

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): EMS REVIEW		PROGRAM SPONSOR (Print): BROCKTON HOSPITAL	
PROGRAM LOCATION (Print): 680 CENTRE STREET, BROCKTON MASS		PROGRAM DATE:	PROGRAM TIMES: 6:30 PM - 8:30 PM
OEMS CONED NUMBER: 1617-R5-00042-T1	<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	834335	Matthew H. N. C.	<i>[Signature]</i>
2	822135	JAMES BEATTY	<i>[Signature]</i>
3	E0905987	Robert Novor	<i>[Signature]</i>
4	P0902274	Allen R. Howr	<i>[Signature]</i>
5	835691	Perick Avery	<i>[Signature]</i>
6	843012	Jay Heagney	<i>[Signature]</i>
7	825241	Timothy C. Donova	<i>[Signature]</i>
8	145346	JOHN P. HURLEY	<i>[Signature]</i>
9	807601	LZON H SILVA	<i>[Signature]</i>
10	838772	Steven Peck	<i>[Signature]</i>
11	815877	Douglas J. Campbell	<i>[Signature]</i>
12	890242	Josefa Rosa	<i>[Signature]</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): Daniel Muse, MD	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): EMS REVIEW	OEMS CONED NUMBER: 1617-R5-00042-T1
--------------------------------------	--

EMT NUMBER:	EMT NAME (Print):	EMT SIGNATURE:
13 867179	Matthew Leighton	<i>Matthew Leighton</i>
14 E0906642	Len Sullivan	<i>Len Sullivan</i>
15 872611	Jennifer Gallard	<i>Jennifer Gallard</i>
16 829753	Timothy T. Clancy Jr	<i>Timothy T. Clancy Jr</i>
17 807588	ERIC J. ELDER	<i>Eric J. Elder</i>
18 871131	Chris Cothi	<i>Chris Cothi</i>
19 875727	Gregory Doucette	<i>Gregory Doucette</i>
20 884779	Thomas Luckman Jr	<i>Thomas Luckman Jr</i>
21 E34817	Robert Pillarella	<i>Rob Pillarella</i>
22 876174	Andrew Kelly	<i>Andrew Kelly</i>
23 856173	Bernara Trve	<i>Bernara Trve</i>
24 849242	Jason Mawney	<i>Jason Mawney</i>
25 861827	KALIN MAZUREK	<i>Kalin Mazurek</i>
26 P0902303	Dorel Donner	<i>Dorel Donner</i>
27 862763	Philip Wolf	<i>Philip Wolf</i>
28 879896	TEREK HAIMAIDI	<i>Terek Haimaidi</i>
29 876950	Rob Fedach	<i>Rob Fedach</i>
30 853808	Kevin McDonnell	<i>Kevin McDonnell</i>
31 806702	Patrick Sullivan	<i>Patrick Sullivan</i>
32 871068	Anthony Pinnez	<i>Anthony Pinnez</i>
33 0901504	Steven Glassner	<i>Steven Glassner</i>
34 884081	MICHAEL AUSTRINO	<i>Michael Austrino</i>
35 834805	CRAIN NODEN	<i>Crain Noden</i>
36 855576	David M. Gillis	<i>David M. Gillis</i>
37 858791	Nicholas Grassi	<i>Nicholas Grassi</i>
38 824483	ANGELA C. CARNES	<i>Angela C. Carnes</i>
39 815292	William F. Carnes Jr	<i>William F. Carnes Jr</i>
40 880979	Scott Greenleg	<i>Scott Greenleg</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): Daniel Muse, MD	INSTRUCTOR Signature: <i>[Signature]</i>	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): EMS REVIEW	OEMS CONED NUMBER: 1617-R5-00042-T1
--------------------------------------	--

	EMT NUMBER:	EMT NAME (Print):	EMT SIGNATURE:
13	873720	Sean Kennedy	
14	0901673	Jonathan Hobergauer	
15	838902	Richard S. Smith	
16	868346	Jeffrey Kellen	
17	0403466	David Bralshu	
18	836200	John Schlotz	
19	881675	Sean Connolly	
20	867964	James Reilly	
21	857866	Michael Nelson	
22	855688	SHAWN MARSHALL	
23	856599	JEFF GERMAINÉ	
24	0901735	Eric Adams	
25	834199	John W. Wynn	
26	0902081	Thomas J. Nicholson	
27	870338	Timothy Medeiros	
28	881254	David C. Jordan	
29	850701	Don SWEETMAN JR	
30	876912	Casey Florence	
31	886306	PATRICK SAMMON	
32	1040155	Aslim Winer	
33	871882	MERIDITH GIRARD	
34	840029	Adam Levine	
35	873185	MATTHEW FANEY	
36	858434	Daniel Westgate	
37	870554	Gerald Wawie	
38	902214	Nick Furey	
39	843854	DAVID PERRAVIT	
40	0901978	Anderson Knight	

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:
---	---------------------------	------------------------

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


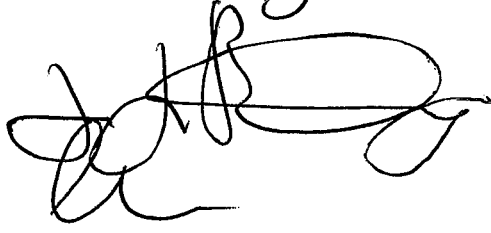
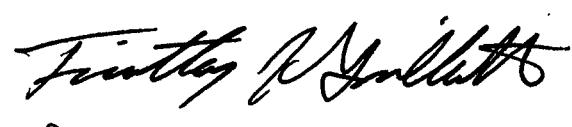

(Continuing Education Roster Continued):

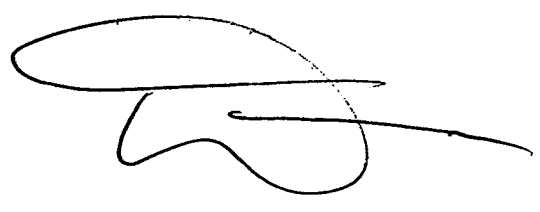
PROGRAM TITLE (Print): EMS REVIEW	OEMS CONED NUMBER: 1617-R5-00042-T1
--------------------------------------	--

	EMT NUMBER:	EMT NAME (Print):	EMT SIGNATURE:
13	0902090	Ryan Connolly	
14	823081	WILLIAM CARROW	
15	820056	Michael Carroll	
16	819114	Scott G Breen	
17	872644	Christopher Dyer	
18	853013	Brian Ernst	
19	881834	Brian Trefry	
20	801480	ANDY MCGILLIVRAY	
21	840911	DALE CAMPBELL	
22	862762	PATRIK TRAVERS	
23	872638	MATTHEW STANTON	
24	813840	JAMUE FORCE	
25	847312	JAMES LEURINI	
26	873809	BRANDON SMITH	
27	883923	David Burke	
28	884325	RYAN AMADO	
29	848495	Christopher Wals	
30	815846	THOMAS BINNALL	
31	862774	Elizabeth Channell	
32	861988	Joseph R Meisna	
33	819227	James W Curtin	
34	873510	Ra Vera	
35	817526	Joseph Feeney	
36	856749	Brian Foga	
37	877039	Justin Silver	
38	874647	KRIS KRONIKS	
39	816276	Daniel DelPrete	
40	826502	William A Barkowsky	

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:
---	---------------------------	------------------------

818295	Brad Newbury	
907229	James Bentman	
819057	Charles A. Williams III	
862054	Timothy Guillette	
833149	Keith Wilson	

Dan Mure 

5 of 5