

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

OFFICE OF EMERGENCY MEDICAL SERVICES

DEPARTMENT OF PUBLIC HEALTH

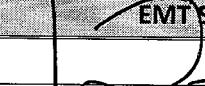
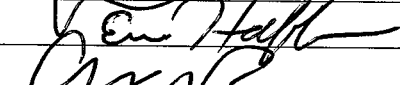
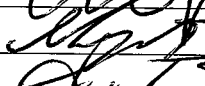
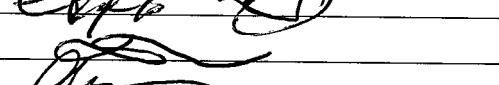
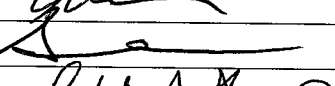
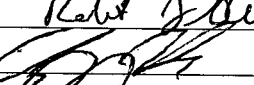
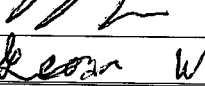
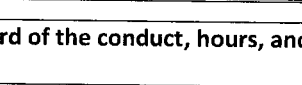



DPH/OEMS 200-59
CONED ROSTER
01/2016

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


PROGRAM TITLE (Print): ROUNDS STROKE UPDATE	PROGRAM SPONSOR (Print): BROCKTON HOSPITAL
PROGRAM LOCATION (Print): MASSASOIT CONFERENCE CENTER 770 CRESCENT STREET, BROCKTON MASS	PROGRAM DATE: JUNE 26, 2018
OEMS CONED NUMBER: 1819-R5-00141-T1	PROGRAM TIMES: 9:00 AM TO 11:00 AM
<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	P817210	Paul Evangelista	
2	832727	Eric Hoffman	
3	808360	Cheri Patten	
4	E323891	Gregory Bourque	
5	822989	Sixto Jusino	
6	874112	Christine Leontie	
7	826989	George F Gardner Sr	
8	866565	JAMBER NELSON	
9	901771	Robert Stravone	
10	875716	Chris Hamilton	
11	901987	Michael Sullivan	
12	819751	George W Itoggy	

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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MASSACHUSETTS




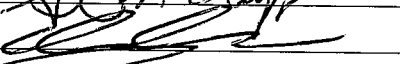
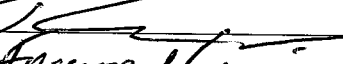

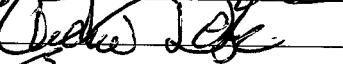
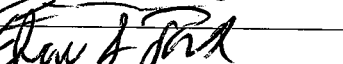
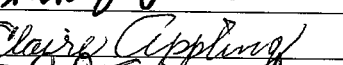
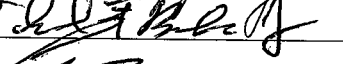

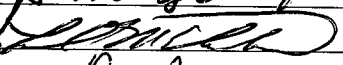

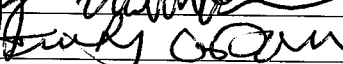

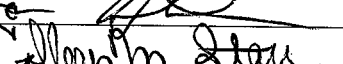
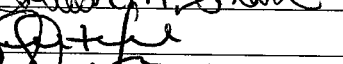
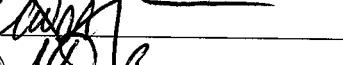

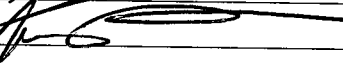
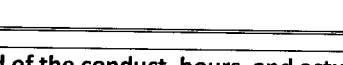
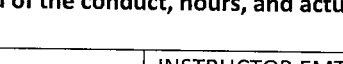

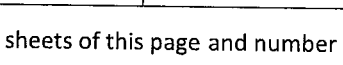



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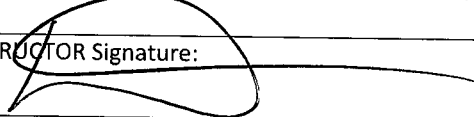
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CONED ROSTER
01/2016

(Continuing Education Roster Continued):

PROGRAM TITLE (Print): ROUNDS STROKE UPDATE	OEMS CONED NUMBER: 1819-R5-00141-T1
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#	EMT NUMBER:	EMT NAME (Print):	EMT SIGNATURE:
13	P875727	Gregory Dancette	
14	E0908580	JOSEPH JUDGE	
15	8852708	Robert S Sims Jr	
16	818774	Stephen M. DUGGAN	
17	902806	Darrin Kelm	
18	862763	Philip Woglf	
19	839558	Francis J Currie	
20	E0909412	Brian M. Parks	
21	0901978	Andrew Daigle	
22	881834	Brian Trufy	
23	829261	Thomas Ford	
24	517262	Claire Appling	
25A	0908098	Edward F BAKER JR	
26	841001	Greg Lafleur	
27	836200	John Schlitz	
28	A090132	Luke McFadden	
29	P0902000	Sean Nelligan	
30	902081	TJ NICHOLSON	
31	825241	Timothy L DONORA	
32	824241	Paul McCafferty	
33	830416	John M. Hollands	
34	869784	Colleen Starr	
35	866691	Jennifer Henault	
36	809750	DAVID GAURE	
37	812487	DAVID DeBess	
38	A0900133	JASON MURPHY	
39	876642	ANDREW JOHNSON	
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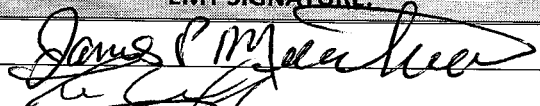

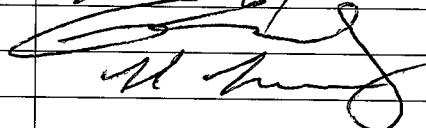
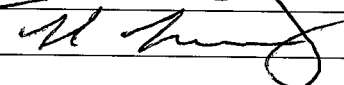
INSTRUCTOR NAME (Print): Daniel Muse, MD	INSTRUCTOR Signature: 	INSTRUCTOR EMT Number:
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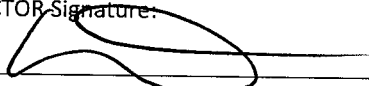
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	EMT NUMBER:	EMT NAME (Print):	EMT SIGNATURE:
13	848945	James Miccigianuano	
14	851623	Timothy Carroll	
15	033640	ROBERT MANNING	
16	847906	FRED FREEMAN	
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