

# MASSACHUSETTS

## OFFICE OF EMERGENCY MEDICAL SERVICES

DEPARTMENT OF PUBLIC HEALTH

DPH/OEMS 200-59  
CONED ROSTER  
10/2023

### Program Information:

PROGRAM TITLE (Print): <b>CARDIOLOGY ROUNDS</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:	PROGRAM TIMES: <b>1800-2000</b>
OEMS CONED NUMBER: <b>2425-R5-01013-T1</b>	<input type="checkbox"/> NCCR?	NCCR TOPIC(s):	PROGRAM HOURS: <b>2 HRS</b>

### Instructions:


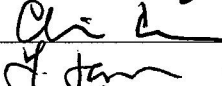
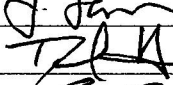


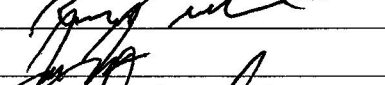
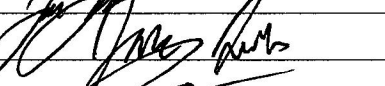
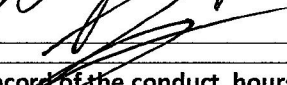
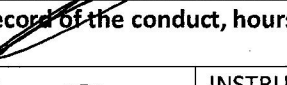
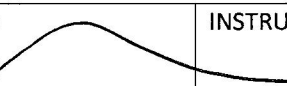
This roster is for use with T1, T2 and T4 training programs that have DPH/OEMS continuing education numbers. For T3 and T5 course documentation requirements, see DPH/OEMS Administrative Requirement (AR) 2-212, Section (E)(3).

#### LEAD INSTRUCTOR MUST:

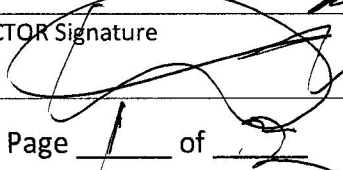
- 1) Sign this roster in the space provided, attesting that you have conducted this training program in accordance with applicable Massachusetts EMS regulations, the course outline, and AR 2-212.
- 2) Issue course completion documentation to the EMTs within 48 hours of program completion. Program sponsors 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	86/834	Michael Kolodziej	
2	97/111	Christopher Cetti	
3	0903040	LILLIAN JANEDY	
4	879896	Derek Haimaidi	
5	874460	Math Croall	
6	88053	Michael Moshchuk	
7	034817	Robert Pillerella	
8	0904617	Joe Lasko	
9	930517	JAKE SMITH	
10	849242	Jason Mahoney	

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 	INSTRUCTOR EMT Number:
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## DEPARTMENT OF PUBLIC HEALTH

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