

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): OBSTETRIC EMERGENCIES		PROGRAM SPONSOR (Print): BROCKTON HOSPITAL	
PROGRAM LOCATION (Print): K of C 1195 BEDFORD ST (RTE 18) WHITMAN, MA		PROGRAM DATE: 1/10/2024	PROGRAM TIMES: 1800-2000
OEMS CONED NUMBER: 2324-R5-01169-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

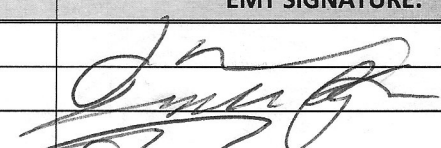
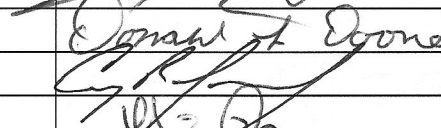
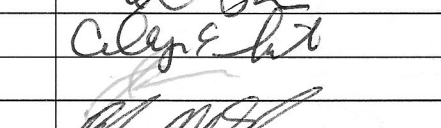
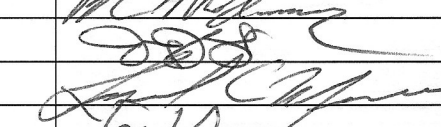
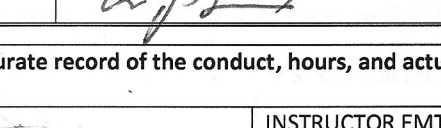
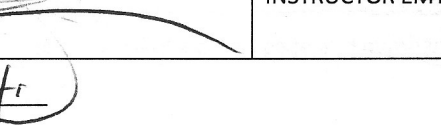


Instructions: CME 2 HRS BASIC, ANVANCED AND PARAMEDIC

LEAD INSTRUCTOR MUST:

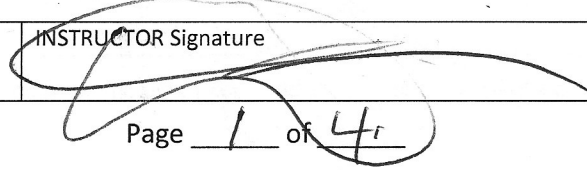
- 1) Sign this roster in the space provided, attesting that you have conducted this training program in accordance with applicable Massachusetts EMS regulations, the course outline, and DPH/OEMS Administrative Requirement (AR) 2-212.
- 2) Issue course completion documentation to the EMTs once the program 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	833231	James Brackett	
2	P874551	Michael Ryan	
3	83595F	Mark Doherty	
4	F808046	Donald L. Deoner	
5	834805	CRAIG NEDELL	
6	P886730	Chris Olson	
7	871570	Colby Silva	
8	P0904044	JEFF ARCIERI	
9	P0905231	Brandon Murney	
10	872611	Jennifer Gallant	
11	E148817	LEONARD C MINNIS	
12	P0904555	Tim LACOUTURE	

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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MASSACHUSETTS

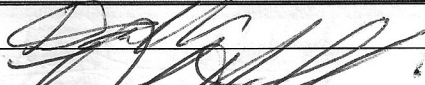
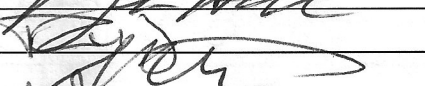
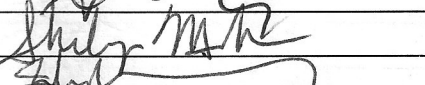
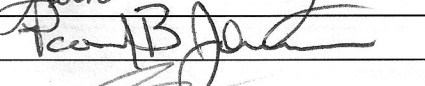
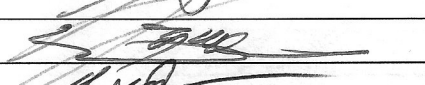
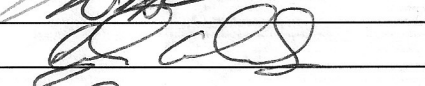
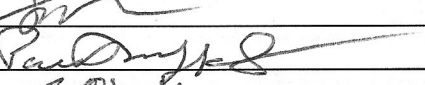

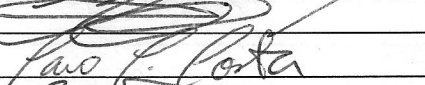
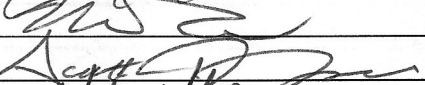

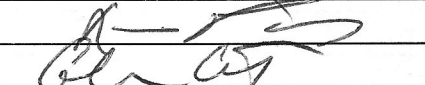


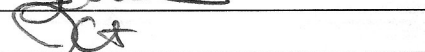
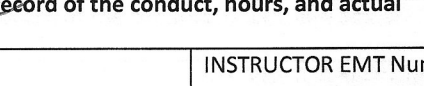
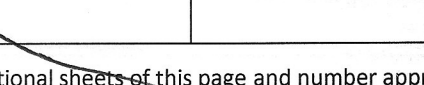
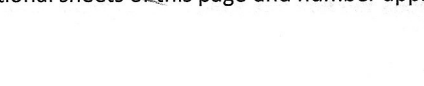


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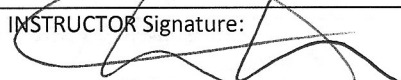
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01/2016

(Continuing Education Roster Continued):

PROGRAM TITLE (Print): OBSTETRIC EMERGENCIES	OEMS CONED NUMBER: 2324-R5-01169-T1
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	EMT NUMBER:	EMT NAME (Print):	EMT SIGNATURE:
13	P8901844	Daniel Rice	
14	835096	Maryiah Hallinan	
15	834477	Thomas L. Heaney	
16	814700	Stephen T. Walker	
17	P0901703	Sherilyn Malley	
18	P0902462	John Morrissey	
19	846783	Paul B. Johnson	
20	849442	Jason McMorrey	
21	888819	Garnett M. McGowan	
22	P858791	Nicholas Orasso	
23	P870562	Andrew Wilds	
24	824726	Scott Pinardi	
25	824241	Paul McCafferty	
26	836691	George O'Neil	
27	829753	Timothy J. Clancy	
28	P0904131	Isaiah Miles	
29	P0904279	Caio C. Costa	
30	840636	Mike Tracy	
31	880665	Scott Fibbins	
32	872638	Matthew Stanten	
33	832727	Eric Hoffman	
34	P0905205	Andrew Pelcz	
35	851794	Glen Graft	
36	P0903973	John Merlini	
37	P0921353	Michael Fryer	
38	P876921	Andrew T. McAlarney	
39	P824295	John Hussey	
40	819227	James Centin	

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INSTRUCTOR NAME (Print): Daniel Muse, MD	INSTRUCTOR Signature: 	INSTRUCTOR EMT Number:
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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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	EMT NUMBER:	EMT NAME (Print):	EMT SIGNATURE:
13	836636	Stephen Coerte Van Voorhis	<i>[Signature]</i>
14	851248	Richard Mackinnon	<i>[Signature]</i>
15	E0907008	James W. Slattery	<i>[Signature]</i>
16	862763	Philip Woolf	<i>[Signature]</i>
17	868346	Jeffrey Kauer	<i>[Signature]</i>
18	832766	Michael Peck	<i>[Signature]</i>
19	0903316	Bridget Riley	<i>[Signature]</i>
20	0909017	David Martineau	<i>[Signature]</i>
21	841240	Thomas Henderson	<i>[Signature]</i>
22	853013	Brian Ernst	<i>[Signature]</i>
23	871258	Ryan Casey	<i>[Signature]</i>
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Daniel Muse, MD

INSTRUCTOR Signature:

[Signature]

INSTRUCTOR EMT Number:

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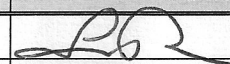
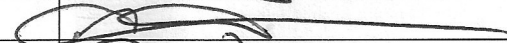
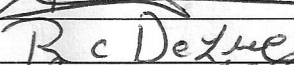
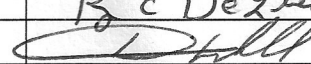
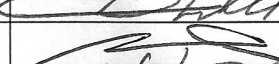

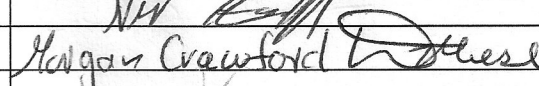
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13	861928	SEAN PETERS	
14	8862762	PATRICK TRAVORS	
15	850585	Ryan c. DeLue	
16	840911	DALE CAMPBELL	
17	881970	JOSH NIX	
18	P0902416	Neil Harrington	
19	P0902692	Morgan Crawford	
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