

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): PREHOSPITAL BLOOD - Rounds		PROGRAM SPONSOR (Print): BROCKTON HOSPITAL	
PROGRAM LOCATION (Print): SHARON FD, 92 South Main St Sharon		PROGRAM DATE: 1/22/2022	PROGRAM TIMES: 1000-NOON
OEMS CONED NUMBER: 2324-R5-01172-T1	<input type="checkbox"/> 30 Hour Paramedic NCCR	<input type="checkbox"/> 20 Hour EMT/AEMT NCCR	<input checked="" type="checkbox"/> ConEd Program Hours: 2 HRS


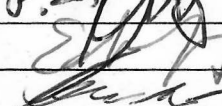
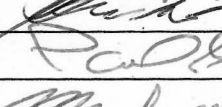
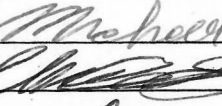
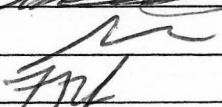
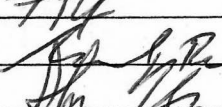
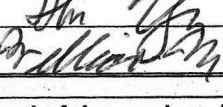
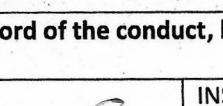
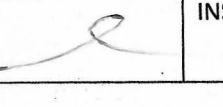



Instructions: CME 2 HRS BASIC, ANVANCED AND PARAMEDIC

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	819199	Thomas Mosandi	
2	838966	Peter Armstrong	
3	840181	Edward J. Gavini	
4	858573	Scott A. Hickey	
5	821761	Paul G. Carter	
6	0904717	Michael Curran	
7	P0904467	Christopher Molloy	
8	869785	Scott St. Cyr	
9	P0901910	Timothy Rafferty	
10	P0903805	Michael Dwyer	
11	P0904407	Alannah Vargas	
12	833612	William M. Morrissey Jr	

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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DEPARTMENT OF PUBLIC HEALTH

DPH/OEMS 200-59
CONED ROSTER
01/2016

(Continuing Education Roster Continued):

PROGRAM TITLE (Print): PREHOSPITAL BLOOD <i>Rounds</i>	OEMS CONED NUMBER: 2324-R5-01172-T1
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	EMT NUMBER:	EMT NAME (Print):	EMT SIGNATURE:
13	848259	<i>Daniel Greenfield</i>	<i>[Signature]</i>
14	823967	MICHAEL RYCHLIK	<i>[Signature]</i>
15	P0903543	STEPHANIE FITZGERALD	<i>[Signature]</i>
16	858354	WAYNE PAUL	<i>[Signature]</i>
17	0905137	Ian Marland	<i>[Signature]</i>
18	836915	MARK AMIOT	<i>[Signature]</i>
19	901656	Peterrou Curalea	<i>[Signature]</i>
20	845906	LUIGI MOLINARO	<i>[Signature]</i>
21	P878249	RYAN PATRICIAN	<i>[Signature]</i>
22	P0903044	Michael Pastor	<i>[Signature]</i>
23	P0901503	Parker Merritt	<i>[Signature]</i>
24	P0902841	Aiden Farrell	<i>[Signature]</i>
25	P0902929	ZACH SMITH	<i>[Signature]</i>
26	P0904716	William Scherneck	<i>[Signature]</i>
27	846263	BRECE COCHRANE	<i>[Signature]</i>
28	0904181	Brian Mulford	<i>[Signature]</i>
29	875165	David Lazzaro	<i>[Signature]</i>
30	858647	JEFFREY M. RICKER	<i>[Signature]</i>
31	825520	Brian Nardelli	<i>[Signature]</i>
32	822463	Brian Evangelist	<i>[Signature]</i>
33	830400	MICHAEL MANNEN	<i>[Signature]</i>
34	P823540	Scott Johnson	<i>[Signature]</i>
35	853676	Dennis P. Mann	<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): 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

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DEPARTMENT OF PUBLIC HEALTH

DPH/OEMS 200-59
CONED ROSTER
01/2016

(Continuing Education Roster Continued):

PROGRAM TITLE (Print):
PREHOSPITAL BLOOD ROUNDS

OEMS CONED NUMBER:
2324-R5-01172-T2

	EMT NUMBER:	EMT NAME (Print):	EMT SIGNATURE:
13	P868272	Sean Fallon	<i>Sean Fallon</i>
14	P902411	Tim McFall	<i>Tim McFall</i>
15	P0901817	Justin Tilley	<i>Justin Tilley</i>
16	P873258	Robert Collins	<i>Robert Collins</i>
17	E817856	E. WENDEN RUSSELL	<i>E. Wenden Russell</i>
18	P0902776	FRANCIS WATSON	<i>Francis Watson</i>
19	P837433	Charles D. Sudhalter II	<i>Charles D. Sudhalter II</i>
20	P0903091	Austin McConlogue	<i>Austin McConlogue</i>
21	P0904115	Daniel Harris	<i>Daniel Harris</i>
22	E838953	Thomas Norton	<i>Thomas Norton</i>
23	E852152	Wayne MacDonnell	<i>Wayne MacDonnell</i>
24	E835405	Samuel E. Poch Jr.	<i>Samuel E. Poch Jr.</i>
25	P871280	Stephen Driscoll	<i>Stephen Driscoll</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):
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