

# 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: THE ORIFICE</b>		PROGRAM SPONSOR (Print): <b>BROCKTON HOSPITAL &amp; BREWSTER AMBULANCE</b>	
PROGRAM LOCATION (Print): <b>1555 MAIN STREET, BROCKTON MA</b>		PROGRAM DATE: <b>OCTOBER 9, 2019</b>	PROGRAM TIMES: <b>1800-2000</b>
OEMS CONED NUMBER: <b>1920-R4-06252-T1</b>	<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:**

- 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	438962	Richard S. Smith	<i>[Signature]</i>
2	858434	Daniel Westgate	<i>[Signature]</i>
3	070973	George W. Murphy	<i>[Signature]</i>
4	431883	THOMAS DESSEINES	<i>[Signature]</i>
5	E0911754	ALEXANDRA SPYROPOULOS	<i>[Signature]</i>
6	828326	Steven Nelson	<i>[Signature]</i>
7	E0905837	Brandon Moreno	<i>[Signature]</i>
8	840195	SHEEHAN, TIMOTHY J	<i>[Signature]</i>
9	873185	MATTHEW FANEY	<i>[Signature]</i>
10	823425	DENNIS PERKINS	<i>[Signature]</i>
11	902214	Nicholas Furey	<i>[Signature]</i>
12	09003258	Austin Hulet	<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): <b>Daniel Muse, MD</b>	INSTRUCTOR Signature <i>[Signature]</i>	INSTRUCTOR EMT Number:
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**(Continuing Education Roster Continued):**

PROGRAM TITLE (Print): ROUNDS: THE ORIFICE	OEMS CONED NUMBER: 1920-R4-06252-T1
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	EMT NUMBER:	EMT NAME (Print):	EMT SIGNATURE:
13	892695	Brittany Cummings	B. Cummings
14	A0900078	Robert Rudzik	Robert Rudzik
15	829784	Dennis PIETRUSZEWSKI	D. Pietruszewski
16	862763	TH. T. WOLF	Th. T. Wolf
17	868346	Jerran Keller	Jerran Keller
18	E0906525	Gamy Smith	Gamy Smith
19	0902448	Valerie Sullivan	Valerie Sullivan
20	0902853	MEGHAN BABY	Meghan Baby
21	A0900167	Scott Johnson	Scott Johnson
22	819114	Scott G. Breen	Scott G. Breen
23	P0903264	Jacob Ink	Jacob Ink
24	813840	John E Force	John E Force
25	869082	Kenneth Dow	Kenneth Dow
26	A900061	PAUL M COUTURIER	Paul M Couturier
27	828162	Arianna Rayer	Arianna Rayer
28	871131	Christopher Cotti	Chris Cotti
29	877039	Justin Silva	Justin Silva
30	883073	Michael Nisticchio	Michael Nisticchio
31	877650	Shawn M. Hardy	Shawn M. Hardy
32	891024	STEPHAN SCIARA	Stephan Sciara
33	E0909412	Brian M Parks	Brian M Parks
34	115532	James J. Bowman	James J. Bowman
35	843354	DAVID Freeman	David Freeman
36	810046	Craig ERICKSON	Craig Erickson
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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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