OFFICE OF EMERGENCY MEDICAL SERVICES

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

PROGRAM TITLE (Print):

DPH/OEMS 200-59 CONED ROSTER 01/2016

DEPARTMENT OF PUBLIC HEALTH-

PROGRAM SPONSOR (Print):

RUL	ROUNDS SUDDEN CARDIAC ARREST BROCKTON HOSPITAL						
PROGRAM LOCATION (Print):					PROGRAM	DATE:	PROGRAM TIMES:
K of C 1195 BEDFORD ST (F		RTE 18) WHITMAN, MA		1/24/20)18	6:30 PM - 8:30 PM	
OEMS	CONED NUMBER:		30 Hour	<u> </u>	Hour	571	
1718	3-R5-01762-T1	· · · · · · · · · · · · · · · · · · ·	Paramedic NCCR	EMT/AEN	/IT NCCR	ConEd Prog	gram Hours: 2 HOURS
	ctions:				-		
l	EAD INSTRUCTOR MUST:						
1)	Sign this roster in th Massachusetts EMS	ne space prov regulations.	vided, attesting that you the course outline, and	i have condu I DPH/OFMS	cted this tr	aining program is	n accordance with applicable
2)	Issue course comple	etion docume	entation to the EMTs or	nce the progr	am is comp	leted. Program s	ponsors may issue course
3)	completion certifica	ites or may p	rovide attendees with a is retained by the progr	a copy of the	roster sign	ed by the instruc	tor and student.
4)	Cross off any unused	d lines after	the last student has sign	am sponsor	completion	sion of the progi of the course.	ram
EMTs /	ATTENDING PROGRAM	1 MUST:					
1)	Legibly PRINT and SI	IGN your nar	ne after your Massachu	setts EMT nu	umber (if yo	u have one), att	esting that you attended
2)	Ensure you receive a	above. Remain co	ember to include the le ourse completion docum	tter prefix of nentation fro	your EMT r om course si	iumber. Jonsor or instruc	tor
3)	Any program lacking	g an approva	l number may never red	ceive credit.	Attendance	is at your own ri	sk!
	a. Note: regar Education	dless of app	roval, there are limitations and for renewal of EMT	ons to the ty	pes of conti	nuing education	, such as Distributive
	Guides four	nd on <u>http://</u>	www.mass.gov/dph/oe/	ems .			or the OEMS Renewal
41	4) FAILURE TO SIGN THE ATTENDANCE ROSTER MEANS THAT NO CREDIT CAN BE AWARDED.						
4)	FAILURE TO SIGN TH	IE ATTENDAR	NCE ROSTER MEANS TH	AT NO CREDI	IT CAN BE A	WARDED.	
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1 2 3 4 5 6 7 8 9 10 11	EMT NUMBER: 821352 807189 838962 884673 895984 E893759 812772 86135 874551	Thomas Her Zick	EMT NAME (Print as Labelle you Chand nard S. S. Patrick Or e Yang steph Kant ek Ditocoo ituin E. hael Ryan Mobile	in the	Je		SIGNATURE: Ta/Sella 1 o Hill 1 o
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OFFICE OF EMERGENCY MEDICAL SERVICES

DPH/OEMS 200-59 CONED ROSTER 01/2016

DEPARTMENT OF PUBLIC HEALTH-

(Continuing Education Roster Continued):		
PROGRAM TITLE (Print):	OEMS CONED NUMBER:	
ROUNDS SUDDEN CARDIAC ARREST	1718-R5-01762-T1	

	EMT NUMBER:	EMT NAME (Print):	EMT SIGNATURE:
13	871065	Kenneth Baker	Yuy Bh
14	869415	Steven Whiltemore	Single
15	824295	John J. Hussey	The state of the s
16	871073	Daniel Wauhob	Delil
17	902177	Joshua Anacki	1. ce
18	866691	Jen Henault -	Arelden
19	E893748	Covey Catrance	Coxdell
20	847374	KEUIN DOWNAN	Vali Su
21	819227	James W Curtin	SCL
22	832766	Michael A. Reck	W/1/2 //
23	326939	George & Gardon	Ille +
24	881834	Brien TrzFin	1200
25	876095	Pat Gibbs	2000
26	871085	Nick Chow	ma
27	849758	Enc Morgan	1. mm
28	832727	Enc HOFFMAN	GO S
29	876090	Anthony Conso	QX 70 (23)
30	0902504	JAMES P. CONNOR	and the
31	871570	Colby & Silva	alley Este
32	877039	Justin Silva	
33	862776	Jarrod Driscoll	In p
34	867179	Matt Letyhtor	Matthe Leller
35	P0902367	Ryan Keeley	Tayan Keeley
36	815111	I'm Ruth	Jung
37	841001	GREG LAFLENA	West Constitution of the second
38	878015	Marcus Andrews	Man South
39	Elli Dees	Themes T. Handerson	77,34
40	201480	ANDREW MELLNRAY	a Moderney
Under attend	the pains and penaltie	s of perjury, I attest that this is a true and accurate ourse.	record of the conduct, hours, and actual
	UCTOR NAME (Print):	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

OFFICE OF EMERGENCY MEDICAL SERVICES

"DEPARTMENT OF PUBLIC HEALTH.

DPH/OEMS 200-59 CONED ROSTER 01/2016

(Continuing Education Roster Continued):

PROGRAM	TITLE ((Print):

OEMS CONED NUMBER:

ROUNDS SUDDEN CARDIAC ARREST

1718-R5-01762-T1

	EMT NUMBER:	EMT NAME (Print):	EMT SIGNATURE:
13	E0905987	ROBERT HOVER	Mut A
14	884081	MICHAEL AUSTRINO	Ull
15	850579	Matthe Snith	Alacath .
16	879896	Derek Haimaidi	700
17	813850	ROBERT J Moneinellior	Kow While
18	819114	Scott 6 Breev	lt 12
19	873687	Allisen Polson	. OAX
20	873185	MAHNOW T FAMEY	May
21	829869	Brian Harrison	1/32
22	840180	Alfred finneyhor	and the second
23	813837	Richard Ponovan	Mallim Cam
24	824553	Eric Roberson	Son
25	901981	Michael Shiliuc	
26	834805	Craig Nedell	Class
27	836636	Stephen Van Voorhis	My ctaling
28	842664	Joth reach	John Frents
29	862774	Elizabeth Channell	(Strakan rown
30	874460	Matt Creal	97,0
31	811048	Jeffrey Cuozzo	Marin Contract of the Contract
32	851994	Glen Graften	Ce of
33	839558	Frances 5 Currie	Inami House
34	866702	Patrick Sullivan	July John
35	878187	BryAN MicHAEISON	
36	0901978	Andrew Deigle	lake 15
37	862558	Ian Carlson	The Children
38	E3273919	Evan Cordeiro	La
39	886026	Janne Cordin	365
40	857846	Michael Nelson	WWW///W

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): W	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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OFFICE OF EMERGENCY MEDICAL SERVICES

DPH/OEMS 200-59 CONED ROSTER 01/2016

DEPARTMENT OF PUBLIC HEALTH-

PROGRAM TITLE (Prin	nt)·	
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OEMS CONED NUMBER:

ROUNDS SUDDEN CARDIAC ARREST

1718-R5-01762-T1

	EMT NUMBER:	EMT NAME (Print):	EMT SIGNATURE:
13	842607	Adam Wilbar	adam noces
14	808046	Donald L Dooner	Donah & Doon
15	0907470	Taylor Corden	Caul Carbon
16	H0900061	Paul M Couturier	of and one Cut
17	849422	Jey Mc Wamen	Jan Will
18	832135	JAMES BEATTY	Root
19	0902663	Daniel Preach	Seatt Seatt
20	834199	John W. Glynn	Children
21	902806	Darrin Kelm	
22	10202029	Kyan Connelly	W
23	P0903279	Allen Hove	all
24	845815	DAVID A. Komas	Dan An
25	884779	THOMAS LYCKMANIT	A E M
26	861834	Hichael Kalalzie	DI 1
27	861871	Jennifer Turner	Time
28	833149	Ject Willer	
29	60906042	Caro C. Costa	and furnelles took
30	67688	MERIDITH GIRARD	May
31	858434	Daniel Westgate	y helytyte
32	E0908862	JOHN J. SAMMON	My Le
33	842039	JOHN Curley	Al Cho
34	828312	Carol A Berghaus	Cano a B.
35	881254	d)anil C Jordin	
36	880460	Robert Heffernan	THE
37	888467	Brent Furtado	503 l Fit
38	877430	Johnathan Davis	Smaller Havin
39	E801924	Wilson Cho	1 hopeler
40	4322169	Mile bookly	muhuel Dooder
Under	r the pains and penaltic	s of periury Lattest that this is a true and accurate	

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.	,, and the same of a state and decarate rec	ord of the conduct, nours, and actual	
INSTRUCTOR NAME (Print):	INSTRUCTOR Signature:	INSTRUCTOR EMT Number:	

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OFFICE OF EMERGENCY MEDICAL SERVICES

DPH/OEMS 200-59 CONED ROSTER 01/2016

DEPARTMENT OF PUBLIC HEALTH-

(Continuing Education Roster Continued):

ROUNDS SUDDEN CARDIAC ARREST

PROGRAM TITLE (Print):

OEMS CONED NUMBER: 1718-R5-01762-T1

	EMT NUMBER:	EMT NAME (Print):	EMT SIGNATURE:
13	884662	Matthew Grebewilly	met he
14	P0902586	Russell A Lucas	truck of fra
15	P0902303	Daniel Donosan	Das la Du
16	P0901579	Jennifer Fulton	Atustions—
17	A130760	DOAM & ASTIX 50	IN IMP
18	899319	Chet Zinga	0248
19	899305	DONDVAN RAMSAY	
20	878140	Tyler Bryant	123
21	848495	Christopho I Walk	Clathin
22	853963	Dominic Perruzzi	4
23	876912	Casey Florence	Com Flor
24	886594	Chris Harris	and his
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Under the pains and penalties of perjury, attendance for this training course.	I attest that this is a true and accurate record of the cor	nduct, hours, and actual
INSTRUCTOR NAME (Print):	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

Page ______ of _____

OFFICE OF EMERGENCY MEDICAL SERVICES

DPH/OEMS 200-59 CONED ROSTER 01/2016

A CONTRACTOR ACCUSATION OF A CONTRACTOR ACCUSATION

(Continuing Education Roster Continued):

PROGRAM TITLE (Print):

ROUNDS SUDDEN CARDIAC ARREST

1718-R5-01762-T1

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Under the pains and penalties of pe attendance for this training course.	erjury, I attest that this is a true and accurate recor	d of the conduct, hours, and actual
INSTRUCTOR NAME (Print):	INSTRUCTOR Signature:	INSTRUCTOR EMT Number:

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