

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): ENVIRONMENTAL EMERGENCIES		PROGRAM SPONSOR (Print): BROCKTON HOSPITAL	
PROGRAM LOCATION (Print): Knights of Columbus 1195 Bedford Street, Whitman MA		PROGRAM DATE: SEPTEMBER 14, 2023	PROGRAM TIMES: 1800-2000
OEMS CONED NUMBER: 2324-R5-00875-T1	<input type="checkbox"/> 30 Hour Paramedic NCCR	<input type="checkbox"/> 20 Hour EMT/AEMT NCCR	<input checked="" type="checkbox"/> ConEd Program Hours: 2 HRS

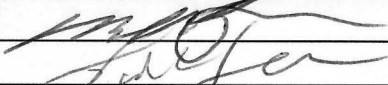
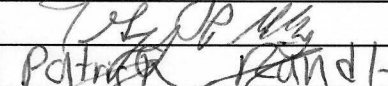
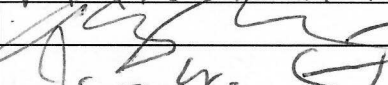
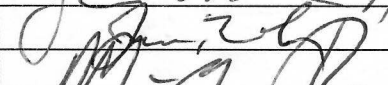
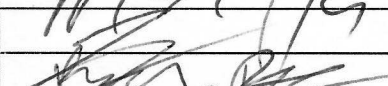
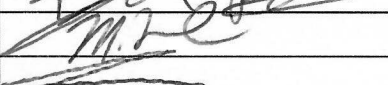
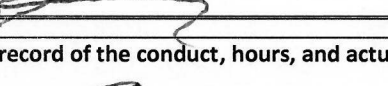
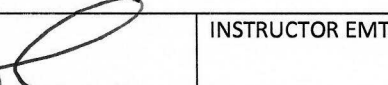



Instructions: CME 2 HRS BASIC, ANVANCED AND PARAMEDIC

LEAD INSTRUCTOR MUST:

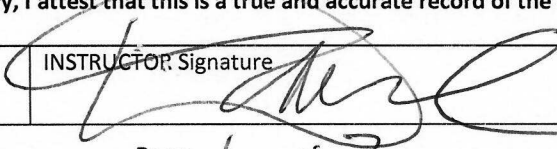
- 1) Sign this roster in the space provided, attesting that you have conducted this training program in accordance with applicable Massachusetts EMS regulations, the course outline, and DPH/OEMS Administrative Requirement (AR) 2-212.
- 2) Issue course completion documentation to the EMTs once the program 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	P 879551	Michael Ryan	
2	895984	Julie Young	
3	E0906787	Gregory Goldberg	
4	P0802923	Michael Dickenson	Michael Dickenson Patrick Hand/PHI
5	G902840	Michael Dickenson	
6	Q25125	JAMES W. CAMPBELL	
7	815111	James B. Reed	
8	832766	Michael A. Peck	
9	849242	Jason Maroney	
10	403906	Ryan Bourse	
11	856988	MATTHEW FORSTER	
12	835558	MALCOLM O'HARA	

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:
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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): Daniel Muse, MD	OEMS CONED NUMBER: 2324-R5-00875-T1
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	EMT NUMBER:	EMT NAME (Print):	EMT SIGNATURE:
13	P0903675	Adams Dechellis	
14	P0904841	Jonathan Delmonte	
15	P0904406	Kevin Pichie	
16	P0902462	John Morrissy	
17	P0902315	Justin Donna	
18	886306	HARRICK SAMMON	
19	P0904279	Paul Costa	
20	P870562	Andrew Wilds	
21	P0904617	Joe Lasko	
22	115532	James Bantman	
23	P0904034	Justin Everson	
24	826989	George F Gardner	
25	829761	Thomas Ford	
26	839558	Francis S Currie	
27	808046	Donald L Dooner	
28	P0902706	Jerry Thompson	
29	876924 P	SHANE CARR	
30	87799		
31	874599	Patrick Flanagan	
32	P0901847	Daniel Rice	
33	840176	Matthew Busch	
34	P0902674	Zachary Baldwin	
35	807480	ANDREW M GILLINREAY	
36	149552	Robert B. Doyle	
37	858008	Bryan Smith	
38	880665	SCOTT FIBBINS	
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): 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