

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

OFFICE OF EMERGENCY MEDICAL SERVICES

DEPARTMENT OF PUBLIC HEALTH


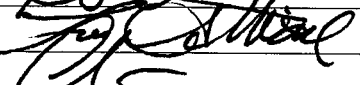
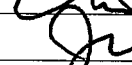
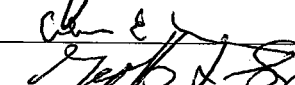
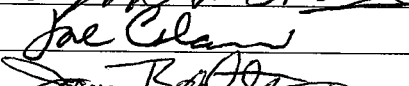
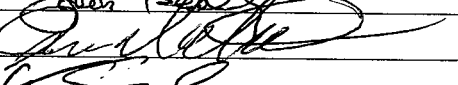
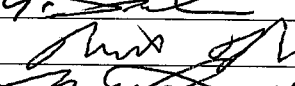
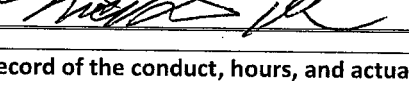
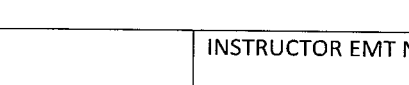



DPH/OEMS 200-59
CONED ROSTER
01/2016

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

PROGRAM TITLE (Print): ROUNDS: EKG'S		PROGRAM SPONSOR (Print): BROCKTON HOSPITAL	
PROGRAM LOCATION (Print): WHITMAN KofC; 95 BEDFORD STREET, WHITMAN MA		PROGRAM DATE: 3/28/18	PROGRAM TIMES: 6:30 PM-8:30 PM
OEMS CONED NUMBER: 1819-R5-00022-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:

- 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	807588	ERIC J. ELDER	
2	60906642	Lee Sullivan	
3	840029	Adam Levine	
4	834199	John W. Glynn	
5	800924	Alex Wozniak	
6	864214	Geoffrey Simmons	
7	859477	Joseph Colanino	
8	822135	JAMES BEATTY	
9	868480	James Waterman	
10	855694	TIMOTHY SPRAWLES	
11	80905987	ROBERT HOVER	
12	834335	Matthew Rich	

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



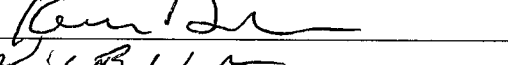
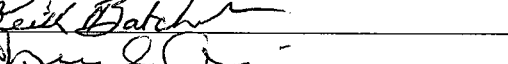
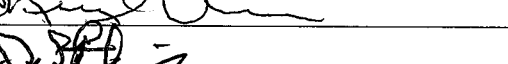

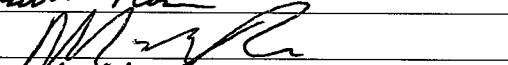
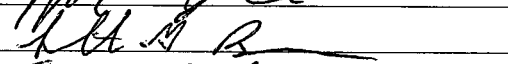
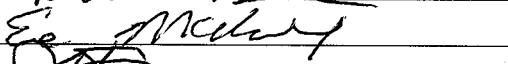
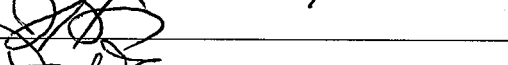
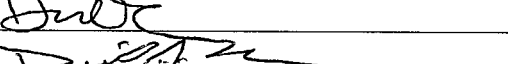
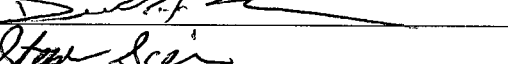
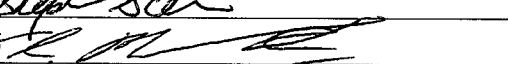
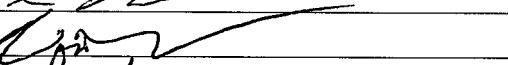
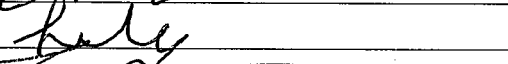
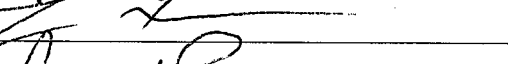
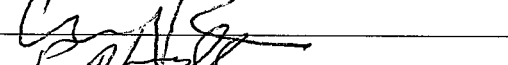
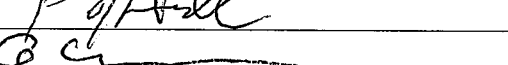
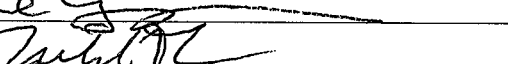
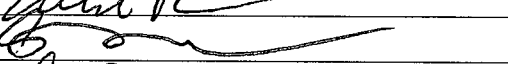
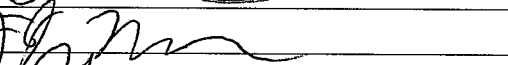
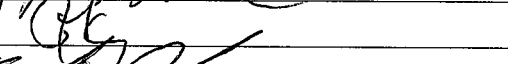

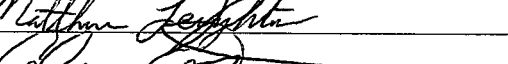
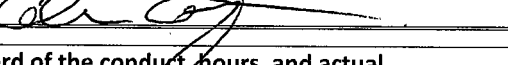
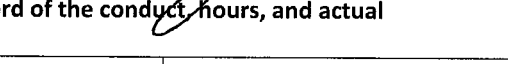
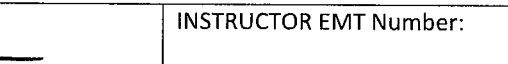
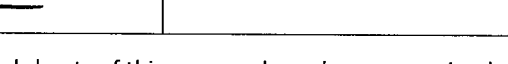
OFFICE OF EMERGENCY MEDICAL SERVICES

DEPARTMENT OF PUBLIC HEALTH

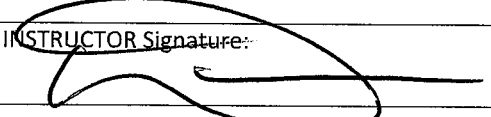
DPH/OEMS 200-59
CONED ROSTER
01/2016

(Continuing Education Roster Continued):

PROGRAM TITLE (Print): ROUNDS: EKG'S	OEMS CONED NUMBER: 1819-R5-00022-T1
---	--

#	EMT NUMBER:	EMT NAME (Print):	EMT SIGNATURE:
13	E3138758	Matthew Charros	
14	857866	Michael Nelson	
15	847374	Kevin Donovan	
16	E0909406	Keith Batchelder	
17	P6902428	Cheryl O'neave	
18	836505	DAVID SANTILL	
19	890242	Joseph Rose	
20	832766	Michael A. Peck	
21	819114	Scott G. Brennan	
22	845207	Edward McElshiner	
23	838763	Josef Kenealy	
24	856558	David O'neave	
25	845815	DAVID A. RAMOS	
26	891024	STEPHEN A. SCIARA	
27	861827	KALIN MAZUREK	
28	858791	Nicholas GASSO	
29	850592	SCOTT MARCHELLA	
30	894701	Lawrence TALLER	
31	868360	Cheri PATTEN	
32	2085096	Patrick Honeywell	
33	833695	Aileen Caggiano	
34	856262	Mik McRag	
35	406584	CONNOR Seelye	
36	902081	TJ NICHOLSON	
37	868346	Jeffrey Kelley	
38	861834	Michael Kobalziej	
39	867179	Matthew Leighton	
40	851794	Glan Grafton	

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

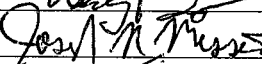
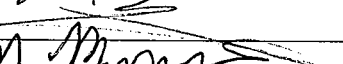
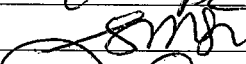
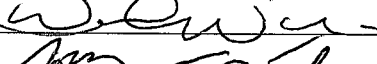


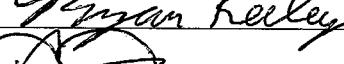
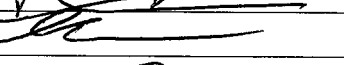
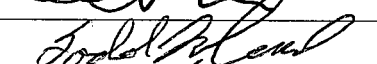
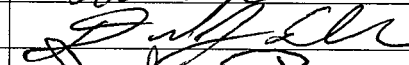
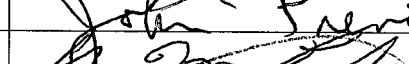
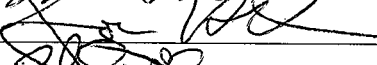

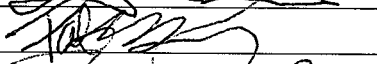

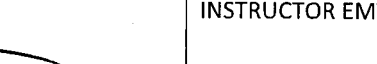


OFFICE OF EMERGENCY MEDICAL SERVICES

DEPARTMENT OF PUBLIC HEALTH

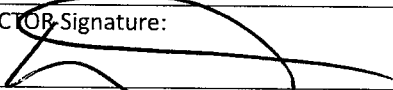
DPH/OEMS 200-59
CONED ROSTER
01/2016

(Continuing Education Roster Continued):

PROGRAM TITLE (Print): ROUNDS: EKG'S	OEMS CONED NUMBER: 1819-R5-00022-T1
---	--

#	EMT NUMBER:	EMT NAME (Print):	EMT SIGNATURE:
13	852981	Craig Winsor	
14	813840	John E Force	
15	881828	Peter O'Brien	
16	879165	Wesley Dwyer	
17	861988	Joseph R Messia	
18	881254	David C Jardin	
19	2100717	Mackenzie Briggs	
20	872303	Matthew Ryan	
21	885868	STAWN MONTANA	
22	821802	Donald D. Williams	
23	0902674	Zachary Baldwin	
24	829761	Thomas Ford	
25	843354	DANE FREEMAN	
26	0902367	Ryan Keeley	
27	862762	PATRICK TAYLORS	
28	874460	Matt Croll	
29	901797	Adam Flaherty	
30	814038	DAVID J LEVENSCH	
31	808424	Todd J. Carmel	
32	835075	Daniel J. Sullivan	
33	842664	JOHN Previtt	
34	E0909412	Brian M Parks	
35	839386	Michelle W Cox	
36	830416	JOHN HAWARD	
37	873809	BRANDON SMITH	
38	846939	David Norris	
39	876095	Pat Gibbs	
40	P0902586	Russell A Lucas	

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

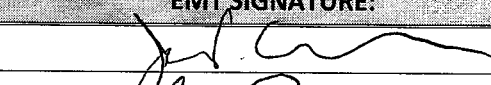
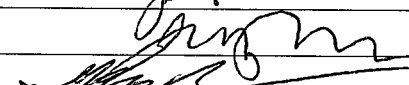
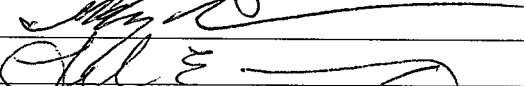
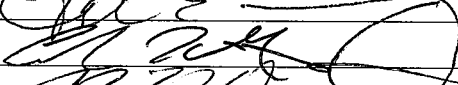
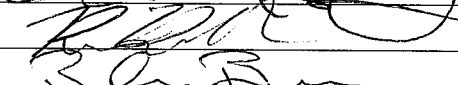
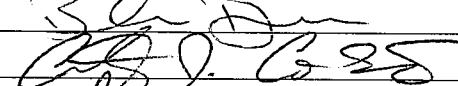
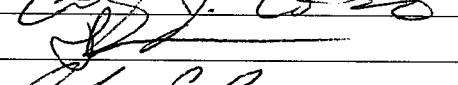
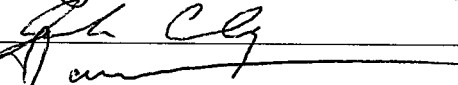
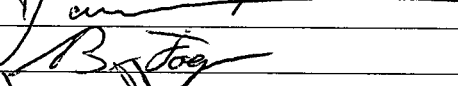
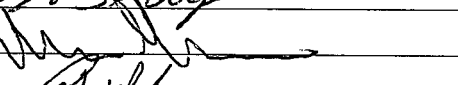
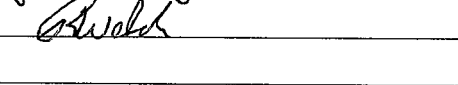

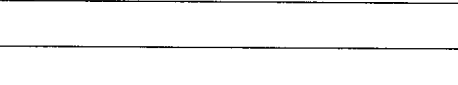
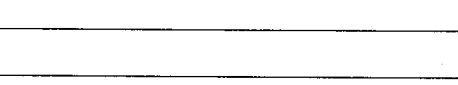
OFFICE OF EMERGENCY MEDICAL SERVICES

DEPARTMENT OF PUBLIC HEALTH

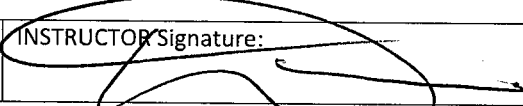
DPH/OEMS 200-59
CONED ROSTER
01/2016

(Continuing Education Roster Continued):

PROGRAM TITLE (Print): ROUNDS: EKG'S	OEMS CONED NUMBER: 1819-R5-00022-T1
---	--

#	EMT NUMBER:	EMT NAME (Print):	EMT SIGNATURE:
13	00902504	JAMES P. CONNOR	
14	00902706	Jerry Thompson	
15	20906980	Cecily Bonnyell	
16	824194	TATZIE STUMWAY	
17	887829	Andrew Gunnison	
18	870545	Keri Kelleher	
19	887717	Brendan Brewer	
20	876090	Anthony Corso	
21	867419	DOMINIC KURAN	
22	842039	John Curley	
23	811584	Jared Murphy	
24	856749	Brian Foggy	
25	88303	Michael Mustochin	
26	882601	Ryan Welch	
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): DANIEL MUSE, MD	INSTRUCTOR Signature: 	INSTRUCTOR EMT Number:
---	---	------------------------