

# M A S S A C H U S E T T S

## 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: DOMESTIC ABUSE</b>		PROGRAM SPONSOR (Print): <b>BROCKTON HOSPITAL</b>	
PROGRAM LOCATION (Print): <b>K of C 1195 BEDFORD ST (RTE 18) WHITMAN, MA</b>		PROGRAM DATE: <b>2/15/2024</b>	PROGRAM TIMES: <b>1730-1930</b>
OEMS CONED NUMBER: <b>2324-R5-01240-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:** 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	<i>Paul B Johnson</i>
2	824295	John Hussey	<i>John Hussey</i>
3	825125	JAMES W. CAMPBELL II	<i>J. W. Campbell II</i>
4	835787	MARC SPINNEY	<i>Marc Spinney</i>
5	835096	Myriah Hallinan	<i>Myriah Hallinan</i>
6	815711	James Rush	<i>James Rush</i>
7	834691	George O'Neil	<i>George O'Neil</i>
8	094220	GRADY D ANDREWS	<i>Grady D Andrews</i>
9	875727	<del>STEPHEN</del> Gregory Dorce He	<i>Gregory Dorce He</i>
10	814700	STEPHEN TWALACE IV	<i>Stephen Twalace IV</i>
11	849242	Jason Manover	<i>Jason Manover</i>
12	808046	Donald Dooner	<i>Donald Dooner</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>Daniel Muse</i>	INSTRUCTOR EMT Number:
--	--	------------------------

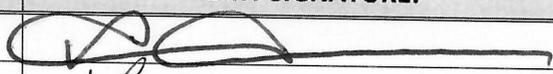
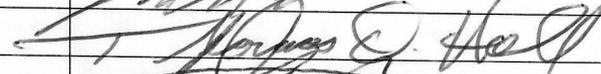
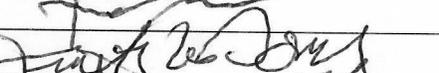
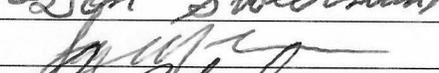
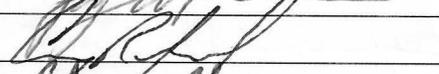
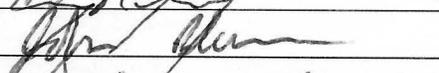
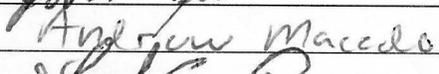
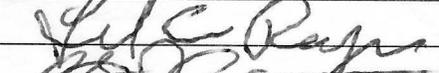
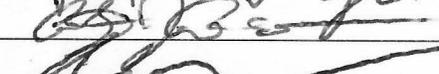
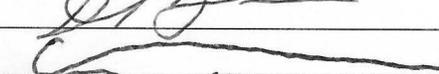
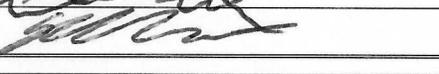
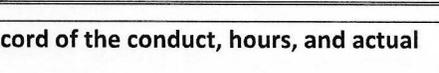
# MASSACHUSETTS OFFICE OF EMERGENCY MEDICAL SERVICES

DEPARTMENT OF PUBLIC HEALTH

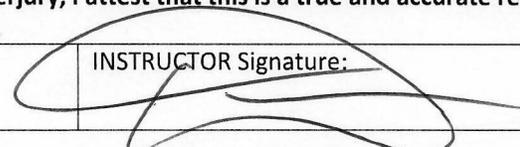
DPH/OEMS 200-59  
CONED ROSTER  
01/2016

**(Continuing Education Roster Continued):**

PROGRAM TITLE (Print): ROUNDS: DOMESTIC ABUSE	OEMS CONED NUMBER: 2324-R5-01240-T1
--	--

#	EMT NUMBER:	EMT NAME (Print):	EMT SIGNATURE:
13	P862762	PATRICK TRAVERS	
14	P0902212	Yula Janyer	
15	P874551	Michael Ryan	
16	830267	THOMAS D. HALL	
17	824757	JOHN DOMINICAO	
18	843382	Eric Peterson	
19	P0903367	Evan Mahery	
20	P0905231	Brandon Moshery	
21	903777	Thomas Roche	
22	825241	Timothy DONOVAN	
23	856548	Timothy Callahan	
24	852683	James Bunker	
25	P0902504	JAMES P. CONNOR	
26	858808	Bryan Smith	
27	850701	DON SWEETMAN JR	
28	849422	Jay McNamee	
29	834805	Craig Noveck	
30	P0903907	John Bludchen	
31	P904372	Art Macedo	
32	8302102	FRANK ROGIER	
33	876090	Anthony Conso	
34	P858791	Nicholas GRASSO	
35	P843354	DAVID Freeman	
36	P0901955	AISLING SAMMON	
37	886306	PATRICK SAMMON	
38	862716	Jarrod Driscoll	
39	819057	Charles G. Williams	
40	P0903973	John Merkin	

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:
---	--	------------------------

# M A S S A C H U S E T T S

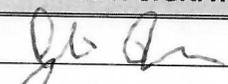
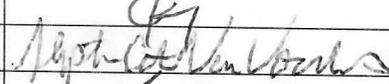
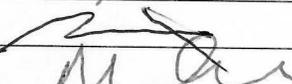
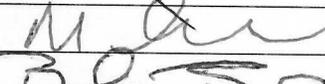
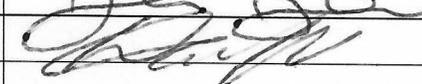
## OFFICE OF EMERGENCY MEDICAL SERVICES

DEPARTMENT OF PUBLIC HEALTH

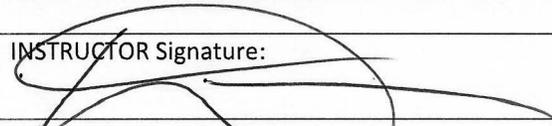
DPH/OEMS 200-59  
CONED ROSTER  
01/2016

**(Continuing Education Roster Continued):**

PROGRAM TITLE (Print): ROUNDS: DOMESTIC ABUSE	OEMS CONED NUMBER: 2324-R5-01240-T1
--	--

#	EMT NUMBER:	EMT NAME (Print):	EMT SIGNATURE:
13	1880730	Chris Olson	
14	868346	Jeffrey Keller	
15	836636	Stephan VanVoorhis	
16	P876921	Andrew McAlarney	
17	E888819	GARRETT M MCGUARRIN	
18	881970	JOSH NIX	
19	884081	MICHAEL ABSTRINO	
20	887717	Brenda Brewer	
21	P0901844	Daniel Ricci	
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
32			
33			
34			
35			
36			
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): Daniel Muse, MD	INSTRUCTOR Signature: 	INSTRUCTOR EMT Number:
---	---	------------------------