

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: ALTERED MENTAL STATUS		PROGRAM SPONSOR (Print): BROCKTON HOSPITAL	
PROGRAM LOCATION (Print): Knights of Columbus 1195 Bedford Street, Whitman MA		PROGRAM DATE: 10/19/2022	PROGRAM TIMES: 1800-2000
OEMS CONED NUMBER: 2223-R5-00873-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	861928	SEAN PETERS	<i>[Signature]</i>
2	832727	ERIC HOFFMAN	<i>[Signature]</i>
3	E808046	Donald L Dooner	<i>[Signature]</i>
4	903207	Bonnie Kelly	<i>[Signature]</i>
5	M5001437	John Kelly	<i>[Signature]</i>
6	835552	MAK O'HARA	<i>[Signature]</i>
7	E815711	James Rush	<i>[Signature]</i>
8	840636	Mike Tracy	<i>[Signature]</i>
9	884118	Ronald Engle	<i>[Signature]</i>
10	825625	JAMES W. CAMPBELL II	<i>[Signature]</i>
11	5109389	Brianna O'Roward	<i>[Signature]</i>
12	149552	Robert B. Doyle	<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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DEPARTMENT OF PUBLIC HEALTH

DPH/OEMS 200-59
CONED ROSTER
01/2016

(Continuing Education Roster Continued):

PROGRAM TITLE (Print):	OEMS CONED NUMBER:
ROUNDS: ALTERED MENTAL STATUS	2223-R5-00873-T1

#	EMT NUMBER:	EMT NAME (Print):	EMT SIGNATURE:
13	865056	Jonathan Hickey	
14	P0901869	Robert Creighton	
15	819114	Scott G. Brown	
16	840005	PARAZULS CONCORDS	
17	E0920378	RUTH WARD	
18	0903496	JOSH SPRUE	
19	876108	Patrick ROE	
20	884779	Thomas Luckman III	
21	P0903970	MIKE CONCANNON	
22	P0903514	Corbett McLucas	
23	P0903235	Vincent DeVeccio	
24	818774	Stephen M. DUGGON	
25	P0904279	Caio C. Costa	
26	850585	Ryan C. DeLuc	
27	840911	Dave Campbell	
28	818295	Bradford Newbury	
29	853013	Brian Ernst	
30	881970	JOSH URX	
31	0902504	JAMES P. CONNOR	
32	807588	ERIC J. ELDER	
33	115532	James J. Barnham	
34	870540	Derek Ashbridge	
35	0907723	Kenny McLaughlin	
36	0909334	ROBERT NEUMER SR	
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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): Daniel Muse, MD	INSTRUCTOR Signature: 	INSTRUCTOR EMT Number:
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