

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 SUDDEN CARDIAC ARREST | | PROGRAM SPONSOR (Print): BROCKTON HOSPITAL | |
| PROGRAM LOCATION (Print): K of C 1195 BEDFORD ST (RTE 18) WHITMAN, MA | | PROGRAM DATE: 1/24/2018 | PROGRAM TIMES: 6:30 PM - 8:30 PM |
| OEMS CONED NUMBER: 1718-R5-01762-T1 | <input type="checkbox"/> 30 Hour Paramedic NCCR | <input type="checkbox"/> 20 Hour EMT/AEMT NCCR | <input checked="" type="checkbox"/> ConEd Program Hours: 2 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 | 821352 | Thomas LaBelle | <i>Thomas LaBelle</i> |
| 2 | 892189 | Kerry Chanale | <i>Kerry Chanale</i> |
| 3 | 838962 | Richard S. Smith | <i>Richard S. Smith</i> |
| 4 | 884623 | PATRICK O'NEIL | <i>Patrick O'Neill</i> |
| 5 | 895984 | Julie Yang | <i>Julie Yang</i> |
| 6 | R893759 | JOSEPH KAUFMAN | <i>Joseph Kaufman</i> |
| 7 | 812772 | MARK DITOCO | <i>Mark Ditoco</i> |
| 8 | 861135 | KAITLYN E SHIMM | <i>Kaitlyn E Shimm</i> |
| 9 | 874551 | Michael Ryan | <i>Michael Ryan</i> |
| 10 | E3210293 | ERIK MOORE | <i>Erik Moore</i> |
| 11 | 852683 | James Bunker | <i>James Bunker</i> |
| 12 | 844432 | Eric R Meyer | <i>Eric R Meyer</i> |

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): <i>Don Husel</i> | INSTRUCTOR Signature: <i>[Signature]</i> | INSTRUCTOR EMT Number: |
|--|---|------------------------|

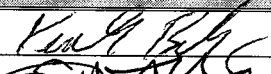
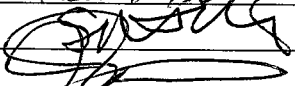

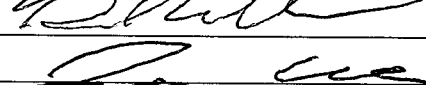
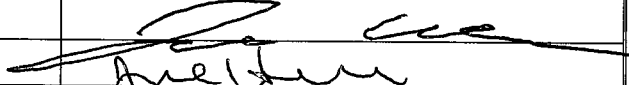
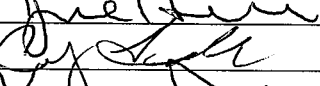
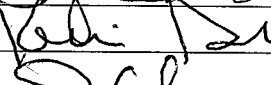
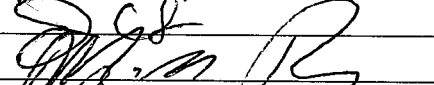
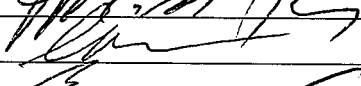
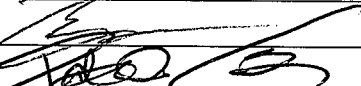



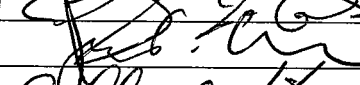
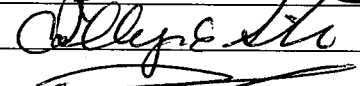
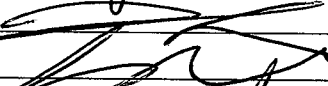
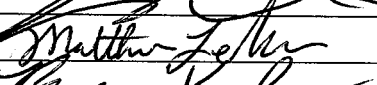

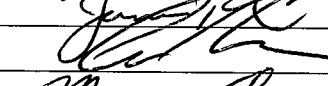

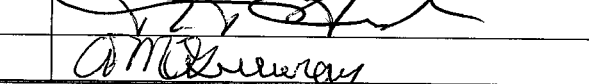
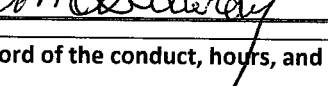
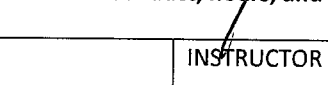
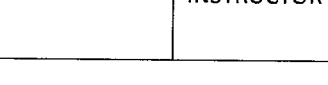
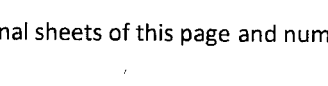



MASSACHUSETTS OFFICE OF EMERGENCY MEDICAL SERVICES

DEPARTMENT OF PUBLIC HEALTH

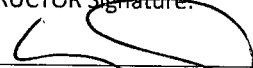
DPH/OEMS 200-59
CONED ROSTER
01/2016

(Continuing Education Roster Continued):

| | |
|---|---|
| PROGRAM TITLE (Print): ROUNDS SUDDEN CARDIAC ARREST | OEMS CONED NUMBER: 1718-R5-01762-T1 |
|---|---|

| EMT NUMBER: | EMT NAME (Print): | EMT SIGNATURE: |
|-------------|------------------------------|--|
| 13 | 871065 Kenneth Baker |  |
| 14 | 869462 Steven Whittemore |  |
| 15 | 824295 John J. Hussey |  |
| 16 | 871073 Daniel Wauthob |  |
| 17 | 902177 Joshua Anacki |  |
| 18 | 866691 Jen Herculit |  |
| 19 | EB93248 Corey LaTrance |  |
| 20 | 847374 KEVIN DORRAN |  |
| 21 | 819227 James W. Curtin |  |
| 22 | 832766 Michael A. Peck |  |
| 23 | 826989 George J. Gardner |  |
| 24 | 881834 Brian Trzfy |  |
| 25 | 876095 Pat Gibbs |  |
| 26 | 871085 Nick Lyons |  |
| 27 | 849758 Eric Morgan |  |
| 28 | 832727 ERIC HOFFMAN |  |
| 29 | 876090 Anthony Conso |  |
| 30 | 0902504 JAMES P. CONNOR |  |
| 31 | 871570 Colby E. Silva |  |
| 32 | 877039 Justin Silva |  |
| 33 | 862776 Jarrod Driscoll |  |
| 34 | 867179 Matt Leighton |  |
| 35 | 80902367 Ryan Keeley |  |
| 36 | 815111 Jim Rush |  |
| 37 | 841001 Greg Lafleur |  |
| 38 | 878015 Marcos Andrews |  |
| 39 | 844266 James J. Henderson |  |
| 40 | 807480 ANDREW M'GILLNEAY |  |

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): Dan Muro | 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

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 SUDDEN CARDIAC ARREST | OEMS CONED NUMBER: 1718-R5-01762-T1 |
|---|---|

| EMT NUMBER: | EMT NAME (Print): | EMT SIGNATURE: |
|-------------|-------------------|------------------------|
| 13 | E0905987 | ROBERT HOVER |
| 14 | 884081 | MICHAEL AUSTRINO |
| 15 | 850579 | Matthew Smith |
| 16 | 879896 | Derek Haimaidi |
| 17 | 813850 | ROBERT J Mancinelli or |
| 18 | 819114 | Scott G Breen |
| 19 | 813087 | Allisen POLSON |
| 20 | 873185 | MATTHEW J FANEY |
| 21 | 829889 | Brian Harrison |
| 22 | 840180 | Alfred Finnyher |
| 23 | 813837 | Richard Donovan |
| 24 | 829553 | Eric Roberson |
| 25 | 901991 | Michael Sullivan |
| 26 | 834805 | Craig Nedell |
| 27 | 836636 | Stephen VanVoorhis |
| 28 | 842664 | John Previt |
| 29 | 862774 | Elizabeth Channell |
| 30 | 874460 | Matt Crall |
| 31 | 811048 | Jeffrey Cuzzo |
| 32 | 851994 | Glen Grafton |
| 33 | 839558 | Francis S Currie |
| 34 | 866702 | Patrick Sullivan |
| 35 | 878187 | BRYAN MICHAELSON |
| 36 | 0901978 | Andrew Deight |
| 37 | 862558 | Ian Carlson |
| 38 | E3273919 | Evan Cordeiro |
| 39 | 886026 | Janne Cordeiro |
| 40 | 857846 | Michael Nelson |

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): Dan Rusl | 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

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 SUDDEN CARDIAC ARREST | OEMS CONED NUMBER: 1718-R5-01762-T1 |
|--|--|

| EMT NUMBER: | EMT NAME (Print): | EMT SIGNATURE: |
|-------------|---------------------------|--------------------|
| 13 | 842607 Adam Wilbar | Adam Wilbar |
| 14 | 808046 Donald L Dooner | Donald L Dooner |
| 15 | 0907470 Taylor Cordeiro | Taylor Cordeiro |
| 16 | A0900061 PAUL M COUJURIER | Paul M Coujurer |
| 17 | 849422 Jay McNamee | Jay McNamee |
| 18 | 892135 JAMES BEATTY | James Beatty |
| 19 | 0902663 Daniel Preach | Daniel Preach |
| 20 | 834199 John W. Altom | John W. Altom |
| 21 | 902806 Darrin Kelm | Darrin Kelm |
| 22 | P0902099 Ryan Connolly | Ryan Connolly |
| 23 | P0902279 Allen Hover | Allen Hover |
| 24 | 845815 DAVID A. ROMA S | David A. Roma S |
| 25 | 884729 THOMAS LUCKMAN III | Thomas Luckman III |
| 26 | 861834 Michael Kulabzig | Michael Kulabzig |
| 27 | 861821 Jennifer Turner | Jennifer Turner |
| 28 | 833149 Keith Wilson | Keith Wilson |
| 29 | E0906042 Carlo C. Costa | Carlo C. Costa |
| 30 | 876888 MERRITH GIRARD | Merrith Girard |
| 31 | 858434 Daniel Westgate | Daniel Westgate |
| 32 | E0908862 JOHN J. SAMMON | John J. Sammon |
| 33 | 842039 JOHN Curley | John Curley |
| 34 | 828312 Carol A Berghaus | Carol A Berghaus |
| 35 | 881254 David C Jardin | David C Jardin |
| 36 | 880460 Robert Heffernan | Robert Heffernan |
| 37 | 888467 Brent Furtado | Brent Furtado |
| 38 | 877430 Johnathan Davis | Johnathan Davis |
| 39 | E801924 Wilson C. Ho | Wilson C. Ho |
| 40 | F3221169 Mike Dobby | Mike Dobby |

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): Dan Muse | INSTRUCTOR Signature: | INSTRUCTOR EMT Number: |
|--------------------------------------|---------------------------|------------------------|

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

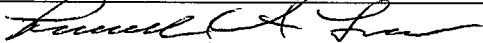


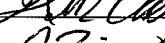





OFFICE OF EMERGENCY MEDICAL SERVICES

DEPARTMENT OF PUBLIC HEALTH

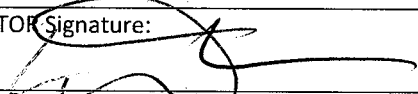
DPH/OEMS 200-59
CONED ROSTER
01/2016

(Continuing Education Roster Continued):

| | |
|---|---|
| PROGRAM TITLE (Print): ROUNDS SUDDEN CARDIAC ARREST | OEMS CONED NUMBER: 1718-R5-01762-T1 |
|---|---|

| # | EMT NUMBER: | EMT NAME (Print): | EMT SIGNATURE: |
|----|-------------|---------------------|--|
| 13 | 884662 | Matthew Griebowicz |  |
| 14 | P0902586 | Russell A. Lucas |  |
| 15 | P0902303 | Daniel Donovan |  |
| 16 | P0901579 | Jennifer Fulton |  |
| 17 | A130760 | Donald E. Austin Sr |  |
| 18 | 899319 | Chet Zingg |  |
| 19 | 899305 | DONOVAN RAMSAY |  |
| 20 | 878140 | Tyler Bryant |  |
| 21 | 848495 | Christopher J Walk |  |
| 22 | 853963 | Dominic Perruzzi |  |
| 23 | 876912 | Casey Florence |  |
| 24 | 886594 | Chris Harris |  |
| 25 | | | |
| 26 | | | |
| 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): Don Muhl | INSTRUCTOR Signature:  | INSTRUCTOR EMT Number: |
|---|---|------------------------|

M A S S A C H U S E T T S
OFFICE OF EMERGENCY MEDICAL SERVICES
DEPARTMENT OF PUBLIC HEALTH

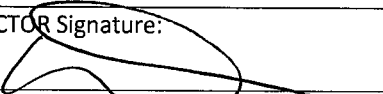
DPH/OEMS 200-59
 CONED ROSTER
 01/2016

(Continuing Education Roster Continued):

| | |
|--|--|
| PROGRAM TITLE (Print): ROUNDS SUDDEN CARDIAC ARREST | OEMS CONED NUMBER: 1718-R5-01762-T1 |
|--|--|

| | EMT NUMBER: | EMT NAME (Print): | EMT SIGNATURE: |
|----|-------------|-------------------|--|
| 13 | ED906642 | Lou Sullivan |  |
| 14 | 881970 | JOSH NIX |  |
| 15 | | | |
| 16 | | | |
| 17 | | | |
| 18 | | | |
| 19 | | | |
| 20 | | | |
| 21 | | | |
| 22 | | | |
| 23 | | | |
| 24 | | | |
| 25 | | | |
| 26 | | | |
| 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): <i>Don Herd</i> | 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