

# MASSACHUSETTS OFFICE OF EMERGENCY MEDICAL SERVICES

DEPARTMENT OF PUBLIC HEALTH

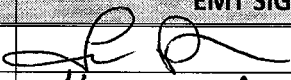
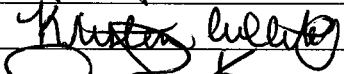
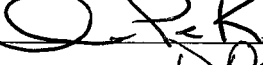
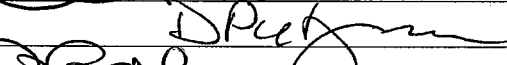

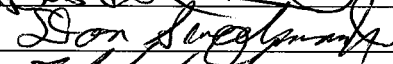
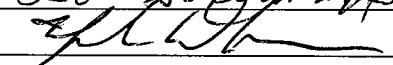
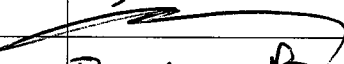
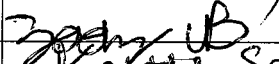
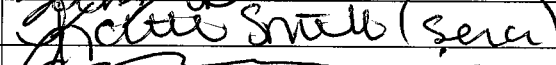
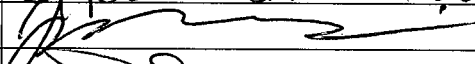
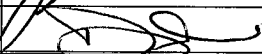
DPH/OEMS 200-59  
CONED ROSTER  
01/2016

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

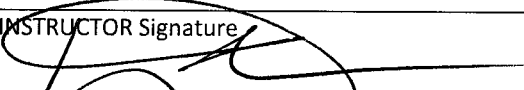
PROGRAM TITLE (Print): <b>ROUNDS REFUSALS</b>		PROGRAM SPONSOR (Print): <b>BROCKTON HOSPITAL</b>	
PROGRAM LOCATION (Print): BROCKTON HOSPITAL 680 CENTRE STREET BROCKTON		PROGRAM DATE: 1/23/19	PROGRAM TIMES: 1830-2030
OEMS CONED NUMBER: <b>1819-R5-01291-T1</b>	<input type="checkbox"/> 30 Hour Paramedic NCCR	<input type="checkbox"/> 20 Hour EMT/AEMT NCCR	<input checked="" type="checkbox"/> ConEd Program Hours: <b>2 HRS</b>

**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	861928	SEAN PETERS	
2	E328247A	Kristen Wilby	
3	823425	DENNIS PERKINS	
4	829784	DENNIS PIETRUSZEWSKI	
5	876108	PATRICK ROE	
6	850701	DON SWEETMAN JR	
7	812772	MARK DITOLLO	
8	835552	MARC COLBY	
9	E3192442	ZACHARY BROWN	
10	863013	ROBERTA SMITH (SERV)	
11	817015	JAMES D WILSON	
12	E0906563	DAVID A REPERTA	

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

# 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): <b>ROUNDS REFUSALS</b>	OEMS CONED NUMBER: <b>1819-R5-01291-T1</b>
--	---

#	EMT NUMBER:	EMT NAME (Print):	EMT SIGNATURE:
13	E586596	Christina Manning	<i>Christina Manning</i>
14	E0904553	Charles Comeau	<i>Charles Comeau</i>
15	822135	JAMES BEATTY	<i>James Beatty</i>
16	877753	Tyler Hanningan	<i>Tyler Hanningan</i>
17	902905	Dillon Biny	<i>Dillon Biny</i>
18	E0913804	Mason Riley	<i>Mason Riley</i>
19	851194	Glen Gratten	<i>Glen Gratten</i>
20	857866	Michael Nelson	<i>Michael Nelson</i>
21	884081	MICHAEL AUSTRINO	<i>Michael Austrino</i>
22	863012	Jay Hoagney	<i>Jay Hoagney</i>
23	858802	STEVEN FOSTER	<i>Steven Foster</i>
24	858791	Nick Grasso	<i>Nick Grasso</i>
25	833640	ROBERT MANNING	<i>Robert Manning</i>
26	902081	TJ NICHOLSON	<i>TJ Nicholson</i>
27	884673	PATRICK NEILL	<i>Patrick Neill</i>
28	828753	Timothy J. King Jr	<i>Timothy J. King Jr</i>
29	876822	MERIDITH GIRARD	<i>Meridith Girard</i>
30	E0912937	Matthew McDonald	<i>Matthew McDonald</i>
31	856558	David Ogilvie	<i>David Ogilvie</i>
32	E898724	STEVEN SMITH	<i>Steven Smith</i>
33	E897913	JOSEPH SOLARI	<i>Joseph Solari</i>
34	854503	Marc P. Bernard	<i>Marc P. Bernard</i>
35	0908278	Elizabeth Machado	<i>Elizabeth Machado</i>
36	861988	Joseph R Messia	<i>Joseph R Messia</i>
37	870562	Andrew Wilds	<i>Andrew Wilds</i>
38	824725	SCOTT PINARD	<i>Scott Pinard</i>
39	810057	Paul J. Anderson Jr	<i>Paul J. Anderson Jr</i>
40	813850	Paul J. Anderson Jr	<i>Paul J. Anderson Jr</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): <b>Daniel Muse, MD</b>	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

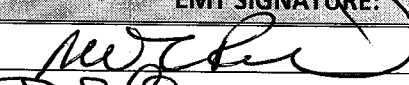
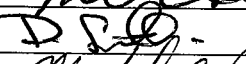
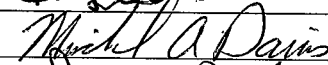
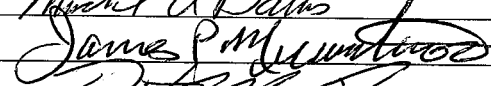

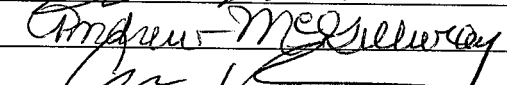

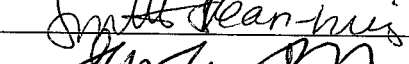
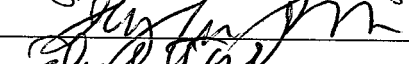


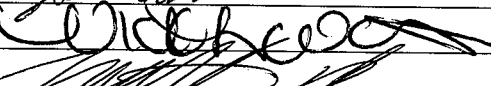

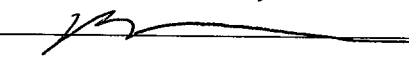
## OFFICE OF EMERGENCY MEDICAL SERVICES

DEPARTMENT OF PUBLIC HEALTH

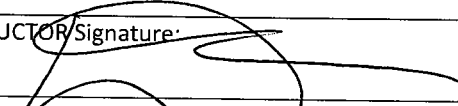
DPH/OEMS 200-59  
CONED ROSTER  
01/2016

**(Continuing Education Roster Continued):**

PROGRAM TITLE (Print): <b>ROUNDS REFUSALS</b>	OEMS CONED NUMBER: <b>1819-R5-01291-T1</b>
--	---

#	EMT NUMBER:	EMT NAME (Print):	EMT SIGNATURE:
13	832136	Michael Renna	
14	836505	DAVID SASTLU	
15	836897	Michael Davis	
16	848945	James P Micciantuono	
17	10901958	Timothy Kynclicz	
18	807480	ANDREW McBILLINRAY	
19	868360	Cheri Patten	
20	8914991	Jonette Jean-Louis	
21	0902706	Jerry Thomson	
22	829261	Thomas Ford	
23	875461	James Morlone	
24	873813	VICKI WALETRUS	
25	834335	Matthew Rich	
26	867964	James Reedy	
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): <b>Daniel Muse, MD</b>	INSTRUCTOR Signature: 	INSTRUCTOR EMT Number:
--	---	------------------------