MASSACHUSETTS OFFICE OF EMERGENCY MEDICAL SERVICES

DPH/OEMS 200-59 CONED ROSTER 01/2016

| Progra | m Information: (Th | nis roster is f | or use with training pro | grams that h | nave DPH/O | EMS continuing | education numbers) |
|-------------------------------|---|-----------------|--|--|--------------|----------------------------|--|
| PROGRAM TITLE (Print): | | | | PROGRAM SPONSOR (Print): | | | |
| ROUNDS: NERO'S LAW | | | BRC | BROCKTON HOSPITAL | | | |
| PROGRAM LOCATION (Print): | | | | PROGRAM | DATE: | PROGRAM TIMES: | |
| 352 BROAD ST, BRIDGEWATER, MA | | | | SEPT | 8, 2022 | 1700-2000 | |
| OEMS | CONED NUMBER: | | 30 Hour | 20 | Hour | | |
| 2223 | 3-R5-00867-T2 | | Paramedic NCCR | EMT/AEMT NCCR | | ConEd Program Hours: 3 HRS | |
| Instruc | ctions: | CME 3 | HRS BASIC, AD | VANCED | AND PA | RAMEDIC | |
| | NSTRUCTOR MUST: | | | | | | Community of the Commun |
| 1) | | | vided, attesting that you , the course outline, and | | | | in accordance with applicable |
| 2) | | | | | | | sponsors may issue course |
| | | | provide attendees with | | | | |
| 3) | | | is retained by the progr | | | | gram |
| 4) | • | | the last student has sig | ned in at the | completior | for the course. | |
| 1) | TTENDING PROGRAM Legibly PRINT and S | | me after vour Massachi | ısetts EMT n | umber (if vo | ou have one), at | testing that you attended |
| | course as described | above. Rem | ember to include the le | tter prefix o | f your EMT | number. | |
| 2) | | | ourse completion docur | | | | |
| 3) | | | al number may never re proval, there are limitati | | | | |
| | | | | | | | .2 or the OEMS Renewal |
| | · · | | /www.mass.gov/dph/o | | | | |
| 4) | FAILURE TO SIGN TH | IE ATTENDA | NCE ROSTER MEANS TH | IAT NO CRED | IT CAN BE A | WARDED. | |
| | EMT NUMBER: | | EMT NAME (Print | | | EMI | SIGNATURE: |
| 1 | 861928 | SEW | PETENS | | | RON | |
| 2 | 825241 | Timo | thy DONON | χ) | | out W | Dw |
| 3 | 871048 | Teff | rey Cuozza | > | | 6125 | |
| 4 | 808046 | Don | ald L Doon | | | Denah | I Cooner |
| 5 | 060455 | 1 | neth 2 Mohon | | | Kenguar 1 | mely |
| 6 | E0903039 | Jac | son Sulli | ian | | Ada | |
| 7 | 810046 | Cra | 19 ERICKS | 50~ | | Ouch | |
| 8 | 855933 | Alrexa | NOW METRY | | | 2 | |
| 9 | 848780 | M | ichael Krau | 162 | | May | Kin |
| 10 | F.0918654 | Mich | as Magle | | | 2/1/2 | |
| 11 | 094220 | BRA | DIBY D ANDE | RSON | 1 | > rely is | ander |
| 12 | 834335 | Ma | then H. R | i ch | | mul | All |
| Under | the pains and penalti | es of perjury | ,, I attest that this is a t | rue and acc | urate record | of the conduct | , hours, and actual |
| attend | ance for this training | 5 5 6 | · · · · · · · · · · · · · · · · · · · | the day a power of the same of | | | |
| | JCTOR NAME (Print): | | MSTRUCTOR Signat | | | 1 1 | NSTRUCTOR EMT Number: |

Page _

Daniel Muse, MD

MASSACHUSETTS OFFICE OF EMERGENCY MEDICAL SERVICES

DPH/OEMS 200-59 CONED ROSTER 01/2016

(Continuing Education Roster Continued):

DEPARTMENT OF PUBLIC HEALTH-

| PROGRAM | TITLE ! | (Print): |
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OEMS CONED NUMBER:

ROUNDS: NERO'S LAW

2223-R5-00867-T2

| | EMT NUMBER: | EMT NAME (Print): | EMT SIGNATURE: |
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| 13 | 862176 | Jarrod Driscoll | the |
| 14 | 0903952 | Matthew Barry | Mrs R |
| 15 | 894325 | RIAN AMADO | Out O |
| 16 | 901662 | Kyl Grox | ne de la companya della companya del |
| 17 | 861834 | Michael Kaladziej | 12/11. |
| 18 | 867944 | James Resdy | 1 |
| 19 | 885097 | SCAT J SOMSON | and the same of th |
| 20 | 864222 | Richard P Kates Je | |
| 21 | 0902663 | Daniel Preach | Eller 1 |
| 22 | 850586 | Scott Duffer | Scott of Deffy |
| 23 | 874133 | Michael Haggerly | NATA OF |
| 24 | 903985 | Bilen Lindsteut | Bi Lis |
| 25 | 0904549 | Andrew Frey | antita |
| 26 | 641921 | Mark Ennis | 1 |
| 27 | 858055 | Michael Fro.0 | |
| 28 | P0904305 | Johathan Fongeallaz | 34 |
| 29 | PO901882 | Paul Gallyn | Tardon |
| 30 | P0903675 | ADAM Dechellis | a sai |
| 31 | 850360 | Shery L Mattivello | Then Mallock |
| 32 | 149552 | Robert D. Dayle | DA DA |
| 33 | E894553 | Terry Blankenships | Jeny Blankerle |
| 34 | 825515 | Nancy Hust | nanty methys () |
| 35 | 836897 | Michael Davis | Mish Colours |
| 36 | 823104 | TREDERKE VOLA | |
| 37 | 883073 | Michael Mostrahia | |
| 38 | 852547 | Sharon S LeonL | 32 8 C |
| 39 | 881920 | SOSH NIX | |
| 40 | 433827 | trie (hi=son | 6-6 |
| Unde | r the pains and penaltie | es of perjury, I attest that this is a true and accurate | record of the conduct, hours, and actual |

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:

Note, if you do not have enough space for all students, simply copy and attach additional sheets of this page and number appropriately

MASSACHUSETTS

CONED ROSTER 01/2016

DPH/OEMS 200-59

(Continuing Education Roster Continued):

DEPARTMENT OF PUBLIC HEALTH.

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| PROGRAM TITLE (Print): | OEMS CONED NUMBER: |
| ROUNDS: NERO'S LAW | 2223-R5-00867-T2 |

| 1 | EMT NUMBER: | EMT NAME (Print): | EMT SIGNATURE: |
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| 13 | 0902696 | Chris Macone | C - Dan |
| 14 | 902219 | Cori Handorff | Consta |
| 15 | 90916745 | Shannon Warton | Allid |
| 16 | 1854099 | Chric of odle | CM |
| 17 | 10904384 | Conner Finery | Conner Jus |
| 18 | 817015 | JAMPS DWILSON | - harr |
| 19 | P0904358 | Jeff Perrz | Mills. |
| 20 | 876931 | Keu'n Foster | Lug |
| 21 | 884779 | Thomas Lucieman III | 7774 |
| 22 | 870559 | GERALD Wanie | Com |
| 23 | ટેક્યા ફ | Richard Fung to | Ru ier of |
| 24 | 0903367 | Ever Masherry | Ener |
| 25 | 8141387 | STEPHEN MCLEAN | Styll grand |
| 26 | 812487 | David DeRest | DA 0/2 |
| 27 | 804928 | Doreen M (tirey | Vereis M Cany |
| 28 | 874551 | Michael Ryan | Mille |
| 29 | \$72638 | Mytthew Stanton | MILL |
| 30 | E844089 | William Schliemon | De flin |
| 31 | 5 0906880 | Cocary Borget | Syll |
| 32 | E3057490 | Jarob Berrick | |
| 33 34 | 951794 DE 16 15 | GlaGrate | GC4 |
| 35 | 825189 | George 7 Gard | Chi Chi |
| | P090344Z | Michael Devily | fly Wy |
| 36 | P0903411 | Christing Schools | 1) 0 |
| 37 | P090 2772 | John A. Tiro | UN |
| 38 | 868346 | JETFELY KELLEY | |
| 39 | 835824 | David W. Curry dr | nduc |
| 40 | E0910558 | Michael La Nutra - | all the |
| Unde | r the pains and penaltie dance for this training o | s of perjury, I attest that this is a true and accurate | record of the conduct, hours, and actual |
| | UCTOR NAME (Print): | INSTRUCTOR Signature: | NSTRUCTOR EMT Number: |
| | el Muse, MD | |) |

Note, if you do not have enough space for all students, simply copy and attach additional sheets of this page and number appropriately

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): **OEMS CONED NUMBER: ROUNDS: NERO'S LAW** 2223-R5-00867-T2

| 1 | EMT NUMBER: | EMT NAME (Print): | EMT SIGNATURE: |
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| 13 | 874931 | Glavir Amy | Por 17 |
| 14 | 816276 | Daniel DelPrete | Warriel Del Auto |
| 15 | 87053 | PAUL L LAMOUREUX TY | Con la , 1 |
| 16 | P0906970 | Michael Concannon | 222 |
| 17 | E3653923 | Theodore Barbetto Jr. | Thomas Brob. |
| 18 | 888030 | Chris Olsar | Na |
| 19 | 9090 3470 | Vystin Kellcher | Many |
| 20 | E3447791 | marian Decosta | mm |
| 21 | Y0907457 | Madron Anderson | Market Color |
| 22 | F0918028 | Christophes Jones | Menster / Ju |
| 23 | 854650 | Geoffrey Lucas | (2-11/9C) |
| 24 | 835030 | STEVE ShAngold | M |
| 25 | folo4(6) | Ben aut to | Bush |
| 26 | 864304 | helly Donaran | Telly Omnow |
| 27 | A0900098 | PROWARD F BAKKN In | GAL STREET |
| 28 | P0902099 | Rym Connolly | Just 0 |
| 29 | E090851 | Free Chvilli | Fant Charly |
| 30 | 0901455 | Jason Arguni | |
| 31 | 901714 | MICHOLAS FUREY | |
| 32 33 | 878915 | Delly lieb | |
| 34 | 903554 | Ryand Young | TO TO |
| | 847342 | Anthony Ciccolo | Con Con |
| 35 | 873185 | Matthew Faney | negue |
| 36 | 858434 | Daniel Westigke | ely later f |
| 37 | 824862 | Crang Nedel | Conflict |
| 38 | 00010 | Katherine Kline | |
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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 | | | | |
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| attendance for this training course | | 3 3 10 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 | | |
| INSTRUCTOR NAME (Print): | INSTRUCTOR Signature: | INSTRUCTOR EMT Number: | | |
| Daniel Muse, MD | | | | |

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MASSACHUSETTS **OFFICE OF EMERGENCY MEDICAL SERVICES**

DPH/OEMS 200-59 CONED ROSTER 01/2016

(Continuing Education Roster Continued):

| PROGRAM TITLE (Print): OEMS CONED NUMBER: | |
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| ROUNDS: NERO'S LAW 2223-R5-00867-T2 | |

| | EMT NUMBER: | EMT NAME (Print): | EMT SIGNATURE: |
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| 13 | 850415 | DanielSmith | I STATE OF THE STA |
| 14 | 80758 | ERIC J. DDER | 5/5/ 1/100 |
| 15 | 884854 | JOAN J. HAYES | John Hans |
| 16 | E3582208 | Tyler Sampson, | 122 E 11 |
| 17 | 879595 | Jennifer OppmyDianje | angen Demoids |
| 18 | PCYCRE53 | MEGHAN PABUS | 1000 |
| 19 | 828162 | Arianna Royer | A |
| 20 | 901791 | Kenneth Wright | |
| 21 | 0903880 | Michael Murano | 400 100 |
| 22 | 875716 | Chris Hamilton | C/A |
| 23 | 901987 | Mike Shina | |
| 24 | 852683 | James Bunker | dem Buly |
| 25 | E133094 | Edward Hennegar | 1 Eld Henry |
| 26 | 848945 | Jim Miccianty one | Janes Muchton |
| 27 | 844454 | Susan Boyajian | Auxan M Boyagean |
| 28 | 803753 | Kerry young | Theny the |
| 29 | 884334 | Lauva Maaille | XMADOUR |
| 30 | 824216 | THOMAS LUCKIAN JR | |
| 31 | 815946 | Thomas BAMALL | Ma |
| 32 | X21088 | STEPHEN MONTERO | John Marie |
| 33 34 | 838962 | Kichard S. SmTy | vole // |
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| attendance for this training course | and the state of t | a contract, notice, and according |
| INSTRUCTOR NAME (Print): | INSTRUCTOR Signature: | INSTRUCTOR EMT Number: |
| Daniel Muse, MD | | |

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Page ______ of _____

MASSACHUSETTS OFFICE OF EMERGENCY MEDICAL SERVICES -DEPARTMENT OF PUBLIC HEALTH-

DPH/OEMS 200-59 CONED ROSTER 01/2016

(Continuing Education Roster Continued):

| PRO | GRAM | TITLE | (Print): | |
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OEMS CONED NUMBER:

ROUNDS: NERO'S LAW

2223-R5-00867-T2

| | EMT NUMBER: | EMT NAME (Print): | EMT SIGNATURE: |
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| 13 | 890724 | Josha hala | 4 |
| 14 | ०९०२१७६ | Pobut Convol) | Ang as |
| 15 | 8580e7 | THOMAS EVANS | Dionel Eur 8 |
| 16 | FU902980 | PINELL FICKS | |
| 17 | 852981 | (rais Winsor | arth |
| 18 | 90208 | LT3 PICHOLSON | 99 Milion |
| 19 | 34924 | Jason Mittoney | |
| 20 | 0702817 | Jason Mayoney TASON AKSTIN | 1/1 |
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| Under the pains and penalties of penalties o | erjury, I attest that this is a true and accurate record o | of the conduct, hours, and actual |
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| INSTRUCTOR NAME (Print): | INSTRUCTOR Signature. | INSTRUCTOR EMT Number: |
| Daniel Muse, MD | 4 | |

Note, if you do not have enough space for all students, simply copy and attach additional sheets of this page and number appropriately Page ______ of _____