

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): M&M ROUNDS: THORACIC & ABDOMINAL TRAUMA	PROGRAM SPONSOR (Print): CMTI / BREWSTER AMBULANCE SERVICE <i>Brockton Hospital</i>
PROGRAM LOCATION (Print): 1555 MAIN STREET, BROCKTON	PROGRAM DATE: APRIL 10, 2019
PROGRAM TIMES: 1800-2000	
OEMS CONED NUMBER: 1920-R4-06248-T1	<input type="checkbox"/> 30 Hour Paramedic NCCR
<input type="checkbox"/> 20 Hour EMT/AEMT NCCR	
<input type="checkbox"/> ConEd Program Hours: 2 HOURS	

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	871366	Jeremy Fontaine	<i>Jeremy P. Fontaine</i>
2	80902462	JOHN MORRISSEY	<i>John Morrissey</i>
3	834199	John W. Glyn	<i>John W. Glyn</i>
4	826989	George F Gardner Jr	<i>George F Gardner Jr</i>
5	0501555	Jason Amachi	<i>Jason Amachi</i>
6	0901882	Paul Ballacher	<i>Paul Ballacher</i>
7	813850	ROBERT J. MANCINI	<i>Robert J. Mancini</i>
8	834805	Craig NEDOL	<i>Craig NEDOL</i>
9	864304	Kelly Donovan	<i>Kelly Donovan</i>
10	874931	Amy Glavin	<i>Amy Glavin</i>
11	825241	Timothy L DONOVAN	<i>Timothy L Donovan</i>
12	871085	Nicholas Lyons	<i>Nicholas Lyons</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): DAN MUSE, MD (BROCKTON HOSPITAL)	INSTRUCTOR Signature <i>Dan Muse</i>	INSTRUCTOR EMT Number:
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(Continuing Education Roster Continued):

PROGRAM TITLE (Print): M&M ROUNDS: THORACIC & ABDOMINAL TRAUMA <i>Brockton Hospital</i>	OEMS CONED NUMBER: 1920-R4-06248-T1 4/10/2019
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#	EMT NUMBER:	EMT NAME (Print):	EMT SIGNATURE:
13	3450944	Christopher Sullivan	<i>[Signature]</i>
14	889368	Christopher Emswiler	<i>[Signature]</i>
15	0904189	Krystyna Oles	<i>[Signature]</i>
16	10902527	Martin Pelletier	<i>[Signature]</i>
17	848945	Jim Micciantuono	<i>[Signature]</i>
18	870559	Gerald Wawin	<i>[Signature]</i>
19	884779	Thomas Luckman	<i>[Signature]</i>
20	807588	ERIC J. ELDER	<i>[Signature]</i>
21	862116	Tarrod Driscoll	<i>[Signature]</i>
22	869848	Richard Hall	<i>[Signature]</i>
23	801924	Wilson Cho	<i>[Signature]</i>
24	819751	George W Hogg	<i>[Signature]</i>
25	880854	JEREMIAH FOWLER	<i>[Signature]</i>
26	876090	Anthony Conso	<i>[Signature]</i>
27	842039	John Curley	<i>[Signature]</i>
28	861996	Patrick Harrington	<i>[Signature]</i>
29	877861	Jammy Flyre	<i>[Signature]</i>
30	836505	DAVID SANHILL	<i>[Signature]</i>
31	811622	James Bibby	<i>[Signature]</i>
32	818774	Stephen DUGGAN	<i>[Signature]</i>
33	0902817	Jalon Akstin	<i>[Signature]</i>
34	0863660	ROBERT ANNELL	<i>[Signature]</i>
35	810050	PAUL L LAMOUR EUX JR	<i>[Signature]</i>
36	896569	Jenna Pereira	<i>[Signature]</i>
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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): DAN MUSE, MD (BROCKTON HOSPITAL)	INSTRUCTOR Signature: 	INSTRUCTOR EMT Number:
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