

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): MM Rounds-Head and Neck Trauma Lecture	PROGRAM SPONSOR (Print): CMTI / BREWSTER AMBULANCE SERVICE	
PROGRAM LOCATION (Print): 1555 Main Street, Brockton MA	PROGRAM DATE: 5-8-2019	PROGRAM TIMES: 1800-2000
OEMS CONED NUMBER: 1920-R4-06249-T1	<input type="checkbox"/> 30 Hour Paramedic NCCR	<input type="checkbox"/> 20 Hour EMT/AEMT NCCR
<input checked="" type="checkbox"/> ConEd Program Hours: 2 HOURS		

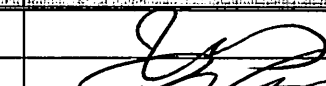



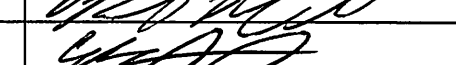
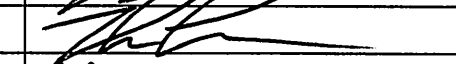
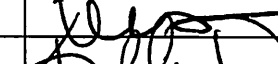
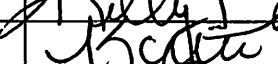
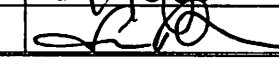

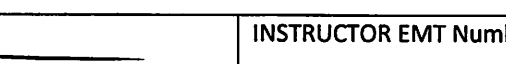
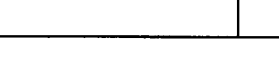
Instructions:

LEAD INSTRUCTOR MUST:

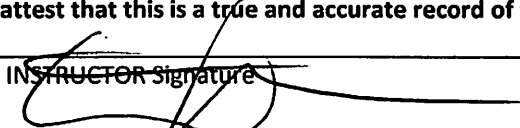
- 1) Sign this roster in the space provided, attesting that you have conducted this training program in accordance with applicable Massachusetts EMS regulations, the course outline, and DPH/OEMS Administrative Requirement (AR) 2-212.
- 2) Issue course completion documentation to the EMTs once the program 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	80914962	Julia Mendonca	
2	8859150	Jason Medeiros	
3	889368	Christopher Emswiler	
4	849242	Jason Mahoney	
5	0904189	Kyrstina Oler	
6	80902109	Robert Meshinai	
7	872673	Elizabeth Gwill	
8	824210	Thomas Luckman Jr	
9	833147	Keith Wilson	
10	864304	Billy Donovan	
11	863013	Bozeta Smith	
12	861928	SEAN PETERS	

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): Dr. Dan Muse	INSTRUCTOR Signature: 	INSTRUCTOR EMT Number:
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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): MM Rounds Head/Neck Trauma	OEMS CONED NUMBER: 1920-R4-06249-T1
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	EMT NUMBER:	EMT NAME (Print):	EMT SIGNATURE:
13	876559	Gerald Wawio	Gerald Wawio
14	E0909631	JOSHUA CABRAL	[Signature]
15	834805	Craig Nedell	[Signature]
16	810052	Paul Lamoureux Jr	[Signature]
17	A0900061	PAUL M COURTIER	Paul M Courrier
18	E0907470	Taylor Cordero	Taylor
19	E888348	Christina Morrison	Christina Morrison
20	E0913416	Deavi-Harvey	[Signature]
21	E878366	Antonio Morais	[Signature]
22	836636	Stephen Van Voorhis	[Signature]
23	A0900204	Kathryn McSharry	[Signature]
24	847342	Anthony Ciccolo	[Signature]
25	5044716	Valerie Sullivan	[Signature]
26	842664	John Previti	John Previti
27	838767	JACKSON MACOMBER	[Signature]
28	826989	George F Gardner Jr	[Signature]
29	881254	David C Jardin	[Signature]
30	812487	DAVID DEBESS	[Signature]
31	802495	Joseph Doyle	[Signature]
32	867964	James Resdy	[Signature]
33	P0903109	Pat Oyer	[Signature]
34	819751	George W Hagg	George W Hagg
35	E0909412	Brian M Parks	[Signature]
36	825241	Timothy L Donovan	[Signature]
37	807480	ANDREW MCGILINRAY	[Signature]
38	838962	Richard S. Smith	[Signature]
39	902081	T J NICHOLSON	[Signature]
40	896569	Jenna Pereira	[Signature]

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): Dr. Dan Muse	INSTRUCTOR Signature: 	INSTRUCTOR EMT Number:
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Note, if you do not have enough space for all students, simply copy and attach additional sheets of this page and number appropriately

