OFFICE OF EMERGENCY MEDICAL SERVICES

DPH/OEMS 200-59 CONED ROSTER 01/2016

Program Information: (This roster is	for use with training pro	ograms that	have DPH/O	EMS continu	ing education numbers)
PROGRAM TITLE (Print): ROUNDS "DISPATCH TO DISCHARGE"		PROGR	PROGRAM SPONSOR (Print): BROCKTON HOSPITAL& BROCKTON FIRE		
		BRO			
PROGRAM LOCATION (Print): 80 PERKINS AVE, BROCKTO	DN MA 02302		PROGRAM 12/12/1		PROGRAM TIMES: 0900-1100
OEMS CONED NUMBER: 1920-R5-00106-T1	30 Hour		Hour MT NCCR	ConEd I	Program 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	825241	Timothy Donova =	SulyleDonia
2	P0903482	James M. Farine	Zestifatione
3	0902840	M. Dickinson	1/h
4	083470	William McHAMARA	LIZ X
5	848049	Michael Beel	MALAS
6	872611	Jennyer Gallant	
7	808046	Donald L Dooner	James of Cooner
8	819057	Charos O. Williams, III	louts
9	868346	JEFFREN LELLOY	(It)
10	873258	Robert Collins	Sin Go
11	440195	SHEEHAN TIMOTHY I	75UU
12	867179	Matthew Leighton	Matthe JM

12 867179 N	nather Leighton	Matthe JM
Under the pains and penalties of pe attendance for this training course.	erjury, I attest that this is a true and accurate	record of the conduct, hours, and actual
INSTRUCTOR NAME (Print): Daniel Muse, MD	INSTRUCTOR Signature	INSTRUCTOR EMT Number:
	Pageof	

OFFICE OF EMERGENCY MEDICAL SERVICES

DPH/OEMS 200-59 CONED ROSTER 01/2016

DEPARTMENT OF PURILC HEALTH.

(Continuing Education Roster Continued):

PROGRAM TITLE (Print): OEMS CONED NUMBER:					
ROUNDS "DISPATCH TO DISCHARGE" 1920-R5-00106-T1					
	EMT NUMBER:	EMT NAME (Print):		ξM	T SIGNATURE:
13	843354	DAVID Free,	MAN	11	9
14	P0902718	Josh Londy.	- /	2	2
15	902416	Neil Harrington		Wil	218
16	878715	Billy Lieb			
17	363017	David Markiner	,	1	
18	0907663	Paniel Preach		6	5
19	839840	Josan Viver	CO	V/~	\\ \
20	821948	Richard Mackin	non	plan	erys .
21	~	Vordan Duguay		Bag in	
22	090246>	Jongton Hart		and f	
23	854189	Le Roy J. Woodman		Teloy 1.	Woodman III
24	897 196	Mexandre Soute		Elle	ly det
25	868969	JAME BARBOLA	1	0	
26	902806	Dorrin Kelyes			
27	828162	Arianna Kiye	· V	Char	a 1
28	870208	THOMAS BRENNAN		1 July	ran
29	8 4873	John Ahern			2
30	352547	Sharm S Leo		30	
31	8/2487	David DeBest		Soul Mine	
32	814006	PricHAD CICCHE	<u>CQ</u>	-	
33	832861	Scott Collin			
34	836629		ILTOS	C - C	Ent Ing
35	856948	Brian tiantoni		3-1	
36	6887056	KAWIL COX		Eleja 8	
37	873720	Sean Ferriag			
38	819751	CHOIS LYN		4	0.11/
39	5091117	George 4 Hogg		Leos	W longe
<u> </u>	40 E0911417 Rya Hasen 199 (1)				
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.					
	RUCTOR NAME (Print):	INSTRU CTOR Signatur	e:		INSTRUCTOR EMT Number:
	Daniel Mu	120 /			

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

OFFICE OF EMERGENCY MEDICAL SERVICES

DPH/OEMS 200-59 CONED ROSTER

01/2016

(Continuing Education Roster Continued):

PROGRAM TITLE (Print):	OEMS CONED NUMBER:			
ROUNDS "DISPATCH TO DISCHARGE" 1920-R5-00106-T1				
EMT NUMBER: EMT NAME (Pri	nt): EMT SIGNATURE:			
13 0903258 Austin Hiller	and			
14 090 2674 Zuchary Bald	vin My Melin			
15 843382 Eric Peterson	Ett			
16 862763 Phil Woolf	12/2-11			
17 850415 Daviel SM.	the the			
18 876642 ANDREW LOHNSON	N POST			
19 847342 Anthony Cicco	lo (his lo			
20 0902696 Chris Macane	Chy Ma			
21 872656 Daniel Doden	Day			
22 PO903060 James Hochecks	Jame Hack			
23 Pogo LY70 Petrick Swent	Just 12			
24 0902099 Kyon Connolly	No.			
25 849.763 ChrisTaker BARG				
26 811 608 KOVIN I FOSTO	sh frue folis			
27 856988 MATTHEW FOSTER	1711/60			
28 808049 Kichard Fu	when your the			
29 877039 Justin Silve				
30 87113) Chrs Cth	Ce b			
31 86-1866 Davin SIAL	DD28 070			
32 823203 Scott Kruzer	Dottes			
33 883073 Michael Most	achin Whi			
34 881958 Fran Suna				
35 83422226 Kevin Picher				
36 94,9368 Chris EMSW/10/				
	eld lighten			
C 2001 BUNDED! JUSTI	OF JULY			
Con a least consoling	State HECOLL			
	+ the Disace			
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): INSTRUCTOR Sign	ature: INSTRUCTOR EMT Number:			
Con Mer				

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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):

PROGRAM TITLE (Print): OEMS CONED NUMBER:			
ROUNDS "DISPATCH TO DISCHARGE" 1920-R5-00106-T1			
EMT NUMBER: EMT NAME (Print):	EMT SIGNATURE:		
13 892695 Brittany alms	ninas B.Cum		
14 E0908580 JOE JUDGE			
15 P843999 Rowan Olmstead	Secret		
16 P0901844 Tania (Price			
17 948495 Chris Walsh			
18 821352 Thomas LaBe	He thouse the		
19 E848059 Paul Smyth	Page		
20 843850 Eduard Church	all the		
21 902 908 Anthry Louis	Mulhot		
22 886306 PATRICK S	mmen ?		
	Et ay		
24 843624 Kevin Galligan	The Half		
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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): INSTRUCTOR Signature INSTRUCTOR EMT Number:			
Daniel Must			

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OFFICE OF EMERGENCY MEDICAL SERVICES

DPH/OEMS 200-59 CONED ROSTER 01/2016

DEPARTMENT OF PUBLIC HEALTH-

(Continuing Education	on Roster Continued):
PROGRAM TITLE (Print):	OEMS CONED NUMBER:
ROUNDS "DISPATCH TO DISCHARGE"	1920-R5-00106-T1
EMT NUMBER: EMT NAME (Print):	EMT SIGNATURE:
13 902456 Stephen Connors	Jeren C.A.
14 876095 Pat Gibbs	
15 GODDILI Nicholas Fyra	2-1-6
16 865044 Jason Fricker	for the
17 847694 Scott Margolis	Last Mary
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Under the pains and penalties of perjury, I attest that this is a true	e and accurate record of the conduct, hours, and actual
attendance for this training course. INSTRUCTOR NAME (Print): INSTRUCTOR Signature	: INSTRUCTOR EMT Number:

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