

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): EMS CASE REVIEW ROUNDS		PROGRAM SPONSOR (Print): BROCKTON HOSPITAL	
PROGRAM LOCATION (Print): Knights of Columbus 1195 Bedford Street, Whitman MA		PROGRAM DATE: MAY 22, 2024	PROGRAM TIMES: 1800-2000
OEMS CONED NUMBER: 2425-R5-00562-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


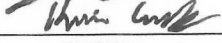

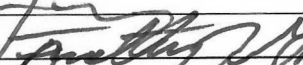

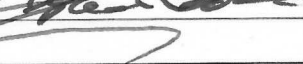


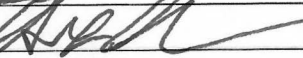
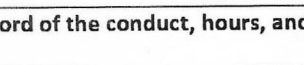
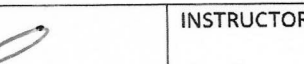
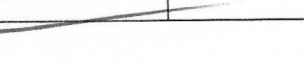
Instructions: CME 2 HRS BASIC, ANVANCED AND PARAMEDIC

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	871048	Jeffrey Cuozzo	
2	0921715	Kevin Coombs	
3	P930180	Jacob Warrington	
4	P833251	James Brackett	
5	P862054	Timothy Guilloffe	
6	P0902587	John Reardon	
7	E0710482	Dylan Freely	
8	835558	MARIE ORTH	
9	858040	Jett Dupuis	
10	861928	SEAN PETERS	
11	P0904315	Brandon Torgue	
12	826989	George J Gardner Jr.	

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): EMS CASE REVIEW ROUNDS	OEMS CONED NUMBER: 2425-R5-00562-T1
--	--

	EMT NUMBER:	EMT NAME (Print):	EMT SIGNATURE:
13	625148	Nichol M Smith	
14	856599	JEFF GERMAINE	
15	P0905059	Kevin Gunnarson	
16	P0904298	Raid Broderick	
17	P0903595	Dijan Lundsteet	
18	P0903345	Ryan Malone	
19	P0904678	Dan McKale	
20	P930052	Tyler Maloney	
21	P0905145	RYAN ACCIARO	
22	638485	Robert O'Brien	
23	880460	Robert Heffernan	
24	856572	Sean Gerroughy	
25	840176	MIKE BUSCH	
26		JUSTIN EVERSON	
27	877215	Justin Goldberg	
28	80906787	Gregory Goldberg	
29	P0902674	Zachary Baldwin	
30	P0903640	LILLIAN JANESEY	
31	855971	Liam O'Flaherty	
32	848945	James Miceiantosono	
33	P0903880	Mike Mureno	
34	851623	Tom Carroll	
35	P870562	Andrew Wilds	
36	840636	Mike Tracy	
37	834477	Tom Heaney	
38	P0903135	Michael Fariss	
39	902731	Joseph Matrisciano	
40	862762	PATRICK TRAVORS	

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):

PROGRAM TITLE (Print): EMS CASE REVIEW ROUNDS	OEMS CONED NUMBER: 2425-R5-00562-T1
--	--

	EMT NUMBER:	EMT NAME (Print):	EMT SIGNATURE:
13	580665	SCOTT FIBBINS	
14	024757	JOHN DeMAZIO	
15	807480	ANDREW McGILLIVRAY	
16	902558	Matthew Oliver	
17	PO905249	Sarah Guterman	
18	814057	Charles C. Williams III	
19	871570	Colby Silva	
20	870559	GERARD WAWO	
21	PO903675	Adam Dechellis	
22	881828	Peter O'Brien	
23	PO904886	Mark McKenna	
24	PO901844	Daniel Rice	
25	858802	STEVEN FOSTER	
26	PO902586	Russell A. Lucas	
27	852981	Craig R. Wiasir	
28	PO902830	Michael Blisa	
29	P884779	Thomas Lieberman III	
30	PO902470	Justin J. Slowinski	
31	851994	Oliver Carter	
32	PO902367	Ryan Keeley	
33	057546	CHARLEY BRADNERS	
34	816276	Daniel DelPrete	
35	849242	Jason Manoway	
36	871694	William Inglis	
37	820056	Michael Carroll	
38	819227	James Curt-	
39	841240	Thomas Henderson	
40	0903774	MATTHEW RODENBUSH	

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

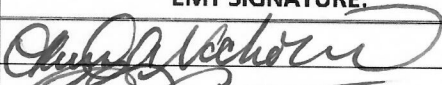

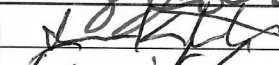







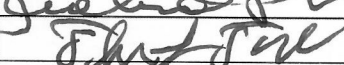
Note, if you do not have enough space for all students, simply copy and attach additional sheets of this page and number appropriately

MASSACHUSETTS
OFFICE OF EMERGENCY MEDICAL SERVICES
 DEPARTMENT OF PUBLIC HEALTH

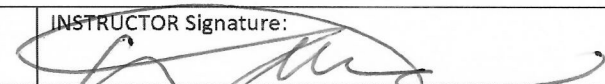
DPH/OEMS 200-59
 CONED ROSTER
 01/2016

(Continuing Education Roster Continued):

PROGRAM TITLE (Print): EMS CASE REVIEW ROUNDS	OEMS CONED NUMBER: 2425-R5-00562-T1
--	--

	EMT NUMBER:	EMT NAME (Print):	EMT SIGNATURE:
13	871012	Thomas Nicholas	
14	876090	Anthony Conso	
15	860537	IAN KURTINITIS	
16	839558	Francis S Curric	
17	PO901869	Robert Creighton	
18	PO904714	Ryan Forest	
19	877039	Justin Silva	
20	843354	DAVID Freeman	
21	873804	CHRIS DONAHUE	
22	838962	Richard S. Smith	
23	829761	Thomas Ford	
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:
---	---	------------------------

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