

# MASSACHUSETTS

## OFFICE OF EMERGENCY MEDICAL SERVICES

DEPARTMENT OF PUBLIC HEALTH

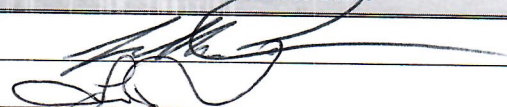
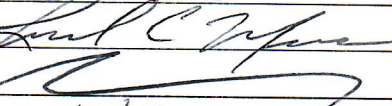
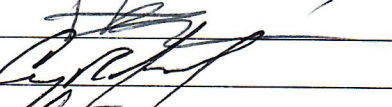

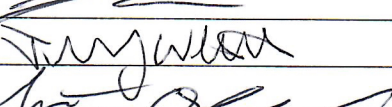
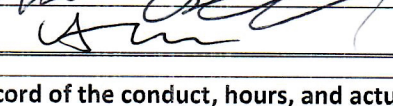
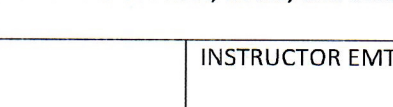
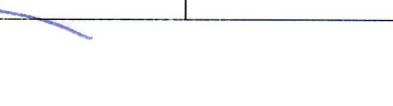

DPH/OEMS 200-59  
CONED ROSTER  
01/2016

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

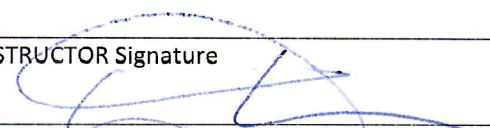
PROGRAM TITLE (Print): <b>ROUNDS: SEPSIS</b>		PROGRAM SPONSOR (Print): <b>BROCKTON HOSPITAL</b>	
PROGRAM LOCATION (Print): <b>K OF C 1195 Bedford St, Whitman, MA 02382</b>		PROGRAM DATE: <b>3/26/2026</b>	PROGRAM TIMES: <b>1800-2000</b>
OEMS CONED NUMBER: <b>2526-R5-01147-T1</b>	<input type="checkbox"/> 30 Hour Paramedic NCCR	<input type="checkbox"/> 20 Hour EMT/AEMT NCCR	<input type="checkbox"/> ConEd Program Hours:

**Instructions:**

- 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	861928	SEAN PETERS	
3	E148817	LEONARD MENDES	
4	83595F	MARC OSHAY	
5	P930711	Tyler Reardon	
6	834405	CRAIG NEDELL	
7	875461	James Mabre	
8	P0903970	Michael Concannon	
9	877039	Justin Silva	
10	P0903094	THOMAS WHITE	
11	855971	Liam O'Flaherty	
12	P0904322	Andrew Macelo	

**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): <b>Daniel Muse, MD</b>	INSTRUCTOR Signature 	INSTRUCTOR EMT Number:
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# M A S S A C H U S E T T S

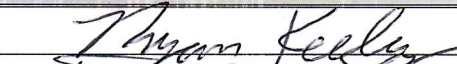


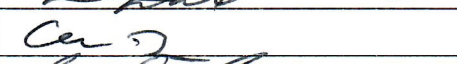


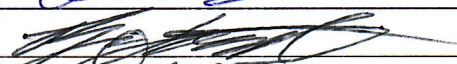



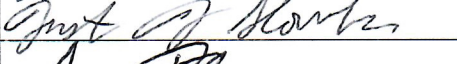
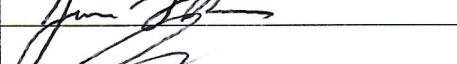
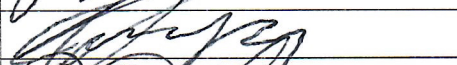
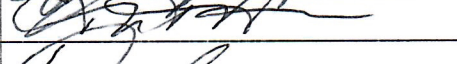
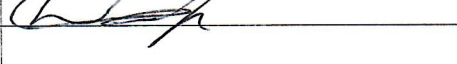




## OFFICE OF EMERGENCY MEDICAL SERVICES

— DEPARTMENT OF PUBLIC HEALTH —


DPH/OEMS 200-59  
CONED ROSTER  
01/2016

**(Continuing Education Roster Continued):**

PROGRAM TITLE (Print): ROUNDS: SEPSIS	OEMS CONED NUMBER: 2526-R5-01147-T1
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#	EMT NUMBER:	EMT NAME (Print):	EMT SIGNATURE:
13	P0902367	Ryan Keeley	
14	U902317	David Bradshaw	
15	843378	MICHAEL E McMURRY	
16	840911	DALE CAMPBELL	
17	P0903675	Adam Dechellis	
18	P0905231	Brandon McSterny	
19	884673	Patrick O'Neil	
20	851794	Glen Graft	
21	P0904714	Alyson Forant	
22	843354	DAVE FREEMAN	
23	858791	Nicholas Grasso	
24	819227	James Curtin	
25	853766	DANIEL J RIT	
26	P0902170	Justin Skwinski	
27	865044	Jason Fricker	
28	849242	Jason Murray	
29	895984	Julie Yang	
30	841240	Wendy Anderson	
31	P0901844	Daniel Ric	
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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:
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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