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):		PROGR	PROGRAM SPONSOR (Print):		
SEPSIS AND SEVERE INFECTIONS			BROCKTON HOSPITAL		
PROGRAM LOCATION (Print):			PROGRAM DATE:		PROGRAM TIMES:
BROCKTON HOSPITAL			MARCH 23, 2016 6:30 PM-8:30		6:30 PM-8:30 PM
OEMS CONED NUMBER: 159074	30 Hour	I —	Hour MT NCCR	ConEd Pro	ogram 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 NGMATURE:
1	867188	ERIC J. ELDER	
2	835691	Derek Avery	Janes -
3	875716	Chris Hamilton	1111
4	847913	Joseph Solari	Da Son
5	834477	Ton Heaney	WZLA_
6	845201	Edward MCV-AShing	E S
7	816276	Daviel Del Prete, -	Deput Dollar
8	810055	Robert A Morawsko	- Gotesta Brownest
9	880730	Chris Olson	Qx.02
10	80902325	Steve Birly	Stope
11	856599	JEFF GERMAINE	111111
12	40901982	Milie Shillivan	

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):	INSTRUCTOR Signature		INSTRUCTOR EMT Number:	
INSTRUCTOR WAINE (FIRE).	M31KOC ZAN JIB Hattaile)	INSTRUCTOR EIGH Number.	
DANIEL MUSE, MD				
	Page of C	F		

MASSACHUSETTS

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(Continuing Education Roster Continued):

PROGRAM TITLE (Print):	OEMS CONED NUMBER:			
SEPSIS AND SEVERE INFECTIONS	159074			

	EMT NUMBER:	EMT NAME (Print):	EMT SIGNATURE:	
13	6822488	STACE STANDISK	GM 18101	
14	E0905987	ROBENT HOVEN	Sux /	
15	868346	Jeffrey Kerrey	C/C	
16	E892806	Joshva Anacti	al aux	
17	P0902026	Joshua tol		
18	E890752	Nicholas Furey	-2	
19	893194	Katrina Dilorio	Kitight 1	
20	868480	James Watering	Julita	
21	872515	Richard Velez Ji	The state of the s	
22	902099	Ryan Connolly	All	
23	839558	Francis 5 Curie	Trans Cini	
24	E898635	Allen Hour	detz	
25	878015	Marcus, Andrews	Mandel	
26	5025337	Julie Yang	Sulfry	
27	893746	Jacob Agram	- Moderal	
28	0901824	william & fama	Chapter Age	
29	P6901978	Andrew Darghe	Cledit to	
30	871048	Jeffrey Cuozzo	Jahren Ye	
31	818966	Edian Freitzes	Edwin Great	
32	86/988	Josef K. Messia	Joseph Messo	
33	821352	Thomas LaBelly	James XIII	
34	876950	Hos Fedrick	Mystest	
35	842664	JoHN Previti	John Trevita	
36	881834	Brin Treiny		
37	837183	Keith Batchelder	Keil Batcheld	
38	820112	JOSEPH LOMNECIO	and La	
39	845860	Brien Mr Parks	12 mill	
40	879896	Jerek Haimands	72010	
Under the pains and penalties of perjury, I attest that this is a true and accurate record of the conduct, hours, and actual				
atten	dance for this training c UCTOR NAME (Print):	course.		
	INTIVIE (FIIIIE).	INSTRUCTOR Signature:	INSTRUCTOR EMT Number:	

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):	INSTRUCTOR Signature:	INSTRUCTOR EMT Number:		
DANIEL MUSE				

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 _____

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| Continuing Education Roster Continued):
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| SEPSIS AND SEVERE INFECTIONS 159074

	EMT NUMBER:	EMT NAME (Print):	EMT SIGNATURE:		
13	822135	JAMES, BEATTY	Son Konth		
14	834335	Mitthew Rich	MINIK MI		
15	868323	Nicole Caxer	17/2		
16	E3102424	Julie Burns	1 Hou		
17	874931	Any Glasi	1/2		
18	8/3850	ROBERT J Maneirall 50	Prison P Ol		
19	858791	Allchofts Gerso	1 x -		
20	862774	Elizabeth Cloudy	Elyaban Ename		
21	856173	Barnara E. Truc	Tan Ton		
22	829520	Jason Cox	No 1 CV		
23	856558	David Ogilore	420		
24	884673	Patrick J. O'Weill	Patrick & O'Nell		
25	P0902081	Thomas J Nicholson	OF A M		
26	E3098147	Cori Handorff	Cela Clac		
27	896569	Jenna Pereira	CAN !		
28	851248	Richard Mackinson	(hyla-		
29	851794	Glen Graften	(a) con		
30	848945	JAMES Micciantoono	Jang Wheen lear		
31	870562	Andrew holds	Challe		
32	E 853 42°C	Adan Mara	At -		
33	867806	michael monterorte	much m		
34	870416	Downe M Holyoke	Dawne M Hobroke		
35	834805	Craig Nedell	CHI		
36	867964	Sumes Keldy,	1 husters!		
37	826939	George 7 Gardiner or	Will day		
38	856640	DAN GEARY	a QUEY		
39	874460	Matt Cruall'	90		
40	812405	MOBELT THEOMEISTU	TOU Verment		
Under the pains and penalties of perjury, I attest that this is a true and accurate record of the conduct, hours, and actual					
atten	dance for this training course. UCTOR NAME (Print):	ourse. INSTRUCTOR Signature:			
	NIEL MUSE	markocron 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 3 of 4

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(Continuing Education Roster Continued):

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SEPSIS AND SEVERE INFECTIONS	159074

	EMT NUMBER:	EMT NAME (Print):	EMT SIGNATURE:
13	901662	Kyle Germon	
14	812772	MARK DITOCLO	22/1/2
15	884081	MICHAEL AUSTRINO	We constitute the same of the
16	884349	Craig Snell	Chris
17	861928	SEAN PETERS	
18	825211	Timsty LiDonoran	5 do 10 5
19	8627760	Jarrod Driscou	ing Octorio
20	P0901473	John Eaton	11.11.
21	838962	Richard S. Smith	Viso S
22	880665	SCOTT FILLERYS	15.78
23	886306	PATRICK SAMMON	The state of the s
24	819057	Charles o, Willans III	Plano
25	0863660	RUSERT Wornell	Desta (N)
26			Jane - Sorrey
27			
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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.	. decest that this is a time o	na accurate record of	the condu	ct, hours, and actual		
INSTRUCTOR NAME (Print):	INSTRUCTOR Signature:					
(* 1111 2) ,	INSTRUCTOR Signature:		,	INSTRUCTOR EMT Number:		
DANIEL MUSE				****		
)			

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Page _____ of _____