

MASSACHUSETTS OFFICE OF EMERGENCY MEDICAL SERVICES

DEPARTMENT OF PUBLIC HEALTH

DPH/OEMS 200-59
CONED ROSTER
10/2023

Program Information:

PROGRAM TITLE (Print): CARDIOLOGY ROUNDS		PROGRAM SPONSOR (Print): BROCKTON HOSPITAL	
PROGRAM LOCATION (Print): K of C 1195 BEDFORD ST (RTE 18) WHITMAN, MA		PROGRAM DATE:	PROGRAM TIMES: 1800-2000
OEMS CONED NUMBER: 2425-R5-01013-T1	<input type="checkbox"/> NCCR?	NCCR TOPIC(s):	PROGRAM HOURS: 2 HRS

Instructions:

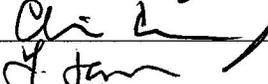
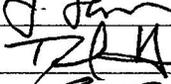
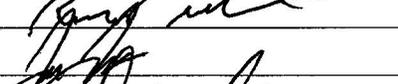
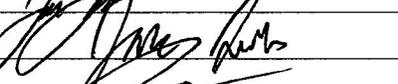
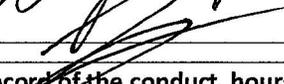
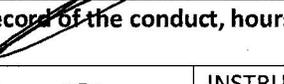
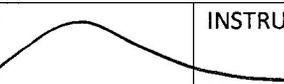
This roster is for use with T1, T2 and T4 training programs that have DPH/OEMS continuing education numbers. For T3 and T5 course documentation requirements, see DPH/OEMS Administrative Requirement (AR) 2-212, Section (E)(3).

LEAD INSTRUCTOR MUST:

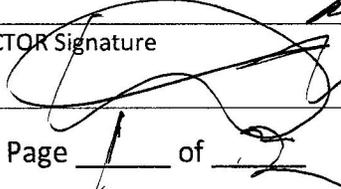
- 1) Sign this roster in the space provided, attesting that you have conducted this training program in accordance with applicable Massachusetts EMS regulations, the course outline, and AR 2-212.
- 2) Issue course completion documentation to the EMTs within 48 hours of program completion. Program sponsors may issue course completion certificates or may provide attendees with a copy of the completed roster signed by the instructor and all attendees.
- 3) Ensure the program sponsor retains the signed roster for seven years.
- 4) Cross off any unused lines after the last attendee has signed at the completion of the course.
- 5) If the course is finished in less than the approved time, the course completion document must reflect actual course length.

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. **ENTER AND UPLOAD ON NREMT.ORG IMMEDIATELY UPON COURSE COMPLETION.**
- 2) Ensure you receive and retain course completion documentation for five years from certification expiration.
- 3) In order to recertify, you must document all course completions on NREMT.org, and provide documentation to your Training Officer. Please reference AR 2-212 or the Recertification Guides found at <http://www.mass.gov/dph/oems>.
- 4) Any program without the appropriate course approval number will not be eligible to receive credit.
- 5) FAILURE TO SIGN THE ATTENDANCE ROSTER MEANS THAT NO CREDIT CAN BE AWARDED.

#	EMT NUMBER:	EMT NAME (Print):	EMT SIGNATURE:
1	861834	Michael Kolodziej	
2	871131	Christopher Citti	
3	0903640	LILLIAN JANEDY	
4	879896	Derek Hairmaidi	
5	874460	Matt Croall	
6	883013	Michael Mordichai	
7	034817	Robert Pillerella	
8	0904617	Joe Lasto	
9	930517	JAKE SMITH	
10	849242	Jason MAMONEY	

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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