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 tra	aining programs that have DPH/OEMS continuing education numbers)
PROGRAM TITLE (Print):	PROGRAM SPONSOR (Print):

PROGRAMITITE (Print):		PROGRAM SPOR	NSOR (Print):	
ALTERED MENTAL STATUS		BROCKTON HOSPITAL		
PROGRAM LOCATION (Print):		PROGR	AM DATE:	PROGRAM TIMES:
680 CENTRE STREET, BROCK	CTON MASS	NOV	EMBER 16, 2016	6:30 PM - 8:30 PM
OEMS CONED NUMBER:	30 Hour	20 Hour	TX 0 512	
1617-R5-00044-T1	Paramedic NCCR	EMT/AEMT NCCR	ConEd Prog	ram 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.
- 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	858791	Nicholas Gasso	Nuchos U
2	871131	Chro Cotti	Ciù Ci
3	901791	Kenneth Wright	<i>4</i>
4	865013	Wendy St. Pierre	Wenter During!
5	880 343	Theyer wheeler	Idan alka
6	822135	JAMES BEATTY	Dan Radl
7	871694	William Inglis	Till A LI
8	842039	John Curley	The Can
9	819947	Paul Chuilli	Paral (hills
10	P824510	Timothy M Horker	
11	70901982	Michael Salliva	02/1/
12	852981	Craig Winsor	Cich

Under the pains and penalties of p	erjury, I attest that this is a true and accu	rate record of the cond	uct, hours, and actual
attendance for this training course			
INSTRUCTOR NAME (Print):	INSTRUCTOR Signature	7	INSTRUCTOR EMT Number:
Daniel Muse, MD			
	Page of		

OFFICE OF EMERGENCY MEDICAL SERVICES

DPH/OEMS 200-59 CONED ROSTER 01/2016

DEPARTMENT OF PUBLIC HEALTH-

(Continuing Education Roster Continued):

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PROGRAM TITLE (Print):	OEMS CONED NUMBER:
ALTERED MENTAL STATUS	1617-R5-00044-T1

	EMT NUMBER:		EMT NAME (Print):	EMT SIGNATURE:
13	827833	61	you Sungh	Mas Single
14	871073	Dar	riel Wauhob	a Clille
15	879165	Wes	ley Duver	hadh
16	833871	Jonne	ley Duyer for Casalini	Wash Cosalo of
17	816276		Delfrete	Daniel Dellat
18	280586	Scon	DUFFEY	Acott To They
19	808049	Kicha	d Forley	bull h
20	284779	Tom	Luckman #	
21	881825	NaT	han Jones	
22	882770		ynn Bunker	Carolyning Benker
23	0902026	Jos4	Poly	
24	819114	_Scott	6 Breev	let of Pr
25	874469		O'Hara	The state of the s
26	904201	O^{-11}	on Riber	
27	00000116	12nd	get Nicciarelli	Butni
28	881254		C Jordin	
29	848922	Evic	Seltranini	6 Bel
30	883923	Dowid B.	urKl	Savid Bunke
31	E3164490	Amy F	eir	Christ.
32	808065		J. JAMMEN	Vih
33	836200	<u>John</u>	Schlitz	John John
34	0901978	Huds	ew Duple	Obly John
35	840911	DALE	- CAMPBERC ,	Doubles
36	€098642		Sullings	Jou Caller
37	E0906787	Grego	my P. Goldberg	My Fland
38	867969	Qane	& Reidy 0	fine (
39	811240	Theor	100 Hendere	Jav De
40	871586	Jared	(MUPH)	Van un
			attest that this is a true and accurate	erecord of the conduct, hours, and actual
	dance for this training or RUCTOR NAME (Print):	ourse.	INSTRUCTOR Signeture:	INSTRUCTOR FAIT No.
	iel Muse, MD		INSTRUCTOR SIgnature:	INSTRUCTOR EMT Number:
Dall	iei iviuse, iviD			

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

DPH/OEMS 200-59 CONED ROSTER 01/2016

(Continuing Education Roster Continued):

PROGRAM TITLE (Print):	OEMS CONED NUMBER:
ALTERED MENTAL STATUS	1617-R5-00044-T1

	EMT NUMBER:	EMT NAME (Print):	EMT SIGNATURE:
13	R4840	Sholla Traverse Doherty	Celle 15
14	824241	Paul McCafferty	Paro mi Offett
15	830416	JOHN M. HOLLAND	Inm. Alex
16	879164	David Cours	D. D. C.
17	891024	STEPHEN SCIARA	Style e
18	E0904720	Spencer Espinola	Spen 6 lor
19	840636	Mike Tray	The
20	843382	Enc /Horan	
21	865056	wonathan Hickey	gh hy
22	872633	HENRY KENNEDY	537
23	881970	SOSHUR	
24	130760	Dottord ASTIL	
25	A0900133	Jason MURPHY	my
26	812772	Muck Ditocco	All Men
27	853808	Levin McDonnell	
28	857866	Michael Nelson	Mulhor
29	855694	TIMOMY SPREWLES	Jun Sel
30	871068	Anthony Phinney	gr-
31	85\$3683	James Burker	Ann Gur
32	851794	Glen Griften	160 G
33	838763	JOSET KENETAU	197
34	848945	JAMES Micciantuono	Times Por Millean levis
35	812405	ROBERT J. NEUMEISTER	John Mannesh
36	849421	Jay Mc Warner	Jay M. T.
37	861334	Briens Marcauley	1922
38	883780	Tatrick Count	Tatur Co
39	829560	Most Gray	max
40	886306	PATRICK SALLION	126
Unde	r the pains and penalti	es of perjury, I attest that this is a true and accurate	record of the conduct, hours, and actual

Under the pains and penalties of pe	erjury, I attest that this is a true an	d accurate record of the co	nduct, hours, and actual
attendance for this training course.			
INSTRUCTOR NAME (Print):	INSTRUCTOR Signature:		INSTRUCTOR EMT Number:
Daniel Muse, MD			

OFFICE OF EMERGENCY MEDICAL SERVICES

DPH/OEMS 200-59 CONED ROSTER 01/2016

(Continuing Education Roster Continued):

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PROGRAM TITLE (Print):	OEMS CONED NUMBER:
ALTERED MENTAL STATUS	1617-R5-00044-T1

	EMT NUMBER:	EMT NAME (Print):	EMT SIGNATURE:
13	E0906563	DAID REGEN	7201
14	847342	Anthony Ciccolo	The time
15	912831	Mughas Canpul	Sectional Like
16	845093	Kurt Westard	JUST TOE PO
17	826502	William A Barkowsky . I	We at
18	10902099	Ryan Connelly	THE W
19	819226	frican cichese <	Ola
20	870567	Andrewbilds	CRUS
21	867179	Matthew Leighter	Matthe Testh
22	867102	Dana Unangst	20
23	873158	PATRICK DALOT	()
24	813850	ROBERT J MARCHILITY	Koery March
25	874931	Amy Glann	0,0,0
26	878288	Joseph Gordon	J.J.A.
27	50595	Swit NASCHIELD	Lege/
28	K901844	Daniel Ria	
29	833640	Robert MAHNING	Jan 1
30	8618/1	STEPHEN MCANTHY	No 18
31	756558	Down & Ogilvie	tall the
32	679896	DEREKHAMARDI	7,000
33	893276	TYLER LARACY	
H	9090096	Edward F BAKER Jor	Elas A Poly
35	861988	Joseph R Messin	Son Minestra
36	853802	STEVEN FOSTEL	
37	865044	Jason Fricker	Jan Jahr
38	190900054	Lyul & Melvy	V Sul of Mills
39	861827	KALIN MAZUKEK	Me Mark
40	874647	Keis Keoniuis	The

Under the pains and penalties of perjury, attendance for this training course.	I attest that this is a true and accurate	record of the cond	uct, hours, and actual
INSTRUCTOR NAME (Print):	INSTRUCTOR Signature.		INSTRUCTOR EMT Number:
Daniel 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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(Continuing Education Roster Continued):

PROGRAM TITLE (Print):			OEMS CONED NUMBER:		
ALTERED MENTAL STATUS			1617-R5-00044-T1		
	EMT NUMBER:	EMT NAME (Print):	() E	MT SIGNATURE:	
13	819057	Charles o. Willian		- P	
14	845502	Darved L Woole		El and	
15	841001	GREG LAFLEVR	120		
16	825241	-/110	iora Sinh	(Doman	
17					
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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.					
INSTR	INSTRUCTOR NAME (Print): INSTRUCTOR Signature: INSTRUCTOR EMT Number:				

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Daniel Muse, MD