

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: GERIATRIC TRAUMA | | PROGRAM SPONSOR (Print): BROCKTON HOSPITAL | |
| PROGRAM LOCATION (Print): K OF C 1195 Bedford St, Whitman, MA 02382 | | PROGRAM DATE: 1/28/2025 | PROGRAM TIMES: 1800-2000 |
| OEMS CONED NUMBER: 2425-R5-01149-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 |

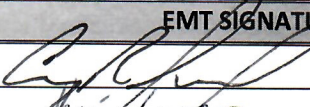
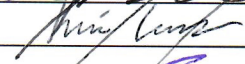
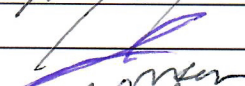
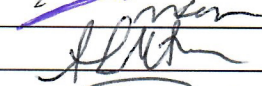
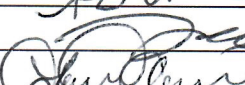
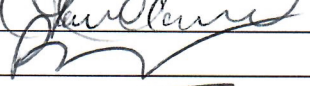

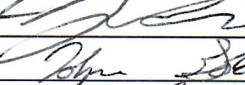

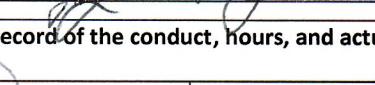
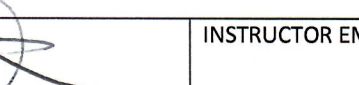

Instructions: **2 HRS EMT BASIC ADVANCED EMT PARAMEDICS**

LEAD INSTRUCTOR MUST:

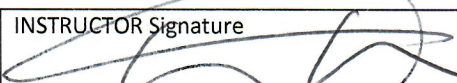
- 1) Sign this roster in the space provided, attesting that you have conducted this training program in accordance with applicable Massachusetts EMS regulations, the course outline, and DPH/OEMS Administrative Requirement (AR) 2-212.
- 2) Issue course completion documentation to the EMTs once the program 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 | 834805 | Carmel Nodde |  |
| 2 | E0921715 | Kevin Coombs |  |
| 3 | P0904044 | JEFF ARCIERI |  |
| 4 | E0916165 | Noah Sampson |  |
| 5 | E0916745 | Shannon Worton |  |
| 6 | P930180 | Jacob Warmington |  |
| 7 | 871012 | Thomas Nichols |  |
| 8 | 0903450 | Deak Stuby |  |
| 9 | 835958 | WILL O'NEILL |  |
| 10 | 877215 | Justin Goldberg |  |
| 11 | P0904575 | John Goldberg |  |
| 12 | E0906787 | Gregory Goldberg |  |

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: |
|--|--|------------------------|

MASSACHUSETTS


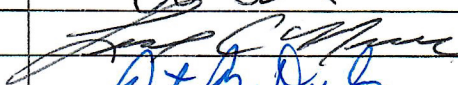
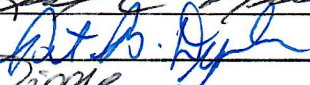
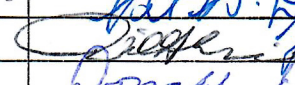
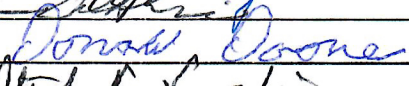
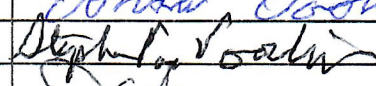
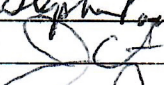
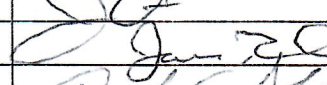
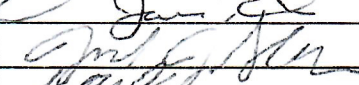
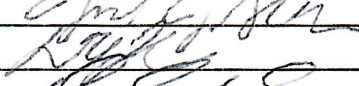
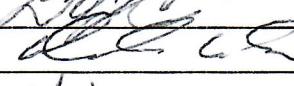
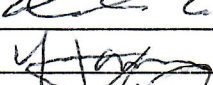



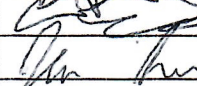
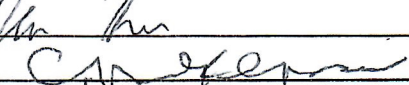
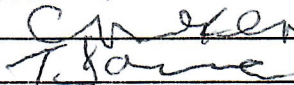
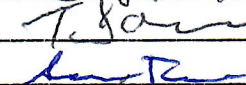
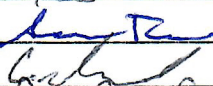
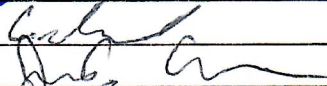
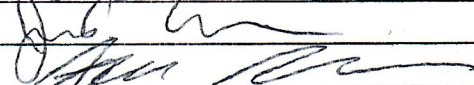
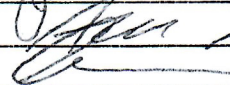
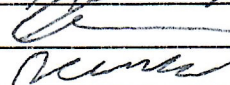
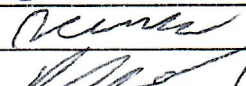
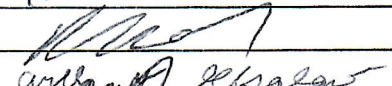
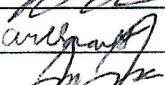
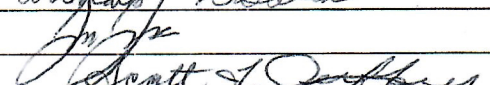
OFFICE OF EMERGENCY MEDICAL SERVICES

DEPARTMENT OF PUBLIC HEALTH


DPH/OEMS 200-59
CONED ROSTER
01/2016

(Continuing Education Roster Continued):

| | |
|---|---|
| PROGRAM TITLE (Print): ROUNDS: GERIATRIC TRAUMA | OEMS CONED NUMBER: 2425-R5-01149-T1 |
|---|---|

| # | EMT NUMBER | EMT NAME (Print) | EMT SIGNATURE |
|----|--------------------|---------------------|--|
| 13 | P880730 | Chris Olson |  |
| 14 | E148817 | Leonard C. Minnis |  |
| 15 | 149552 | Robert B. Doyle |  |
| 16 | E844089 | William Schleman |  |
| 17 | E808046 | Donald Dooner |  |
| 18 | E836636 | Stephen Van Voorhis |  |
| 19 | 819227 | James W. Curtin |  |
| 20 | 815111 | James B. RUSH |  |
| 21 | P0902470 | Justin J. Slowing |  |
| 22 | P853766 | DANIEL T. TRAP |  |
| 23 | P870562 | Andrew Wilks |  |
| 24 | P0903040 | LILLIAN JANEDY |  |
| 25 | E0903039 | Jason Sullivan |  |
| 26 | E818774 | Stephen DUGGAN |  |
| 27 | #854077 | CHRIS OTOOLE |  |
| 28 | 930517 | Mike Smith |  |
| 29 | Rockton Fire Alarm | Carolyn McKenna |  |
| 30 | Rockton Fire Alarm | Tabitha Jones |  |
| 31 | P868272 | Sean Fallon |  |
| 32 | PE77804 | CHRIS PERAZZINI |  |
| 33 | P0902504 | JAMES P. CONNOR |  |
| 34 | P0903091 | Austin McConaghy |  |
| 35 | 862482 | CHRISTOPHER LUTS |  |
| 36 | P0905249 | Joseph Girdano |  |
| 37 | E0924582 | Bailey Sullivan |  |
| 38 | E0924558 | Anthony Girdano |  |
| 39 | P0909017 | Joseph Lisko |  |
| 40 | P050586 | SCOTT DUFFEY |  |

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: |
|--|---|------------------------|

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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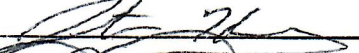

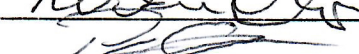
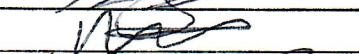
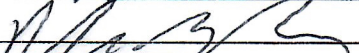


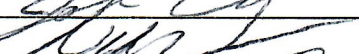













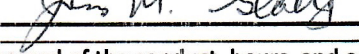
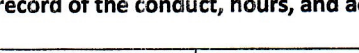

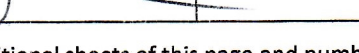
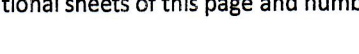
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— DEPARTMENT OF PUBLIC HEALTH —

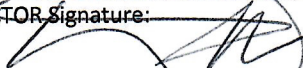
DPH/OEMS 200-59
CONED ROSTER
01/2016

(Continuing Education Roster Continued):

| | |
|--------------------------|--------------------|
| PROGRAM TITLE (Print): | OEMS CONED NUMBER: |
| ROUNDS: GERIATRIC TRAUMA | 2425-R5-01149-T1 |

| | EMT NUMBER | EMT NAME (Print) | EMT SIGNATURE |
|----|------------|--------------------|--|
| 13 | 858792 | Chris Hussey |  |
| 14 | P0901869 | Robert Creighton |  |
| 15 | 865056 | Jonathan Hickey |  |
| 16 | 862762 | PATRICK TRAVERS |  |
| 17 | E801924 | Wilson Cho |  |
| 18 | 886306 | PATRICK SAMMON |  |
| 19 | P0903044 | Michael Foster |  |
| 20 | 832766 | Michael A. Pede |  |
| 21 | P0902315 | Justin Duna |  |
| 22 | 851623 | Timothy Carroll |  |
| 23 | 842039 | John Curley |  |
| 24 | 858791 | Nicholas GRASSO |  |
| 25 | 840911 | Dale Campbell |  |
| 26 | P0904841 | Jonathan Delmonte |  |
| 27 | 851794 | Glen Gault |  |
| 28 | 868360 | Cheri Patten |  |
| 29 | 850701 | DON SWEETMAN JR |  |
| 30 | 849763 | CHARIS BARBER |  |
| 31 | 902156 | Steve Connors |  |
| 32 | P816323 | DAVID S. WATKINS |  |
| 33 | 874460 | Matt Croll |  |
| 34 | 901002 | Kyle Gunn |  |
| 35 | P0902587 | John Reardon |  |
| 36 | P0902692 | Morgan Crawford |  |
| 37 | E862774 | Elizabeth Channell |  |
| 38 | 856749 | Brian Fogg |  |
| 39 | P0903952 | MATT BROS |  |
| 40 | E0907008 | James Stabbay |  |

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): | INSTRUCTOR Signature:  | INSTRUCTOR EMT Number: |
| Daniel Muse, MD | | |

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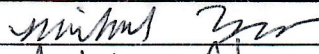
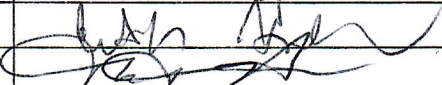
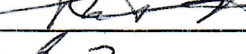
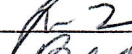
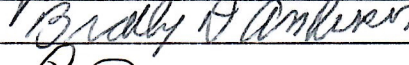






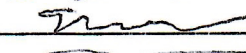

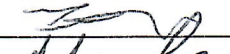


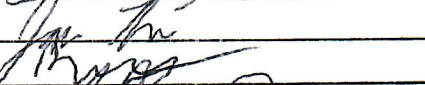


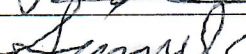
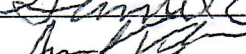
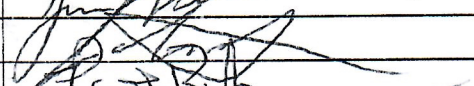

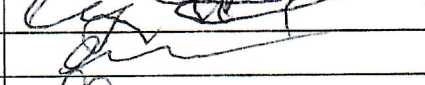

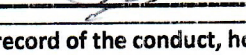
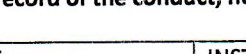

OFFICE OF EMERGENCY MEDICAL SERVICES

DEPARTMENT OF PUBLIC HEALTH

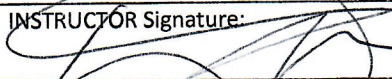
DPH/OEMS 200-59
CONED ROSTER
01/2016

(Continuing Education Roster Continued):

| | |
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| PROGRAM TITLE (Print): ROUNDS: GERIATRIC TRAUMA | OEMS CONED NUMBER: 2425-R5-01149-T1 |
|---|---|

| # | EMT NUMBER | EMT NAME (Print) | EMT SIGNATURE |
|----|------------|----------------------|--|
| 13 | E0921353 | Michael Fryer |  |
| 14 | 839556 | Gilabith Anderson |  |
| 15 | 841240 | Thom J. Henderson |  |
| 16 | 875461 | James Mabae |  |
| 17 | 094220 | BRADLEY D ANDERSON |  |
| 18 | 861928 | SEAN PETERS |  |
| 19 | 802495 | Joseph Doyle |  |
| 20 | P0903983 | Joseph Cincotta |  |
| 21 | P180052 | Tyler Maloney |  |
| 22 | 849242 | Jason Maloney |  |
| 23 | 835096 | Myriah Hallinan |  |
| 24 | P0905231 | Brandon Masterny |  |
| 25 | 432727 | ERIC HOFFMAN |  |
| 26 | P0903970 | Michael Concannon |  |
| 27 | P0909769 | Thomas Furness |  |
| 28 | 872638 | Matthew Sturken |  |
| 29 | 829753 | Timothy J. Clary Jr |  |
| 30 | 8149108 | John Smith |  |
| 31 | P876931 | Kevin Foster |  |
| 32 | 802102 | FRANK ROGIER |  |
| 33 | 888819 | GARRETT M MCGOWAN |  |
| 34 | 835405 | Samuel E. Poch Jr |  |
| 35 | 865044 | Jason Fricker |  |
| 36 | 824757 | John DeAndrea |  |
| 37 | 8416783 | PAUL B JOHNSON |  |
| 38 | 0902601 | Corey Habel |  |
| 39 | 826989 | George A Gardner Jr |  |
| 40 | 0904160 | Christopher Ganciosa |  |

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: |
|--|--|------------------------|

Note, if you do not have enough space for all students, simply copy and attach additional sheets of this page and number appropriately

MASSACHUSETTS

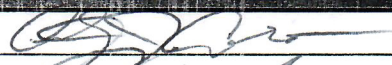

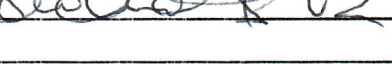
OFFICE OF EMERGENCY MEDICAL SERVICES

— DEPARTMENT OF PUBLIC HEALTH —

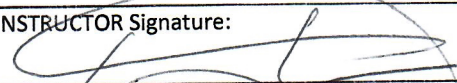
DPH/OEMS 200-59
CONED ROSTER
01/2016

(Continuing Education Roster Continued):

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|---|---|
| PROGRAM TITLE (Print): ROUNDS: GERIATRIC TRAUMA | OEMS CONED NUMBER: 2425-R5-01149-T1 |
|---|---|

| # | EMT NUMBER | EMT NAME (Print) | EMT SIGNATURE |
|----|------------|------------------|--|
| 13 | 876090 | Anthony Corso |  |
| 14 | 871258 | Ryan Cabral |  |
| 15 | 838962 | Richard S. Smith |  |
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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: |
|--|---|------------------------|

Note, if you do not have enough space for all students, simply copy and attach additional sheets of this page and number appropriately