

# 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): <b>ROUNDS "DISPATCH TO DISCHARGE"</b>		PROGRAM SPONSOR (Print): <b>BROCKTON HOSPITAL &amp; BROCKTON FIRE</b>	
PROGRAM LOCATION (Print): <b>KEATING UNION HALL, BROCKTON MA</b>		PROGRAM DATE: <b>6/20/19</b>	PROGRAM TIMES: <b>0900-1100</b>
OEMS CONED NUMBER: <b>1920-R5-00102-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	876912	Casey Florence	<i>Casey Florence</i>
2	849763	CHRISTOPHER BARBOW	<i>Christopher Barbow</i>
3	852683	James Bunker	<i>James Bunker</i>
4	882770	Carolynn Bunker	<i>Carolynn Bunker</i>
5	822135	JAMES BEATTY	<i>James Beatty</i>
6	838485	Robert O'Brien	<i>Robert O'Brien</i>
7	856572	Sean Gerraghly	<i>Sean Gerraghly</i>
8	856248	Richard Mackinnon	<i>Richard Mackinnon</i>
9	818774	Stephen M. DUGGAN	<i>Stephen M. Duggan</i>
10	0902696	Chris Macone	<i>Chris Macone</i>
11	842039	John Curley	<i>John Curley</i>
12	861834	Michael Kalodziej	<i>Michael Kalodziej</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>Daniel Muse</i>	INSTRUCTOR EMT Number:
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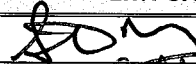

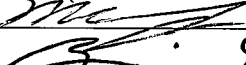
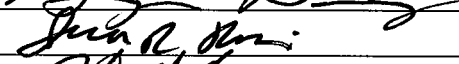
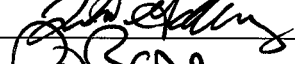
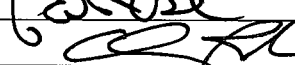

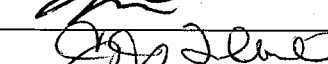
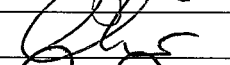
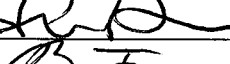

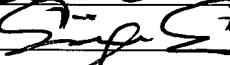
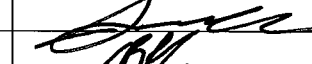
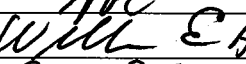
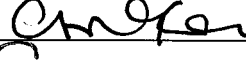

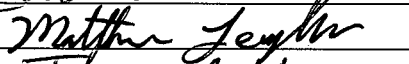
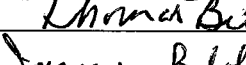


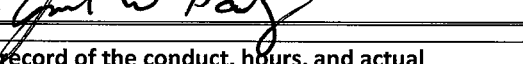
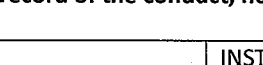

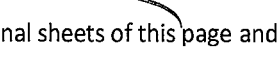



# MASSACHUSETTS OFFICE OF EMERGENCY MEDICAL SERVICES

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PROGRAM TITLE (Print): <b>ROUNDS "DISPATCH TO DISCHARGE"</b>	OEMS CONED NUMBER: <b>1920-R5-00102-T1</b>
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#	EMT NUMBER:	EMT NAME (Print):	EMT SIGNATURE:
13	820852	Stephen Murphy	
14	879896	Derek Haimadi	
15	872959	Michael Fournier	
16	868973	Benjamin Denny	
17	871708	Juan R Rios	
18	877215	Justin Goldberg	
19	876108	Patrick Rose	
20	0A02663	Daniel Preach	
21	840646	DONALD W. GAZERU	
22	901981	Michael Sullivan	
23	853901	CHRISTOPHER J. GALLANT	
24	840029	Adam Levine	
25	861928	SEAN PETERS	
26	856749	Brian Fogg	
27	871151	Christopher Cotti	
28	871706	ELPIDIO ESTRADA	
29	841915	Joseph Coleman	
30	902099	Ryan Connolly	
31	828892	William E Hill	
32	Dispatch	Carolyn McKern	
33	836629	CHRISTOPHER TILTON	
34	873804	CHRISTOPHER DANNAIS	
35	867179	Matthew Leighton	
36	815288	THOMAS BIBBY	
37	811622	James Bibby	
38	E377999	Joseph Thompson	
39		Ryan Costa	
40	850223	Joseph Hanley	

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INSTRUCTOR NAME (Print): <b>Daniel Muse, MD</b>	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

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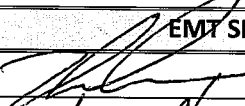
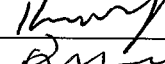
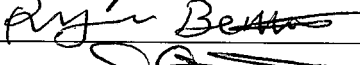
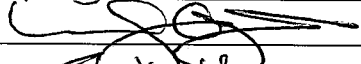

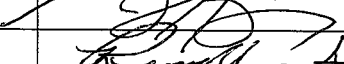
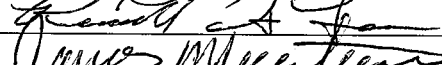
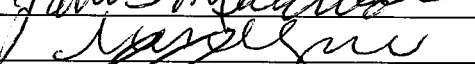
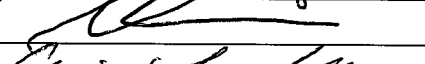

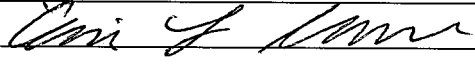
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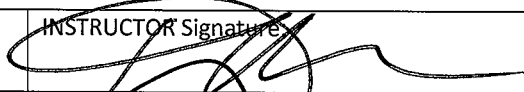
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13	824216	THOMAS Lockman Jr	
14	876931	Kevin Foster Jr	
15	P0902704	Ryan Benton	
16	849767	MATTHEW CRASA	
17	836699	George O'Neil	
18	838763	JOSEF KENEACT	
19	P0902586	RUSSELL A. LUCAS	
20	848945	JAMES MICCANTUONO	
21	839576	Mare Kefau	
22	852972	Manny Paulkatz	
23	3399959	Arianna Comendul	
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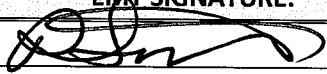
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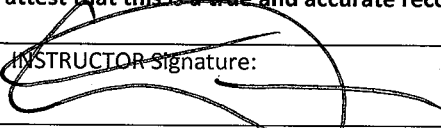
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	EMT NUMBER:	EMT NAME (Print):	EMT SIGNATURE:
13	847406	Peter M. Reardon	
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