DPH/OEMS 200-59 CONED ROSTER 01/2016

DEPARTMENT OF PUBLIC HEALTH-

Program Information: (This rosts	er is for use with training pro	ograms that	have DPH/0	DEMS continuin	g education numbers)
PROGRAM TITLE (Print):		PROGR	PROGRAM SPONSOR (Print):		
ROUNDS TRAUMATIC HEAD	& NECK INJURIES		BROG	CKTON HOSE	PITAL
PROGRAM LOCATION (Print): MA	SSASOIT CONFERENCE	CENTER	PROGRAN	/I DATE:	PROGRAM TIMES:
770 CRESCENT STREET, BRO	OCKTON MASS		APRIL 2	24, 2018	9:00 AM TO 11:00 AM
OEMS CONED NUMBER:	30 Hour	20	O Hour	TT/	
1819-R5-00152-T1	Paramedic NCCR	EMT/AE	MT NCCR	ConEd Pr	ogram Hours: 2 HRS
Instructions:					
LEAD INSTRUCTOR MUST:					
 Sign this roster in the space 	provided, attesting that yo	u have cond	ucted this t	raining program	n in accordance with applicable
Massachusetts EMS regulat	tions, the course outline, and	d DPH/OEM	S Administr	ative Requirem	ent (AR) 2-212.
Issue course completion do	cumentation to the EMTs or	nce the prog	gram is com	pleted. Progran	n sponsors may issue course

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.

completion certificates or may provide attendees with a copy of the roster signed by the instructor and student.

2) Ensure you receive and retain course completion documentation from course sponsor or instructor.

3) Ensure an original signed roster is retained by the program sponsor for each session of the program

- 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	326989	George 7 Garding-Gr	W Alle
2	856640	DAN CERRY	D. O. S. S. S.
3	P817210	Paul Evange, lista	W
4	P824510	Timothy Heaten	
5	E0906960	lovery Branet	Myst -
6	P0902462	TOHIS MORRISSEY	Sank
7	822135	JAMES BEATT	Jour Boots
8	901771	Robert Shiavone	Roles Ding
9	884081	MICHAEL AUSTRINO	Mare
10	866762	Patrick Sullivan	Patrisile-
11	0901504	Steven Glasson	10 -20 11
12	867179	Matt Leighton	mother Tenker.
Undo	the peins and penalti	es of perjury, I attest that this is a true and accurate	

	0101 30 1	J 180 64	(> 19 15m2	100 -	7-0 1,
12	867179	Matt	Leighton	matth	~ Tenkl.
Unde	r the pains and pena	lties of perjury,	I attest that this is a true a	ind accurate record of the co	nduct, hours, and actual
	dance for this trainin		·		,,
INSTR	UCTOR NAME (Print)	:	INSTRUCTOR Signature		INSTRUCTOR EMT Number:
Dan	iel Muse, MD			()	
			Page	of	

DPH/OEMS 200-59 CONED ROSTER 01/2016

DEPARTMENT OF PUBLIC HEALTH-

(Continuing	Education	Roster	Continued):
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PROGRAM	TITLE	(Print):
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OEMS CONED NUMBER:

ROUNDS TRAUMATIC HEAD & NECK INJURIES

1819-R5-00152-T1

	EMT NUMBER:	EMT NAME (Print):	EMTSIGNATURE:
13	862763	Philip Wood	
14	()910739	Robert Bears	agri
15	879896	DEREX HAIMAIDI	7000
16	60909248	Kennerit J. CARON, SP	Frat 1. Com
17	814654	JAMES M. Hill	hummansp
18	840180	Alfred M. Cennagha	0000
19	902219	Cori Handorff	Carton
20	850701	DON SWEETMAN SA	Son Smatman
21	824216	THOMAS Lickyon JA	The state of the s
22	200324	Richard D Fangeson To	7200
23	0901882	Paul Sally	Des The
24	836505	DAVID SANTON	Stato
25	836600	JACK BEDGE	Jul Buy
26	851794	Gle Gafte	1.694 OF
27	890242	Joseph Rosa	Jones Son
28	876174	Andrew Kelly	1
29	871215	Justin Goldbergo	KACO .
30	P0901735	Erc Adam	2
31	<i>658808</i>	BRYAN SMITH	
32	876912	Casey Florence	Capton
33	841001	GREG LAFLEUR	
34	811057	THE LIAMEOSEIK JE	5 1 tennel
35	874469	Keun Offorc	70000
36	848945	Trucs Micciantuous	Jans Meller list
37	271586e	Jared Murphy	Haren 2
38	859748	Marria Rastne	Ilgree Basus
39	A0900132	LUNO MCHADOS	2132
40	838485	Robert O'Brien	IC Off
	er the pains and penaltion	es of perjury, I attest that this is a true and accurate	record of the conduct, hours, and actual
20001		COUISC.	

attendance for this training course.

INSTRUCTOR NAME (Print):

Daniel Muse, MD

Instructor in the pains and penalties of perjury, lattest that this is a true and accurate record of the conduct, hours, and actual attendance for this training course.

INSTRUCTOR Signature:

INSTRUCTOR EMT Number:

Note, if you do not have enough space for all students, simply copy and attach additional sheets of this page and number appropriately

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DPH/OEMS 200-59 CONED ROSTER 01/2016

DEPARTMENT OF PUBLIC HEALTH-

(Continuing	Education	Roster	Continued)):
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PROGR	AM	TITL	E (Pi	rint):

OEMS CONED NUMBER:

ROUNDS TRAUMATIC HEAD & NECK INJURIES

1819-R5-00152-T1

	EMT NUMBER:		EMT NAME (Print):	EMT SIGNATURE:
13	813850	ROB	ERT J MANCINE/11 5	e Solor Hull
14	880731		0150-	000
15	877034		ert Malone	F. O. MC
16	0102329		and Hill	Johny
17	0907601	Corey	Hatch	Cy & Holy
18	834329	Richa	d Dayk	O Dald Co
19	857546	1 —	elei Barends	Cuns
20	517262	Claire	Appling	Clave Copplay
21	874551	Michae	Ryan	The Mary
22	872611		fer Gallant	S C R
23	0908580		ibr Ingle	00,25
24	884673		Hrick O'Neil	Potente & G Nesta
25	E0909406		· Batchelder	Xeefly Batch
26	838113	50	on Mellyn	
27	145346	JOHN	P. HULLEY	John P. Chang
28	829570		Cov	m n Col
29	356988		SW FOSTER	Me
30	902905	Dillor	hity -	100
31	825125		5 W- CAMPBELLI	to was
32	850415		nich NSmth	A Della Company
33	876562		en Wilds	Coloto S
34	807588	ERIC	J. DOX	Toll
35	0850165	s)el	my John	()
36	818295	12/99	ford Neabura	V317/2
37	837650	She	ews Hardy	July 1
38	P0907663	Jani(! 0	
39	861928	DEAN		d) Vic
40	339840	7070	- Vivervas	
			attest that this is a true and accurate	record of the conduct, hours, and actual
	dance for this training or RUCTOR NAME (Print):	course.	INSTRUCTOR Signature:	INSTRUCTOR EMT Number:
	iel Muse, MD			

Note, if you do not have enough space for all students, simply copy and attach additional sheets of this page and number appropriately

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DPH/OEMS 200-59 CONED ROSTER 01/2016

DEPARTMENT OF PUBLIC HEALTH-

(Continuing Education Roster Continued):

PROGR	ΑM	TITLE	(Print	١:

OEMS CONED NUMBER:

ROUNDS TRAUMATIC HEAD & NECK INJURIES

1819-R5-00152-T1

	EMT NUMBER:	EMT NAME (Print):	EMT SIGNATURE:
13	871048	Jeffrey Cuozzo	
14	902081	TJ NICHOLSON	A Marin
15	881675	Sean Connelly	107
16	856749	Bran For	100 tax
17	885095	Bryan Brown	12/h
18	878015	Marcus Andrews	Mandh
19	E870731	Brian CSviers	Brien C. Shreis
20	901791	Knoth Wight	
21	902177	Joshva Anocki	and the second
22	873(087	ALLISEN POUSON	
23	892695	Brittany Cummings	B.COCP
24	0904189	Enstrona des	m
25	867964	Jumes Reldy	fare
26	811632	RUMALD D. HOWE	Marie
27	A0900133	Jason murphy	fort
28	853013	Brian Einst	
29	888115	Catherine Clive	
30 31	70901473	JONATHAN HOPEZARASU	Chris
32	P878140	1yler Byan	7700
33	P0902205	Gary Somers	My
34			
35			
36			
37			
38			
39			
40			
111-			

Under the pains and penalties of perjurattendance for this training course.	y, I attest that this is a true and accurate record o	f the conduct, hours, and actual
INSTRUCTOR NAME (Print):	INSTRUCTOR Signature:	INSTRUCTOR EMT Number:
Daniel Muse, MD		
Note, if you do not have enough space fo	r all students, simply copy and attach additional sh	neets of this page and number appropriate

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