

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): ROUNDS: DOMESTIC VIOLENCE		PROGRAM SPONSOR (Print): BROCKTON HOSPITAL & BREWSTER AMBULANCE	
PROGRAM LOCATION (Print): 1555 MAIN STREET, BROCKTON MA		PROGRAM DATE: 9/18/19	PROGRAM TIMES: 1800-2000
OEMS CONED NUMBER: 1920-R4-06251-T1	<input type="checkbox"/> 30 Hour Paramedic NCCR	<input type="checkbox"/> 20 Hour EMT/AEMT NCCR	<input checked="" type="checkbox"/> ConEd Program Hours: 2HRS

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	810052	PAUL L LAMONUE JR	<i>[Signature]</i>
2	813850	ROBERT J Maximelli	<i>[Signature]</i>
3	P90482	Paul Ballagher	<i>[Signature]</i>
4	0904840	Michael Dickinson	<i>[Signature]</i>
5	852683	James Bunker	<i>[Signature]</i>
6	882740	Carolynn Bunker	<i>[Signature]</i>
7	E3282479	Kristen Cullity	<i>[Signature]</i>
8	858791	Nicholas Gfasso	<i>[Signature]</i>
9	P0802923	PATRICK CHAPIN RINDKITT	<i>[Signature]</i>
10	E0909631	JOSHUA CABRAL	<i>[Signature]</i>
11	842039	John Cullity	<i>[Signature]</i>
12	828324	Steven Nelson	<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:
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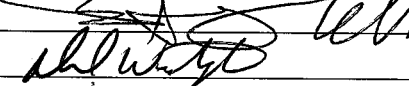
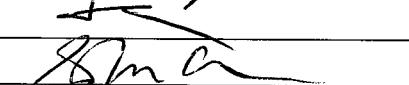
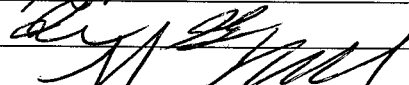
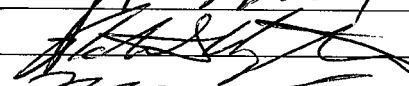
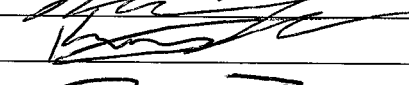
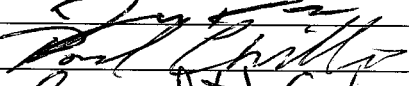
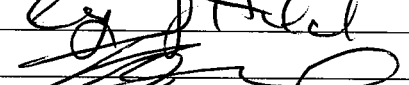


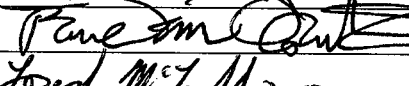
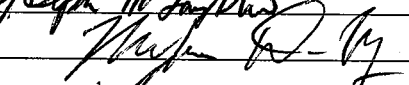
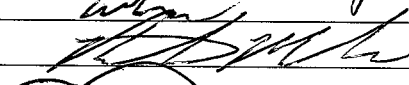

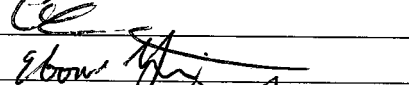

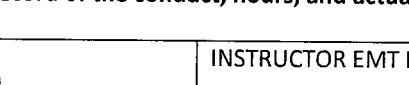
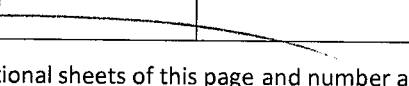
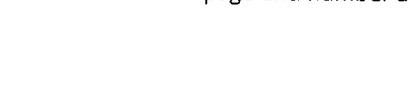

OFFICE OF EMERGENCY MEDICAL SERVICES

DEPARTMENT OF PUBLIC HEALTH

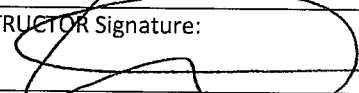
DPH/OEMS 200-59
CONED ROSTER
01/2016

(Continuing Education Roster Continued):

PROGRAM TITLE (Print): ROUNDS: DOMESTIC ABUSE	OEMS CONED NUMBER: 1920-R4-06251-T1
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#	EMT NUMBER:	EMT NAME (Print):	EMT SIGNATURE:
13	833723	William Choate	
14	856544	Timothy Callahan	
15	858434	Daniel Westgate	
16	886026	Janine Cordeiro	
17	876924	SHANE CAVER	
18	0909264	Jacob Igo	
19	838767	JACKSON MACOMBER	
20	861996	Patrick Harrington	
21	872959	Michael Fournier	
22	876931	Kevin Foster Jr	
23	P0902315	JUSTIN DONNA	
24	E090851	Paul Chulili	
25	P0902601	Cory Hetch	
26	F76104	Patrick Fisher	
27	862482	CHRISTOPHER LYONS	
28	856599	JEFF GERMAINE	
29	E0914363	Katrina Deyaj	
30	875469	Corey Silver	
31	A0900061	PAUL M COUTURER	
32	E0914228	Joseph McLaughlin	
33	P0903442	Michael Devilly	
34	889241	William Wood	
35	P0902109	Robert Marshine	
36	862762	PATRICK TRAVERS	
37	P0902853	MEGHAN BARBS	
38	P0902218	ELIZABETH MACHADO	
39	F3433769	Ebony Gill	
40	854503	Marc P. Bernard	

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INSTRUCTOR NAME (Print): Daniel Muse, MD	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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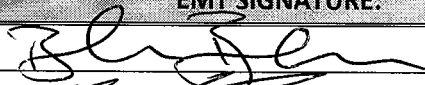
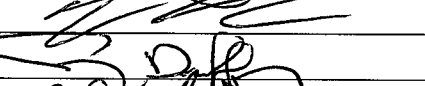

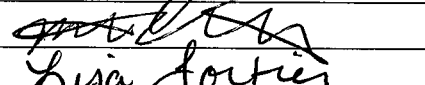
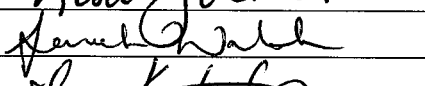
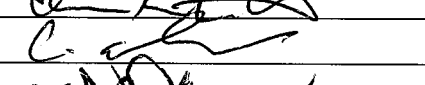
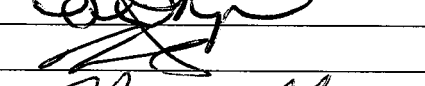
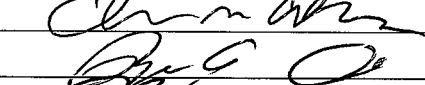
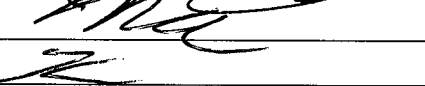
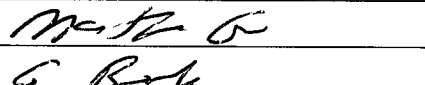
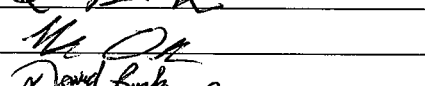
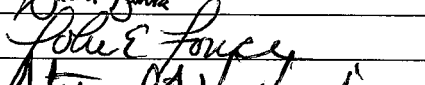
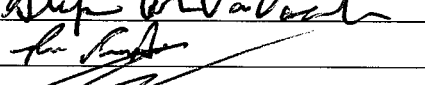
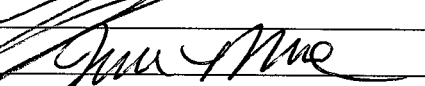

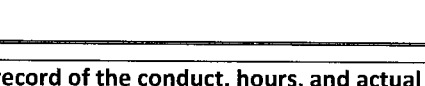
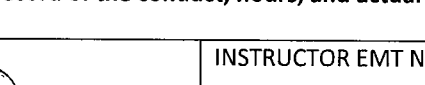
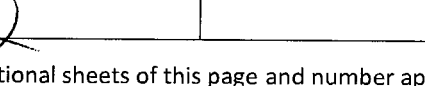
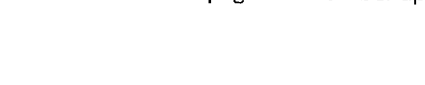

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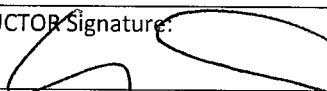
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13	887717	Brendan Brewer	
14	E0912582	Taylor Thispm	
15	P0502687	Connor Duffy	
16	E0906515	CD HILL JR	
17	874551	Michael Ryan	
18	850579	Matthew Smith	
19	846267	Lisa Fortier	Lisa Fortier
20	3421655	Sarah walsh	
21	860537	IAN KURTINIS	
22	873804	CHRIS DOMANUS	
23	831240	Scott Rogers	
24	825148	Richard M Sma	
25	854099	CHRISTOPHER	
26	884325	RYAN E. AMADO	
27	888115	Katherine Klind	
28	774469	Kevin O'Hara	
29	829560	Matt Gray	
30	848922	eric beltrami	
31	002558	Matthew Olin	
32	883923	David Burke	
33	813840	John E. Force	
34	836636	Stephen Van Vooshtis	
35	883780	Rt Campbell	
36	849242	Jason Mahoney	
37	896569	Jenna Pereira	
38			
39			
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