

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): ROUNDS: DOMESTIC ABUSE		PROGRAM SPONSOR (Print): BROCKTON HOSPITAL	
PROGRAM LOCATION (Print): K of C 1195 BEDFORD ST (RTE 18) WHITMAN, MA		PROGRAM DATE: 2/15/2024	PROGRAM TIMES: 1730-1930
OEMS CONED NUMBER: 2324-R5-01240-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

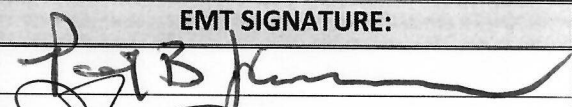
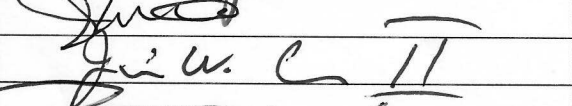
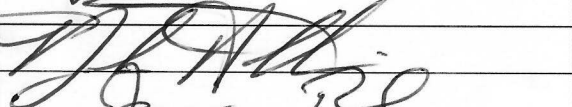
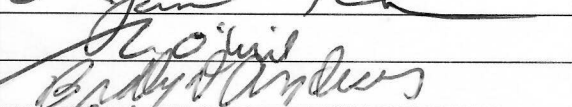
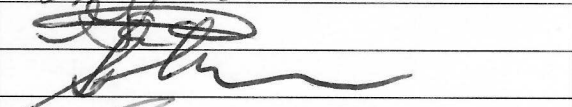
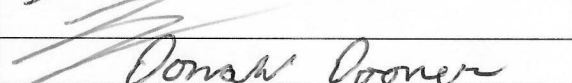
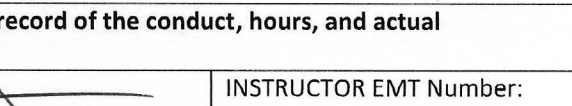
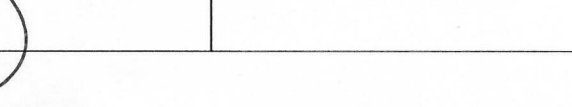

Instructions: CME 2 HRS BASIC, ANVANCED AND PARAMEDIC

LEAD INSTRUCTOR MUST:

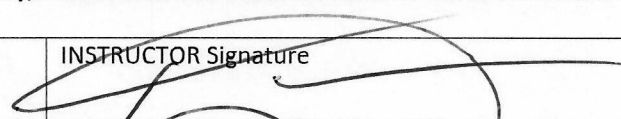
- 1) Sign this roster in the space provided, attesting that you have conducted this training program in accordance with applicable Massachusetts EMS regulations, the course outline, and DPH/OEMS Administrative Requirement (AR) 2-212.
- 2) Issue course completion documentation to the EMTs once the program 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	846783	Paul B Johnson	
2	824295	John Hussey	
3	825125	JAMES W. CAMPBELL II	
4	835587	MARC SPINNEY	
5	835096	Myriah Hallinan	
6	815711	James Rush	
7	836691	George O'Neil	
8	094220	GRADY D ANDREWS	
9	875727	STEVE Gregory D'Amico	
10	814700	STEPHEN TLOALUCE JR	
11	849242	JASON MANON	
12	808046	Donald Dooner	

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

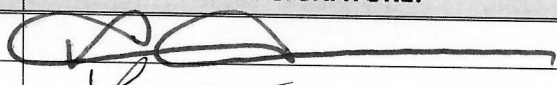
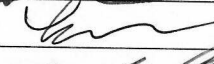
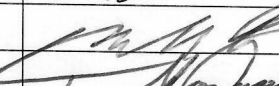
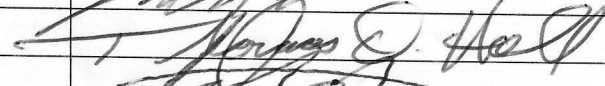



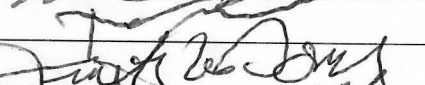
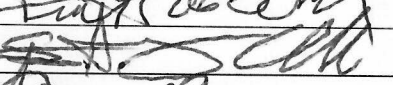
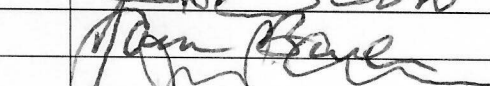
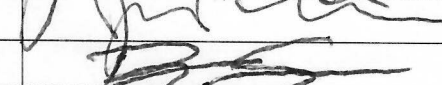
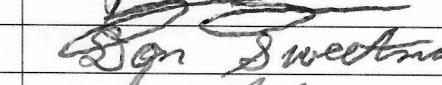
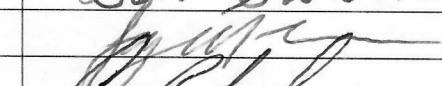
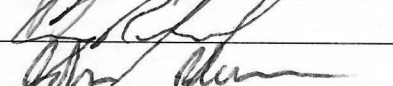
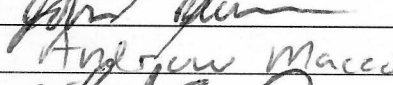
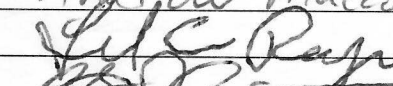


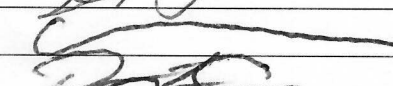

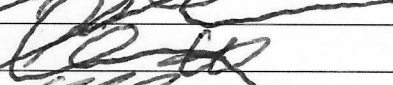
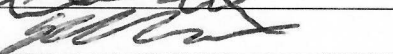
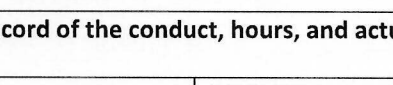
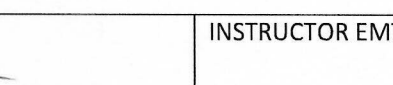
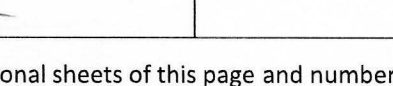
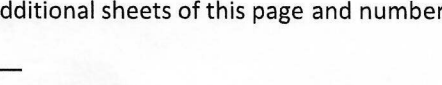


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DEPARTMENT OF PUBLIC HEALTH

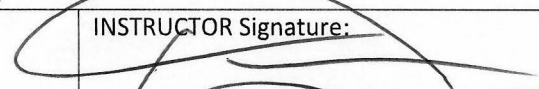
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CONED ROSTER
01/2016

(Continuing Education Roster Continued):

PROGRAM TITLE (Print): ROUNDS: DOMESTIC ABUSE	OEMS CONED NUMBER: 2324-R5-01240-T1
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	EMT NUMBER:	EMT NAME (Print):	EMT SIGNATURE:
13	P862762	PATRICK TRAVERS	
14	P6902212	Yula Jumper	
15	P874551	Michael Ryan	
16	830267	THOMAS D. HALL	
17	824757	JOHN DOMINIZADE	
18	843382	Eric Peterson	
19	P6903367	Evan Maherry	
20	P0905231	Brandon Moshery	
21	903777	Thomas Roche	
22	825241	Timothy DONOVAN	
23	956548	Timothy Callahan	
24	852683	James Bunker	
25	P0902504	JAMES P. CONNOR	
26	959808	Bryan Smith	
27	850701	DON SWEETMAN JR	
28	849422	Jay McNamee	
29	834805	Craig Nodre	
30	P0903907	John Bludich	
31	P904322	Art Macedo	
32	802102	FRANK ROGIER	
33	876090	Anthony Conso	
34	P858791	Nicholas GRASSO	
35	P843354	DAVID Freeman	
36	P0901955	AISLING SAMMON	
37	886306	PATRICK SAMMON	
38	862716	Tarrod Driscoll	
39	819057	Charles G. Williams	
40	P0903973	John Merlino	

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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

MASSACHUSETTS

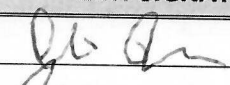

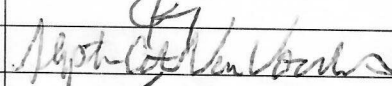
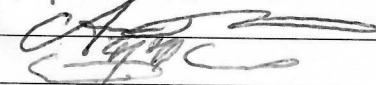
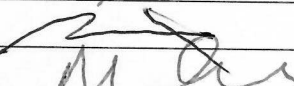
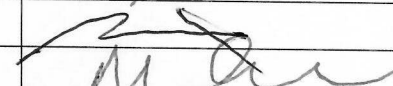
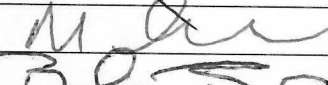

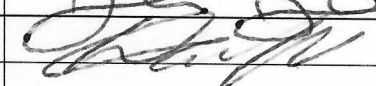
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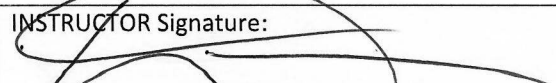
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	EMT NUMBER:	EMT NAME (Print):	EMT SIGNATURE:
13	1880730	Chris Olson	
14	818346	Jeffrey Keller	
15	836636	Stephen VanVoorhis	
16	P876921	Andrew McAlarney	
17	E888819	GARRETT M MCGUINN	
18	881970	JOSH UA	
19	884081	MICHAEL AUSTRINO	
20	887717	Brenda Brewer	
21	P0901844	Daniel Ricci	
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