### MASSACHUSETTS **OFFICE OF EMERGENCY MEDICAL SERVICES**

**DPH/OEMS 200-59 CONED ROSTER** 

01/2016

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

PROGRAM TITLE (Print):			PROGRAM SPONSOR (Print):			
ROUNDS "DISPATCH TO DISCHARGE"			CKTON	HOSPITAL8	& BROCKTON FIRE	
PROGRAM LOCATION (Print): 80 PERKINS AVE, BROCKTON MA 02302			PROGRAM APRIL 2	1 DATE: 23, 2019	PROGRAM TIMES:  9 AM TO 11 AM	
OEMS CONED NUMBER: 30 Hour Paramedic NCCR			Hour MT NCCR	ConEd Pro	gram Hours: 2 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 SIGNATURE:					
1	835691	Derek Avery	CARS.					
2	826989	George ) Gardners	2000					
3	834805	CRIN Nedell	1.2.					
4	812772	MARK DITOCCO	tash lite					
5	832727	Eric Haffman						
6	855576	David Mi Gillis	E UL II					
7	877215	Justin Collberg	Destille					
8	0902663	Daniel Preach						
9	852981	Coais Winsor	ann					
10	861928	SEAN PETERS	RIZO					
11	213676	Kerin Finch	7679					
12	827753	Timerry T Cleary &						
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Juder	the pains and penaltic	es of perjury, I attest that this is a true and accura	te record of the conduct, hours, and acfual					

Under the pains and penalties of pe attendance for this training course.	erjury, I attest that this is a true and acc	urate record of the conduct, h	ours, and actual
INSTRUCTOR NAME (Print):	INSTRUCTOR Signature	INS	TRUCTOR EMT Number:
Daniel Muse, MD		>	
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## MASSACHUSETTS

**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 "DISPATCH TO DISCHARGE"

1920-R5-00100-T1

	EMT NUMBER:	EMT NAME (Print):	EMT SIGNATURE:
13	822135	JAMES BEATTY	Sen Ball
14	0902690	JOSH SPROUL	7/20
15	841912	Scott Albanese	Sit apage
16	E0906642	Ler Sullivary	Sta Seleza
17	80903020	Alexander Ballay	Leng und
18	826502	William A Barkowsky #	Rian Diant
19	5338962	Richard S. Smithal	(2000 87)
20	P0902706	Jerry Thompson	dung Fran
21	P090 2704	Ryan Penton	21 Jan
22	E0906787	Gregon Goldberg	Hey & Kelly
23	880665	Sept ( Goods)	La Designation
24	895984	Vie Vouna	Hala Gen/
25	843868	LOSPH Sollona	(Sind after)
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27	₹———	caroly- Mckenna	Chropeva
28	820532		France.
29	0902317	David Braduhard Joseph Pikstm	25 m 3N
30	0902517	Jason Aikstm	a
31	0901600	CMIN ABRAHAM	Antel
32	812487	DAVID DEBEST	2703
33	875716	Chris Hamilka	
34	P0902692	Morgan Genatossio	White Lo
35	901987	Mike Shillin	177-
36	0902696	Chris Macone	Ch rem
37	[070851	PAUL Chuilli	Bod Chull
38	898358	Star Nelson	California
39	815288	THOMASBIBBY	Throng Bild
40	840176	MATTHEW BUSCH	Men
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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.					
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

# MASSACHUSETTS

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 "DISPATCH TO DISCHARGE"

1920-R5-00100-T1

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	EMT NUMBER:	EMT NAME (Print):	EMT SIGNATURE:
13	848947	Eric J. Roppolo	Eric & Roppola
14	896757	Andrew Held	alide
15	902177	Joshva Anacki	ac ac
16	0909061	Andrew Nahi 916n	
17	0964189	Kny Styne Oleg	n
18	6/3635	Gregor Bount	elan
19		LAURIENCE NOOWAN	L Women
20	0901978	Andrew Daigle	(aden) - sole
21	830416	John Horman	
22	858226	James Miceli	Pant.
23	0902674	Rachary Baldwin	Any Mill
24	840646	DONALS GAZERRO	Sax
25	902416	Neil Harrington	Nu Hayla
26	877861	Tanny flyke	
27	856933	William Bassett -	UTB Sould
	A0900133	Jason Murphy	Am
29	हुनल्।।	DAIE CAMPBEZC	Jane 1
30	824216	THOMAS LUCKMAN JA	ANT
31	884779 .	THOMAS LICICMAN ##	N
32	876108	Brock Kox	och as
33	811625	James Boby	Jan Sala
34	882110	Carolynn Bunker (	Maroly morning
35	852683	James Briker	Tram Bin
36	848945	Junes Micciantecuso	Janes Whenter
37	847312	James Leurini	Maries Lalilia
38	873804	CH215 DWALE	Marily Start
39	892197	Andrew Wisocky	Thinks
40	87158 G	Jared Morphy	forced an
Unde	r the pains and penaltie	s of perjury, I attest that this is a true and accurate	record of the conduct, hours, and actual
atten	dance for this training on the comment of the comme	ourse.  INSTRUCTOR Signature:	
	el Muse, MD	instruction aignature:	INSTRUCTOR EMT Number:
Janie	A IVIGGE, IVID		

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):	
ROUNDS "DISPATCH	TO DISCHARGE"

OEMS CONED NUMBER: 1920-R5-00100-T1

	EMT NUMBER:	EMT NAME (Print):	EMT SIGNATURE:			
13	828892	William E Hill Casey Florence	Willia & Hell			
14	876912	Casey Florence	Curton			
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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

DISPATCHORS

# MASSACHUSETTS OFFICE OF EMERGENCY MEDICAL SERVICES

DPH/OEMS 200-59 CONED ROSTER 01/2016

---- DEPARTMENT OF PUBLIC HEALTH-

(Continuing Education Roster Continued):

PROGRAM TITLE	(Print):	
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OEMS CONED NUMBER:

ROUNDS "DISPATCH TO DISCHARGE"

1920-R5-00100-T1

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attend	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.							
	UCTOR NAME (Print):		INSTRU	CTOR S	ignature:			INSTRUCTOR EMT Number:
Daniel Muse, MD								

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