295 | John Hussey | |
| 4 | 861928 | SEAN PETERS | |
| 5 | 10901844 | Daniel Rice | |
| 6 | 853766 | DAVID J. POT | |
| 7 | P0904468 | David Itz | |
| 8 | 832766 | Michael A. Peck | |
| 9 | P930436 | Mike Rosa | |
| 10 | 872638 | MATTHEW STANKEN | |
| 11 | A0900133 | JASON MURPHY | |
| 12 | P0904714 | Ryan Forant | |

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: |
|--|---------------------------|------------------------|

MASSACHUSETTS









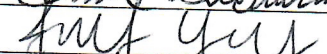

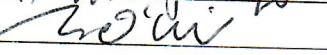

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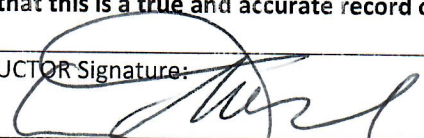
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(Continuing Education Roster Continued):

| | |
|--|---|
| PROGRAM TITLE (Print): ROUNDS MENTAL ILLNESS | OEMS CONED NUMBER: 2526-R5-01098-T1 |
|--|---|

| | EMT NUMBER: | EMT NAME (Print): | EMT SIGNATURE: |
|----|-------------|-------------------|--|
| 13 | NA | Tabitha Jones |  |
| 14 | NA | Carolyn Morrison |  |
| 15 | 0902317 | David Brantshaw |  |
| 16 | P0903367 | Even Mestery |  |
| 17 | P0905231 | Brandon Mestery |  |
| 18 | 840911 | Dale Campbell |  |
| 19 | P862762 | Patrick Travers |  |
| 20 | 895984 | Julie Young |  |
| 21 | P0902019 | Conor Grenier |  |
| 22 | E930820 | Jacquelyn Young |  |
| 23 | P0905238 | Harold Penney |  |
| 24 | 836697 | George O'Neil |  |
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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: |
|--|---|------------------------|