

# 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): <b>ROUNDS: PEDIATRIC EMERGENCIES</b>		PROGRAM SPONSOR (Print): <b>BROCKTON HOSPITAL</b>	
PROGRAM LOCATION (Print): <b>1555 MAIN STREET, BROCKTON MA</b>		PROGRAM DATE: <b>1/9/19</b>	PROGRAM TIMES: <b>1800-2000</b>
OEMS CONED NUMBER: <b>1819-R5-01275-T1</b>	<input type="checkbox"/> 30 Hour Paramedic NCCR	<input type="checkbox"/> 20 Hour EMT/AEMT NCCR	<input checked="" type="checkbox"/> ConEd Program Hours: <b>2 HRS</b>

**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	8880730	Chris Olson	<i>Chris Olson</i>
2	822135	JAMES BEATTY	<i>James Beatty</i>
3	20904821	Vincent Petroni	<i>Vincent Petroni</i>
4	E328247A	Kristen Cullity	<i>Kristen Cullity</i>
5	E815111	James Rush	<i>James Rush</i>
6	70901764	Kenneth J Cronin Jr	<i>Kenneth J Cronin Jr</i>
7	<del>887958</del>	Joan Dunham-Vavry	<i>Joan Dunham-Vavry</i>
8	0908198	Allusca Fernandes	<i>Allusca Fernandes</i>
9	825753	Thursday J. Clancy Jr	<i>Thursday J. Clancy Jr</i>
10	E090851	Paul Chevilli	<i>Paul Chevilli</i>
11	836636	Stephen Van Voorhis	<i>Stephen Van Voorhis</i>
12	881968	Christopher Marotte	<i>Christopher Marotte</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): <b>Daniel Muse, MD</b>	INSTRUCTOR Signature <i>[Signature]</i>	INSTRUCTOR EMT Number:
--	--	------------------------

# MASSACHUSETTS

## OFFICE OF EMERGENCY MEDICAL SERVICES

DEPARTMENT OF PUBLIC HEALTH

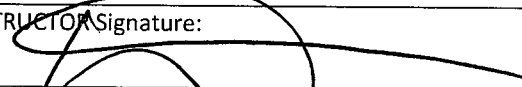
DPH/OEMS 200-59  
CONED ROSTER  
01/2016

**(Continuing Education Roster Continued):**

PROGRAM TITLE (Print): <b>ROUNDS: PEDIATRIC EMERGENCIES</b>	OEMS CONED NUMBER: <b>1819-R5-01275-T1</b>
--	---

#	EMT NUMBER:	EMT NAME (Print):	EMT SIGNATURE:
13	838962	Richard S. Smith	
14	862776	Jarrod Driscoll	
15	901662	Kyle Guerin	
16	854099	Chris O'Connell	
17	890597	Charles Boudreau	
18	823425	DENNIS PERKINS	
19	873687	Allisen Polson	
20	904189	Krystyna Oles	
21	EO706563	David Kasper	
22	M5043473	Paul Nolan	
23	P0902109	Robert Marshimer	
24	A0900204	Methyln Mashary	
25	902219	Cori Handorf	
26	855576	David M'Gill	
27	P0901685	Alexandra Chase	
28	P0901875	Nicholas D. Lake	
29	881675	Sean Connolly	
30	875461	James Malone	
31	893382	Eric Peterson	
32	902558	Matthew Olen	
33	829784	Dennis Pietruszewski	
34	816276	Daniel DelPrete	
35	861928	SEAN PETERS	
36	810046	Craig A. Erickson	
37	896385	Amber Herring	
38	898417	Thomas J. Berninger	
39	841240	Thomg Andersen	
40	874144	MITCHELL PAPINEAU	

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): <b>Daniel Muse, MD</b>	INSTRUCTOR Signature: 	INSTRUCTOR EMT Number:
--	---	------------------------

# MASSACHUSETTS



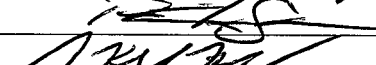
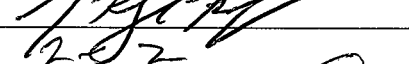

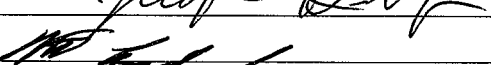

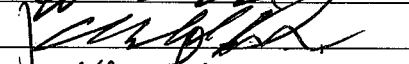

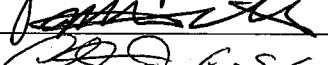
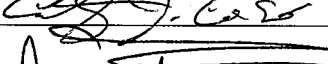

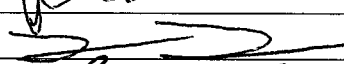



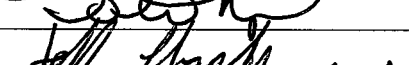
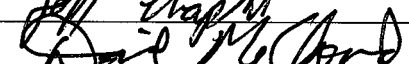

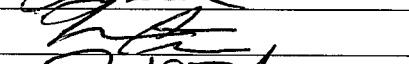
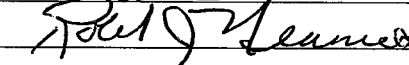
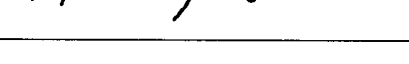
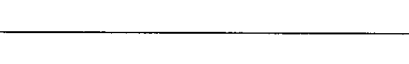

## OFFICE OF EMERGENCY MEDICAL SERVICES

DEPARTMENT OF PUBLIC HEALTH

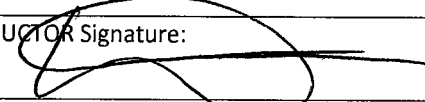
DPH/OEMS 200-59  
CONED ROSTER  
01/2016

**(Continuing Education Roster Continued):**

PROGRAM TITLE (Print): <b>ROUNDS: PEDIATRIC EMERGENCIES</b>	OEMS CONED NUMBER: <b>1819-R5-01275-T1</b>
--	---

#	EMT NUMBER:	EMT NAME (Print):	EMT SIGNATURE:
13	834335	Matthew Rich	
14	E0910187	Crabelle Costa	
15	886306	PATRICK SAUBON	
16	889963	James Raymond	
17	0902712	Jack Lindy	
18	F3307430	Michael Devilly	
19	871085	Nicholas Lyons	
20	873729	Seant Kennedy	
21	874551	Michael Ryan	
22	847312	James Laurini	
23	850579	Matthew Smith	
24	876090	Anthony Conso	
25	858792	Christopher Hussar	
26	0902817	Jason Akstira	
27	902214	Nicholas Furey	
28	855911	Liam J. Flaherty	
29	814472	Peter Denno	
30	M5026727	Christian Carrasquillo	
31	831240	Scott Rogers	
32	850806	Jeff Chaplin	
33	A0900087	Dwight McCleod	
34	879900	Ryan Malcomson	
35	889368	Chris Emswiler	
36	E0909334	ROBERT J NEUMEISER	
37			
38			
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): <b>Daniel Muse, MD</b>	INSTRUCTOR Signature: 	INSTRUCTOR EMT Number:
--	---	------------------------