OFFICE OF EMERGENCY MEDICAL SERVICES

- DEPARTMENT OF DUBLIC 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): Damage Control & Basic Hemorrhage Control Winches		• •	epartment		
PROGRAM LOCATION (Print): Boston Marriott Burling	·			PROGRAM TIMES: 09:00- 10:00	
OEMS CONED NUMBER: 1718-R4-03369-T1	30 Hour	20 EMT/AEM			ram Hours: 1 Hour

Instructions:

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:

- 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	E880684	THOMAS H-CASHEU	of Wallet
2		LOLA LOMB ARDO	Lota Loudy BVRC
3	877306	Joseph Boykin	
4	845143	Todd Ficociello	Tim/ De
5	P0902297	INSON CALLMAN	MI
6	PUUUZ6CU	JAMES MELO	Ann,
7	£898668	Steven J- MORRIS	Atomer Mous
8	E845922	Richard L Garsh	THE PLANT
9	5810893	DAVID HUNT	01
10	E815945	Joseph P. Abdella	De Kalli
11	A130182	Manay Rums	Manen Buro
12	E322464	Jennicer Bouter	Oest 9
Under	the nains and nenalti	es of periury. Lattest that this is a true and accurate	record of the conduct, hours, and actual

1232464 Jenni	86C 1200161	lest	17
		//	
Under the pains and penalties of perjury, I	attest that this is a true and a	curate record of the condi	uct, hours, and actual
attendance for this training course.			
INSTRUCTOR NAME (Print):	INSTRUCTOR Signature	01	INSTRUCTOR EMT Number:
Benjamin Podsiadlo	Thour los	all	818519
Page of			

OFFICE OF EMERGENCY MEDICAL SERVICES

-DEPARTMENT OF PUBLIC HEALTH-

DPH/OEMS 200-59 CONED ROSTER 01/2016

(Continuing Education Roster Continued):

(
PROGRAM TITLE (Print):	OEMS CONED NUMBER:
Damage Control & Basic Hemorrhage Control	1718-R4-03369-T1

	EMT NUMBER:	EMT NAME (Print):	EMT SIGNATURE:
13	868711	Philip Ciamon	7-Ci
14	E846745	Anne MATTE Browne	Come Weine Prome
15	E3212609	Branna Thurburn	Busta
16	858539	ERIK NAMSEL	IXW
17	823553	CHIZISTONIKE POEZI	Chile Bron;
18	830145	hopert J Jee IH	Rut 1 A att
19	819385	Clifford Comeau	Chefford Gomesia
20	2090603	KOTOJEEN MAKHETI	Lecen
21	846 293	Marc Floret	prost n. p.
22	882183	chistoh badus	
23	820(183)	Kevin Carter	Ken Caitte
24	840942	Andrew DeFrico	
25	830406	Juaith Rowell	Ly Fre Rowll
26	853906	Kim Marsden	Kmand
27	849404	Keith Wilding	
28	875045	Thronger Swette	A Brown III A
29	852725	Beith Suppord	Jan Syn
30	841843	Jeff Kussu	CE MODI.
31	0108658	Brookl Testa	DUONE ZOTON
32	P0902082	Jeffrey Caray	
33	863706	Nicholas LeCotto	1/1/02
34	015144	Trichard F. NASIY	Kuty 6 + 12C
35	P0902375	Ben Berry	5 61
36	A0900041	Dennifer Rid	Junto
37	817817	MARK MILLET	ano
38	83085740	Cartyp Miller	lay 442
39	891418	Miday Surasian	int
40	90/745	Andrew Moranian	(Ke co
T			

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):	INSTRUCTØR Signature:	0 10/	INSTRUCTOR EMT Number:
Benjamin Podsiadlo	Bem	Podelle	818579
		7	

OFFICE OF EMERGENCY MEDICAL SERVICES

DPH/OEMS 200-59 CONED ROSTER 01/2016

(Continuing Education Roster Continued):

(Continuing Education Roster Continued).			
PROGRAM TITLE (Print):	OEMS CONED NUMBER:		
Damage Control & Basic Hemorrhage Control	1718-R4-03369-T1		

	EMT NUMBER:	EMT NAME (Print):	EMT SIGNATURE:
13	P870060	Michael Solvica	Michael andre
14	809918 -	TIMOTHY J. Coss -	1000
15	811511	JOSIEPH NICOSIA	Change of the control
16	E0904405	Brian Augun	17mm
17	885437	ENK Contr	1860
18	845727	1LEN TEMAR	This -
19	902460	Tim Helgesen	Lh
20	130739-11	Alan J Ferreira	Man of Ferrage
21	13355	Yould A Ricahi	FarDokur
22	131056	DAVID W. HALL	Tal w stall
23	816646	Peter M Gon	Pote de
24	890022	Brooke Green	1800
25	C902443	Kayla Glammaro	Karut
26	E3309164	Santing Asaucio	Harros buleuro
27	F0289721	Juliana Lastanka	Sura daston Ca
28	10901124	Michael P Tannian	Whath Towns
29	482355	Deren Pope	
30		Kushe Carrican	CS
31	839041	Steven B Osborne Jr	St. 3 oh A.
32	880519	LINDA POTENZA	gin
33	3270172	Colin Ruggiero	Colon Reggs
34	870991	Benjamin Simmens	Biga H Same
35	815314	Gregory Dows	QM -
36	1901430	TYLER SAMEST	10grs
37	882474	Cory Harris	By for
38	878263	James Tigges	AM O
39	843657	Kimberly Cobbett	O GODDA
40	815/053	Steven is. Fields	f J Juli
Unde	er the pains and penaltic	es of perjury, I attest that this is a true and accurate	record of the conduct, hours, and actual

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:	
Benjamin Podsiadlo	15en Pochel	818579	
· · · · · · · · · · · · · · · · · · ·			

OFFICE OF EMERGENCY MEDICAL SERVICES

(Continuing Education Roster Continued):

OEMS CONED NUMBER:

DPH/OEMS 200-59 CONED ROSTER 01/2016

- DEFARIMENT OF PORCIO REALIN-

PROGRAM TITLE (Print):

Dan	nage Control &	Basic Hemorrhage Contrφl	1/18-R4-03369-11
	EMT NUMBER:	EMT NAME (Print):	EMT SIGNATURE:
13	878377	Daniel S Balestria.	5 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
14	P900816	Shawn Buxton	Mosi
15	886549	Jacob Griffith	The C
16	904426	Tak Kurran -	Tallanta Makan
17	867386	B-ad for Williams	
18	984735	Mercain Paringe	100 7 100
19	138124	FRESERICA L TUSTIT	1000
20	276480	Ortherine Oraghey	
21	822561	Michael A Papers	11 of Devleto

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):

Benjamin Podsiadlo

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

Page ______ of _____

OFFICE OF EMERGENCY MEDICAL SERVICES

DPH/OEMS 200-59 CONED ROSTER 01/2016

(Continuing Education Roster Continued):

Damage Control & Basic Hemorrhage Control 1718-R4-03369-	T1
EMT NUMBER: EMT NAME (Print): EMT SIGNATURE:	0
13 846509 James D Saunders IT James D Launden	\mathbb{Z}
14 901753 Sechen Pot/suc Mh / Pro	<u> </u>
15 GOG 901 David Magny DER JOHN ON	
16 10902137 Alan Fielding	~~
17 10902153 Jessia 1856/ 900550	
18	
19	
20	
21	
22	
23	
24	
25	
26 27	
28	
29	
30	
31	
32	

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:	
Benjamin Podsiadlo			

D	
Page	ot
race	UI .

OFFICE OF EMERGENCY MEDICAL SERVICES

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): Burn Care & Pos	sitional	į.	AM SPONSO /inches		epartment
PROGRAM LOCATION (Print): Boston Marriott Burling	ton		PROGRAM 10.12	1 DATE: 2.2017	PROGRAM TIMES: 10:00- 11:00
OEMS CONED NUMBER: 1718-R4-03514-T1	30 Hour Paramedic NCCR	20 EMT/AEN		ConEd Pro	gram Hours: 1 Hour

Instructions:

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		LOLA LOMBANDO	The Lombando BVRC
2	E88684	The MOSA. CASIAZ	Advant Serla. O
3	877306	Joseph Boykin	1//////
4	845143	TODO FICOCIPIIO	They re
5	PO9 022 99	JASON PALEMAN	1/1
6	P0407600	3mmES MELO	In.
7	£898668	Sheven J. MORRIS	Stones & Mans
8	E845922	Richard Coersh	DI ROTUL
9	E810893	DAVID HUNT	19 % R
10	P87060	Michael Salvecci	Mike Wie
11	A130182	Marry Dumo	A Nancy Brown
12	868791	Philip Ciampa-	Pica

12	868791	Philip	Ciampe-		P. M.	
Under	the pains and penaltie	es of perjury, I a	ttest that this is a true	and accurate re	cord of the condu	ict, hours, and actual
attend	ance for this training o	ourse.	0 /			
INSTRL	JCTOR NAME (Print):	1	NSTRUCTOR Signature			INSTRUCTOR EMT Number:
Joh	nn Schulz	60	1661	4//	1	
001	III COITAIL	-	y une	/ 0-		
			/ Page	_ _of/	/	

OFFICE OF EMERGENCY MEDICAL SERVICES

(Continuing Education Roster Continued):

CONED ROSTER 01/2016

-DEPARTMENT OF PUBLIC HEALTH-

PROGRAM TITLE (Print):

OEMS CONED NUMBER:

Burn Care & Positional

1718-R4-03514-T1

DPH/OEMS 200-59

	EMT NUMBER:	EMT NAME (Print):	EMT SIGNATURE:	
13	E846745	Anne Marie Browne	ame Mani Browne	
14	E3212609	Brianna Thorbum	bru &	
15	853539	ERIK NAHSSI	2/10/	
16	823553	CHRUSTURIER PORZI	C4-130cm;	
17	830145	hubert Toya II	The Maria	
18	819385	Cl. Hord Comean	Holded Somean	
19	80906034	KOTWIESH MONCUSTI		
20	846293	Mar Flut	1 /al mont	
21	582183	Christoph Indus	// 2	
22	820483	Kevin Carter	hav Carlo	
23	340942	Andrew Petria,		
24	853906	Kimmarsden	Knawd	
25	8314DI	Sudith Rowll	Alin NY Pavell	
26	849404	Keith Wilding		
27	845045	Thomas Scrette	A Surself 171	
28	852725	Keith Shepred	breflished	
29	908658	Brooke losty	BRATO TOWN	
30	841843	JEM RISSO	Messy	
31	P0902082	Jeffrey Carey		
32	663706	Nicholar Letolst	MM 200	
33	P0902375	Benry	33	
34	A0900041	ennifer Peid	Jun Des	
35	817817	MARK MILLET	mo	
36_	E30851940	Carthyn Millet	but >	
37	897418	Milchael Surasian	ng	
38	901745	Androw Morgnian	an on	
39	846569	James D Saunders Ir	Janus D Vaurde K	
40	901753	stopm thing	Jim	
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.				
	RUCTOR NAME (Print):	INSTRUCTOR Signature:	INSTRUCTOR EMT Number:	
JO	hn Schulz	1 /4 Voy of C		

OFFICE OF EMERGENCY MEDICAL SERVICES

DPH/OEMS 200-59 CONED ROSTER 01/2016

DEPARTMENT OF PUBLIC HEALTH-

(Continuing Education Roster Continued):

OEMS CONED NUMBER:

PROGRAM TITLE (Print):			
Burn Care	&	Positiona	

1718-R4-03514-T1

	EMT NUMBER:	EMT NAME (Print):	EMT SIGNATURE:		
13	809918	Timonty J- Coss	who I		
14	811511	JOSEPH MICOSIA	Joseph Manne		
15	E815945	Joseph P. Abdella	& Flater		
16	80904405	Brian Angen	18 mings		
17	88843×	Era Carta			
18	845727	1LED TEMPLE	74m 6/		
19	902460	Tim Helgesen	Juhn		
20	130739	AlAn J Ferreira	Olm & Ferrein		
21	E322464	Jennifer Bouter	And Bo		
22	8 8 1016	Paul ARicell'	ACUCACINA		
23	131056	DAVID W- HALL	The water		
24	816646	Peter M. Gove	Pote to		
25	890022	Brooke Green	15200		
26	096445	Kayla Giammano	Kayler GY		
27	E0289721	Juliana lastouta	Aligno Hastone		
28	P0901624	Michael P Tannes	Sthullat & Thurs		
29	892355	Dereil Pupe	V		
30		Krishe Chingen	105		
31	83904/	Steven B Osborn Jr	1530/		
32	880.579	LINDA POTENZ	Com-		
33	3230172	Colin Ruggiere	Colos Reals		
34	870991	Benjamin Simmons	Bing & Junar		
35	815314	Grelly Dans			
36	P901430	TYCEN SAMOST	My		
37	882414	Cory Harris	of the		
38	8 18263	James Tigges	J. Lyg		
39	8 4 36) +	Kim Colhet	700 Ceks		
40	10101153	steven & Fields	- Hould		
	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.				
	CUCTOR NAME (Print):	INSTRUCTOR Signature:	INSTRUCTOR EMT Number:		
	hn Schulz	1 fleth			

DEPARTMENT OF PUBLIC HEALTH-

DPH/OEMS 200-59 CONED ROSTER 01/2016

(Continuing Education Roster Continued):

PROGRAM	TITLE (Print):	

Burn Care & Positional

OEMS CONED NUMBER:

1718-R4-03514-T1

	EMT NUMBER:	EMT NAME (Print):	EMT SIGNATURE:
13	878377	Daniel & Balentrieri	+ delito
14	P900816	Shawn Buxton	Mor
15	886549	Jacob Gsiffily	Tale Com
16	904426	Tak hurran	Tollaton Walker
17	867386	Bru Rod Williams	
18	984735	Meredith Partridge	man of the
19	188124	FREDERICK L TEST	- Hay
20	876480	Catherine Donaghey	
21	823561	Michal A Roberto	Mis Rollo
22	F841737	Ryan F Cheter	Rua 6 h
23	284901	DONNE MAGNUPER JONES	200
24	P0902153	Jessiu Passi	alogo
25	P0902137	Alan Fielding	1000
26	015146	Richard X Ve	tito Exa
27	7.1	Styphen P West -	
28	818519	Brujamin Pudgiaely	fly both
29		J	, ,
30			
31			
32			
33			
34			
35			
36			
37	-		70070
38			
39		23.50	
40			
Unde	r the pains and penaltic	es of perjury, I attest that this is a true and accurate	record of the conduct, hours, and actual

Under the pains and penalties of perjury, attendance for this training course.	l attest that this is a true and accurate record of the cond	uct, hours, and actual
INSTRUCTOR NAME (Print):	INSTRUCTOR/Signature:	INSTRUCTOR EMT Number:
John Schulz	(flesh)	

OFFICE OF EMERGENCY MEDICAL SERVICES

DPH/OEMS 200-59 CONED ROSTER 01/2016

DEPARTMENT OF PUBLIC HEALTH-

Program Information: (This roster is f	or use with training pro	grams that I	have DPH/O	EMS continuing e	ducation numbers)
PROGRAM TITLE (Print):		PROGR.	PROGRAM SPONSOR (Print):		
Hemorrhagic Shock and Clotting 8	& Non-lethal Weapo	ons M	/inches	ter Fire De	epartment
PROGRAM LOCATION (Print):			PROGRAM DATE: PROGRAM TIMES:		PROGRAM TIMES:
Boston Marriott Burling	ton		10.12	2.2017	11:00- 12:00
OEMS CONED NUMBER:	30 Hour	20	Hour		4.11=
		EMT/AEI	EMT/AEMT NCCR ConEd Program Hours: 1 HO		ram Hours: 1 HOUF

Instructions:

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		LULA LOMBAROU	John Loyuburde BVRC
2	£886684	THOMAS H- CASHEZL	Jones It Carlier
3	877306	Joseph Basicin	1/h///
4	845143	Todd Ficuciallo	Multe
5	P 69 07299	IKON CAUSION	
6	20907600	JAMES MALO	
7	898668	Steven J. MORRIS	Stonen Jamone
8	E845922	Richard Gersh	fre there
9	= 8/0893	DAVID HUNT	R"D NATA
10	P 870060	Mike Salved	mile thea
11	A130182	NAWCY BURNS	Maney Dums
12	868791	Philip Ciampa	Pla

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): Noelle Saillant	INSTRUCTOR Signature	INSTRUCTOR EMT Number:		

Page _____ of ____

OFFICE OF EMERGENCY MEDICAL SERVICES

DEPARTMENT OF PUBLIC HEALTH ----

DPH/OEMS 200-59 CONED ROSTER 01/2016

(Continuing Education Roster Continued):

(
PROGRAM TITLE (Print):	OEMS CONED NUMBER:
Hemorrhagic Shock and Clotting & Non-lethal Weapons	1718-R4-03515-T1

	EMT NUMBER:	EMT NAME (Print):	EMT SIGNATURE:
13	809 918	Tinony I. Coss -	Total No.
14	811511	JOSEPH NICOSIA	park Marie
15	E815945	Joseph P. Abdella	SAOd-Us
16	£0904405	Brian Augun	Poring An
17	885437	Ent Confe	
18	845727	ILEN. TEMPLE	John of
19	902460	Tim Helgesen	2/
20	130739	AIAN FETTEIR	Man of Lersen
21	E399464	Jennifer Bouter	a Carle Pro
22	28187516	Briana Thorburn E32121	Bush
23	131056	DAVID W- MALL	Dal w 11tall
24	816646	Pekr M. Gove	Pete Da
25	890022	Brooke Green	1800
26	(XIQXUUS	Kayla Giammano	Rullet
27	80289721	Juliana Lastoura	Selion Laston ha
28	P0901624	Mrchiel P Tannon	Machil herry
29	882355	Dean Pope	
30		Kushe Camp	KCmg
31	839041	String Osborn Ir	St 30LD
32	880579	LINDA POKENZA	Sur I
33	3230172	Colin Rogiero	Cola Mayor
34	870991	Benjamin Simmons	Bigg H Smins
35	8R311	Edion Dours	
36 .	P901430	TYCFA SAMOST	Dis of
37	882474	Cory Harris	69/25
38	878263	James Tigges	7
39	815653	Steven G. Fields	J July
40	843677	CIM CISTOSA	I (d)
	-	es of perjury, I attest that this is a true and accurate	record of the conduct, hours, and actual
	dance for this training of the contract of the	tourse. INSTRUCTOR βignature:	INSTRUCTOR EMT Number:
114211	OCTOR NAME (FINE):	INSTRUCTOR DIRITATES:	INSTRUCTOR EIVIT Number:

Noelle Saillant		
Note, if you do not have enough space for a	all students, simply copy and attach additional sheet	s of this page and number appropriately
	Page of	

OFFICE OF EMERGENCY MEDICAL SERVICES

DPH/OEMS 200-59 CONED ROSTER 01/2016

(Continuing Education Roster Continued):

PROGRAM TITLE (Print):	OEMS CONED NUMBER:
Hemorrhagic Shock and Clotting & Non-lethal Weapons	1718-R4-03515-T1

	EMT NUMBER:	EMT NAME (Print):	EMT SIGNATURE:
13	E846745	Come Marie Browne	ane Mario Brone
14	E3212609	Branna thorburn	Bu And
15	858539	ERIK NAWSOI	57/1
16	823558	CHRISTONER REZZI	CHA DEST
17	830145	hobert J Jaya III	let the
18	819385	Cl. Hord Comean	Coffee Comean
19	20906034	Korales MACONEN	X. e. e.
20	846293	Marc Floret	10.06.
21	082183	Chartoph Hadher	129
22	820483	Kevin Catter	Ken Carlo
23	840942	Andrew Detries	
24	853706	Kim Marsden	Khand
25	830406	Jugith & Rowell	Just A ROOKS
26	849404	Keith Wilding	
27	875015	Mighan Suge the	a supple to
28	852725	Lasth 1 Sheparel	Harl of Horse
29	908658	Broome lester	RELECTE WITH
30	841843	John Kussa	de bruss
31	P0902085	Jeffrey Carry	D'ay
32	863706	Nicholas LecotsL	MIN E
33	PU902375	Ben Berry	2 5
34	A0900041	Lennifer L' Red	Dange Co
35	317817	MARK MILLET	Masn
36	83025740	Cortyn Willet	Edy M
37	891418	Midhael Surabian	Millian
38	846509	James D Saunders Ir	James D Lauden f
39	901745	Hodren Moranian	Aggre hi
40	199 753	Staphn Adriw	// / //
		es of perjury, I attest that this is a true and accurate	record of the conduct, hours, and actual
	dance for this training or this training or this training or the contract of t	INSTRUCTOR Signature:	INSTRUCTOR EMT Number:
1	oelle Saillant	MSTROCTOR SIGNAL	MOTION LINE NUMBER.
140	John Jamani		

OFFICE OF EMERGENCY MEDICAL SERVICES

-DEPARTMENT OF PUBLIC HEALTH-

DPH/OEMS 200-59 CONED ROSTER 01/2016

(Continuing Education Roster Continued):

1	
PROGRAM TITLE (Print):	OEMS CONED NUMBER:
Hemorrhagic Shock and Clotting & Non-lethal Weapons	1718-R4-03515-T1

	EMT NUMBER:	EMT NAME (Print):	EMT SIGNATURE:
13	878377	Daniel & Balentriell	
14	P900816	Shawn BuxTon	1602
15	886519	Lacos Griffith	Tal 20/18/
16	904426	Lak Muran -	Talaka Alakhus-
17	867316	Broy food Williams	
18	884735	Meredith Partidge	Mand B
19	138124	FORDERICK L TUSTIN	Jall H
20	876480	Coutherine Braghey	latherine tinagher,
21	873561	Midal A Subser	MI-TShla
22	£841727	Ryan F Shater	Byn & Mf
23	OISILL	Truckand & Many	Kith A. 1/2-
24		Stypher P Wood	29
25	818519	Seviamin logicali	the label
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):	INSTRUCTOR Signature:	INSTRUCTOR EMT Number:			
Noelle Saillant					

50	e e	
Page	of	
rage	UI.	

OFFICE OF EMERGENCY MEDICAL SERVICES

DPH/OEMS 200-59 CONED ROSTER 01/2016

Progra	Program Information: (This roster is for use with training programs that have DPH/OEMS continuing education numbers)							
PROGRAM TITLE (Print): PROGRAM SPONSOR (Print):								
Crush Injuries & Tactical Team Winchester Fire Department								
PROGR	PROGRAM LOCATION (Print): PROGRAM DATE: PROGRAM TIMES:						MES:	
Bo	ston Marriott	Burling	ton		10.1	2.2017	13:00-	14:00
OEMS	CONED NUMBER:		30 Hour	20) Hour	N Comed Book		1 Hour
1718	8-R4-03370- ⁻	Γ1	Paramedic NCCR	EMT/AE	MT NCCR	ConEd Prog	ram Hours:	Hour
Instruc	tions:				_			
	NSTRUCTOR MUST:							
1)			vided, attesting that you , the course outline, and					ith applicable
2)	Issue course comple	tion docum	entation to the EMTs or	nce the prog	ram is com	pleted. Program s	ponsors may iss	
3)			provide attendees with a is retained by the progr					
4)			the last student has sign					
EMTs A	TTENDING PROGRAM	MUST:						
1)		•	me after your Massachu			·	esting that you	attended
2)			ember to include the le ourse completion docum		-		tor	
3)	·		l number may never re			•		
			roval, there are limitati	,		-		- 1
			used for renewal of EM /www.mass.gov/dph/or		n. Please r	eference AR 2-212	or the OEMS R	tenewal
4)			NCE ROSTER MEANS TH		DIT CAN BE	AWARDED.		
	EMT NUMBER:	Dec	EMT NAME (Print	:):		, EMT	SIGNATURE:	0
1	846509	Jan	nos D Sau	indeos	Tr	famel B	Layder	1
2	901745	And	Vew More	nign	٤	Zz	<u> </u>	
3	868791	Ph	ilip Gama	Za_		PIA		
4	886901	Dan	un Manun	on Jan	173	(F) OP		
5	878377			lestric		6/8/	40	
6	89/4/8		cheel 5-	rasio	~	1 Contract		
7	846293		a Fluit		,	man 1	67	
8	890022	13100	lle Green			3302	<u> </u>	
9	E400PA		n Millet	-1		My The		
10 11	E845922	-	hard L Ge	ersh	1	2		
12	809 918 816646		er M Gove	-055	D	12	V	
3.5	310070	Pet	er M Gove		-	11/200	1	

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:

DPH/OEMS 200-59 CONED ROSTER 01/2016

-DEPARTMENT OF PUBLIC HEALTH-

	(Continuing	Education	n Roster	Continued):
PROGRAM TITLE (Print):			OEMS CO	NED NUMBER:

PROGRAM TITLE (Print):

Crush Injuries & Tactical Team 1718-R4-03370-T1

	EMT NUMBER:	EMT NAME (Print):	EMT SIGNATURE:
13	849404	Keith Wilding	
14	845727	THEN TEMPLE	gary -g
15	P010 1624	Michael P Mannin	Through I freuen
16	P875060	Mike Salveci	Mile Noliai
17	817817	MARK MILLET	my
18	877306	Joseph Baykin	
19	85390G	Kimmarsden	Kmand
20	E810893	DAVID HUM	par H
21	€ 6289721	Juliana Lastowka	Julian Lastone
22	904735	Meredity Partides	Oly Da
23	830145	hobert J July a	flut by the the
24	823558	CHRIMORNER PORZI	Rent Sour
25	858539	ERIK NAMSEL	5-24/1
26	819385	Clifford Comean	Mifferd Comean
27	Mo1753	Stephen Petring	JIM V
28	818579	Benjamin Podsicila	They alul
29	880579	LINDA POTENZA	Yeu
30	878263	James Tigges	D-20/11.
31	852725	Koth Suppard	Mil Skyl
32	824635	Mark Cedrone	/ No soll
33	815 653	Steven & Fields	CHILD
34	\$67386	Brow Send Crillians	102
35	841843	Jeff Russo	Jall Klysal
36	876480	Catherne Unaghey	
37	1900816	SLAWN BUXTON OF	Mon
38	E846745	Anne Marie Browne	ame Marie Brome
39	A090001	dernifer I Rud	Semifolo
40	130739	AlAN & Ferreira	alan Francisco
Unde	er the pains and penalti	es of perjury, I attest that this is a true and accurate	record of the conduct, hours, and actual
	dance for this training		I MARKAGE TO THE
INSTI	RUCTOR NAME (Print):	INSTRUCTOR Signature:	INSTRUCTOR EMT Number:

Susan Briggs		
Note, if you do not have enough space for a	ll students, simply copy and attach addition	onal sheets of this page and number appropriately
	Page of	

OFFICE OF EMERGENCY MEDICAL SERVICES

DPH/OEMS 200-59 CONED ROSTER 01/2016

DEPARTMENT OF PUBLIC HEALTH-

| Continuing Education Roster Continued):
| PROGRAM TITLE (Print): | OEMS CONED NUMBER:

PROGRAM TITLE (Pr	int):			- 1	OFIND COM	ED MOIMR
Crush	Iniuries	&	Tactical T	ear	η	1

1718-R4-03370-T1

	EMT NUMBER:	EMT NAME (Print):	EMT SIGNATURE:
13	131056	PAVID W HALL	Dal W 1 toll
14	811511	TOSEPH NICOSIA	Core Mui
15	3230172	Colin Ruggiero	Colin Roux
16	902460	Tim Helgesen	L
17	907600	Tim Helgesen 3 Ames MECO	1000
18	908658	Brookl Tosta	RULODO TORAN
19	138124	FREDERICK L TUSTIN	All'I toto
20	8898668	Steven J. MORRIS	Storen & Mones
21	E3222464	Jennier Bouter	Janly Bass
22	E886684 P0902375	THOMAS H. CASHELL	& fomos At Cashell
23		Ben Berry	6 1
24	E815945	Joseph P. Abdella	DARRES
25	823 561	milita Reporto	Ned Rober
26	870991	Bej H. Sumon S	Benjama Stomans
27	E0904405	Brian Augun	Topan 1
28	015146	Brian Augus Echard F. NASH	freta da 112
29	820483	Kevin (arter	Ken (arti
30	888355	Derek Pope	
31	904426	Zate Murray	Jahry Walkay
32	886549	Jacob Grillik	and and
33	P0902062	Joff Carey	Jan
34	P901430	TYCER SAMEST	9362
35		Stephin P Woul	
36	843657	Kimberry Cobbett	Mailel
37		1	
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):	INSTRUCTOR Signature:	INSTRUCTOR EMT Number:		
Susan Briggs				

Page	of
------	----

OFFICE OF EMERGENCY MEDICAL SERVICES

DPH/OEMS 200-59 CONED ROSTER 01/2016

DEPARTMENT OF PUBLIC HEALTH-

(Continuing Education Roster Continued):					
PROGRAM TITLE (Print):	OEMS CONED NUMBER:				
Crush Injuries & Tactical Tea	am 1718-R4-03370-T1				

	EMT NUMBER: EMT NAME (Print):		EMT SIGNATURE:
13	E3212609	Brianna Thorburn	Bu Sh
14	F (41737	Ryan F Shoter	Ry C. Bl
15	875045	Thomas Sure He	1 Surte
16	830406	Traith Rowell	Afade of Roselly
17	863706	Nicholas LeColst	1/// C
18	882474	Cory Harril	Eg Hens
19	09024US	Kayla Giammano	Rayul
20	88218>	Christopher Hadley	
21	839041	Steven B Osborne JE	St3041
22	A130182	Nancy Burns	Waney Beims
23			O
24			
25		79379	
26			
27			
28			
29			
30			
31			
32			
33			
34			
35			
36 37			
38			
39			
40			11.1
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):	INSTRUCTOR Signature:	INSTRUCTOR EMT Number:			
Susan Briggs		_			

OFFICE OF EMERGENCY MEDICAL SERVICES

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): Concepts in Head Injuries		PROGRAM SPONSOR (Print): Winchester Fire Department			
PROGRAM LOCATION (Print): Boston Marriott Burlington			PROGRAM DATE: PROGRAM TIMES: 14:00- 15:00		
OEMS CONED NUMBER: 1718-R4-03371-T1	30 Hour Paramedic NCCR	20 EMT/AEN		☑ ConEd Pro	ogram Hours: 1 Hour

Instructions:

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	868791	Philip Gampa	P.C	7	
2	826901	DAVID MARININGA-16MES	Don	- 0	
3	846509	James D Saunders Ir	James 1	Xaurley F	
4	901745	Andrew Moranian	an-	- 2-	
5	896901	DAND MACHUPEN JOHR	100		
6	878377	Daniel & Balentinoni	A JUM	(
7	891418	Michael Surabian	one		
8	846 293	Mare Flust	12/2	2	
9	890022	Brooke Gren	Boon	\supset	
10	£900 GU 6	Carthyn Millet	1 Total 1/1/201		
11	845922	Richard L Gersh	Jan A	ful	
12	80991€	TIMONAY S. Coss -	15/5	1C	
	r the pains and penalti dance for this training	es of perjury, I attest that this is a true and accurate course.	record of the conduct	, nours, and actual	
	UCTOR NAME (Print):	INSTRUCTOR Signature		ISTRUCTOR EMT Number:	
Jo	shua Penn		-0-		

of

OFFICE OF EMERGENCY MEDICAL SERVICES

DPH/OEMS 200-59 CONED ROSTER 01/2016

DEPARTMENT OF PUBLIC HEALTH-

(Continuing Education Roster Continued):

PROGRAM TITLE	(Print):
---------------	----------

Concepts in Head Injuries

OEMS CONED NUMBER: 1718-R4-03371-T1

	EMT NUMBER:	EMT NAME (Print):	EMT SIGNATURE:
13	816646	Peter M Gove	Dota Da
14	849464	Keith William	
15	845727	KEN TEMAR	Thank Tit
16	P0101624	Michael P Tanhon	I water & Bruen
17	P870060	Mike Salucci	Mila Villai
18	817817	MARK MILLET	m
19	884735	Meredith Partidge	with the
20	8-77306	Joseph Balkin	
21	853906	Kim marsden	Mand
22	E-810893	DIVID ITUNT	le a fee
23	20289721	Juliana lastouta	Schon Lastorla
24	830 145	hobert J Jua RE	Olya 1 3 4 4P3
25	23559	CHRISTOPHER PORZI	CU SA
26	858539	ERIK NRNSEL	2011
27	819385	Clifford Comean	Maket / Comean
28	908658	Brooke Tosta	DECOUNT (ONTE
29	901757	Stephin Potral	Am m
30	818579	Benjamin ladseado	My Inle
31	880579	Linda Motion 29	Jun-
32	878263	James Tigges	770/1/
33	852725	Kouth Stappourd	Tand for
34	824635	MARK CEDRONE	ing - m
35	815 653	Sturn & Fields	Ffuld
36	867386	Brad Ford (N. 11.0MS	
37	841843	Jeff Kussa	MACANA
38	876480	Cartherine Donaghous	Charles and the second
39	7900816	ShawN BUXTON O	HOM
40	E846745	Anne Marra Brown	ame Main Brown

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:				
Joshua Penn	Penn					

OFFICE OF EMERGENCY MEDICAL SERVICES

DPH/OEMS 200-59 CONED ROSTER 01/2016

(Continuing Education Roster Continued):

PROGRAM TITLE (Print):

Concepts in Head Injuries

OEMS CONED NUMBER: 1718-R4-03371-T1

	EMT NUMBER:	EMT NAME (Print):	EMT SIGNATURE:
13	131056	DAVID W. HALL	Dad w Atell
14	811511	JOSEPH NICOSIA	
15	3230172	Colin Ruggiero	Colo Runio
16	902460	Tim Hagesen	Land
17	907600	JAMES MECO	1000 D
18	138124	FREDERICLE L TUSTON	LOCUTE
19	8898668	Slevent Morris	Steren & Mono
20	E3220464	Jennieur Bouter	Genly Bas
21	E886684	THOMAS H. CASHELL	Thomas M. Calell
22	P0982373	Ben Berry	for the
23	E815945	Joseph P. Abdella	Stalla
24	823561	Michael A Roberto	Mes Robb
25	870991	Benjamur Simmons	Beji H. Singon
26	EDJOULLOS	Britis Augus	Porgin Page
27	015144	Richard A. MASTI	Cuty d do 1/2
28	820483	Kevin Carter	Ken Calt
29	882355	Derek Pope	
30	904426	Zok Murray -	adam Makey
31	886549	Jacos Groffith	
32	1901430	TYCER SAMONT	Para
33	P0902082	Jeff Carry	9-0
34	839041	Steven B Osborn Jr	St. 306/
35	A130182	Day Byms	Janey Burs
36	6	Stypher P Wood.	
37	843657	Kimpery Coppet	Mula
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):	INSTRUCTOR Signature:	INSTRUCTOR EMT Number:				
Joshua Penn	- Zent					

OFFICE OF EMERGENCY MEDICAL SERVICES

DPH/OEMS 200-59 CONED ROSTER 01/2016

DEPARTMENT OF PUBLIC HEALTH-

(Continuing Education Roster Continued):

PROGRAM TITLE (Print):						
Concepts	in	Head	1	Inii	iries	3

OEMS CONED NUMBER: 1718-R4-03371-T1

	EMT NUMBER:	EMT NAME (Print):	EMT SIGNATURE:
13	A0900041	Jennifer Moid	hauch offer
14	130739	AIAN J FerreilA	Olan O. Forsein
15	E3212609	Branna Thorburn	Bur Al
16	E 841737	Ryan E. Shofer	har & M
17	875045	Thomas Sure He	d Dwitt
18	830406	JUKIXL ROWELL	Albert of Rowsell
19	863706	Nicholas LeColst	MI C
20	882474	Cory Harris	Corper.
21	882183	Christipher tadlay	9-
22	0902402	Kayla Giammento	Deno
23			,)
24			
25			
26			
27			
28			
29			
30			
31			
32			
33			
34			
35			
36			
37			
38			
39			
40			

attendance for this training course. INSTRUCTOR NAME (Print): INSTRUCTOR Signature: INSTRUCTOR EMT Num	Under the pains and penalties of perjury, I attest that this is a true and accurate record of the conduct, hours, and actual						
INSTRUCTOR NAME (Print): INSTRUCTOR Signature: INSTRUCTOR EMT Num	attendance for this training course.						
	INSTRUCTOR NAME (Print):	INSTRUCTOR Signature:	INSTRUCTOR EMT Number:				
Joshua Penn	Joshua Penn	fear					

OFFICE OF EMERGENCY MEDICAL SERVICES

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): Airway Issues in Trauma				1	PROGRAM SPONSOR (Print): Winchester Fire Department			
PROGR	PROGRAM LOCATION (Print):				PROGRAM	DATE:	PROGRAM	ΓIMES:
Bo	ston Marriott	Burling	jton		10.12	2.2017	15:00-	- 16:00
OEMS	CONED NUMBER:		30 Hour	20) Hour			4 Haun
1718	8-R4-03516-7	Γ1	Paramedic NCCR	EMT/AEN	MT NCCR	ConEd Prog	ram Hours:	1 Hour
Instruc	tions:							
LEAD II	NSTRUCTOR MUST:							
1)	_		vided, attesting that you					with applicable
2)		_	s, the course outline, and entation to the EMTs or	-		*		innin source
2)	-		provide attendees with		•	_		
3)	*		is retained by the progr		-	•		
4)		_	the last student has sig	•		. –		
EMTs A	ATTENDING PROGRAM	MUST:						
1)		•	me after your Massacht			• •	esting that yo	u attended
	course as described above. Remember to include the letter prefix of your EMT number.							
2)	·							
3)	– –		ai number may never re proval, there are limitati					rihutiva
	_		used for renewal of EM		• •			
	·		//www.mass.gov/dph/o					F 110000
4)	FAILURE TO SIGN TH	E ATTENDA	NCE ROSTER MEANS TH	AT NO CRED	OIT CAN BE A	WARDED.		
LIVA STA	EMT NUMBER:		EMT NAME (Print	t):		EMT	SIGNATURE	
1	868791	Phil	is Ciamira	2_		PA		
2	901745	Anc	drow Mc	ranja.	2	30-2	4	
3	846509	Jan	nps 1) Sau	nders	I	James D	Jane	Just-
	,	X		/	, 0	90-1	////	

110000000000000000000000000000000000000	EMT NUMBER:	EMT NAME (Print):	EMT SIGNATURE:
1	868791	Philip Ciampa	PA
2	901745	Andrew Moranian	Con you
3	846509	Jamps) Sounders Ir	James D. Spricker L
4	878377	Daniel & B. Cotrier	P-11/6-
5	891418	Middel Surghia	are.
6	846293	Mary Flyet	ma 2
7	890022	Brooke Green	Bros -
8	£ 900 646	Conitlyin Millet	later the
9	845922	Richard - Gersh	102 Dept
10	809918-	lindinty J. Coss	13/2
11	816646	Peter M Gove	Id Deal
12	849404	Keith Wilding	

1071701 1	EITH WILCING	
Under the pains and penalties of pe attendance for this training course.		curate record of the conduct, hours, and actual
INSTRUCTOR NAME (Print): Ryan Pouillot	INSTRUCTOR Signature	INSTRUCTOR EMT Number:
	Page of	

OFFICE OF EMERGENCY MEDICAL SERVICES

DPH/OEMS 200-59 CONED ROSTER 01/2016

(Continuing Education Roster Continued):

PROGRAM TITLE (Print):		OEMS CONED NUMBER:
Airway Issues in	Trauma	1718-R4-03516-T1

	EMT NUMBER:	EMT NAME (Print):	EMT SIGNATURE:		
13	884735	Meredth Paridge	mostle,		
14	845727	KEN TENTE	That shall		
15	P098/624	Mrchael P Tanna	Thomas of seeing		
16	P870060	Mike Salvocci	Wille Solce		
17	817817	MACK MILLET	Man		
18	877306	Joseph Boykin			
19	853906	Kim Marsden	Memassa		
20	E 810893	DAVID HUNT	10 25 m		
21	E0289721	Juliana Lastowka	med Latone		
22	830145	hobert J Jya III	Shot the same		
23	823558	CHRISTOPHER YORK	CUS SON,		
24	858539	Eark NEWEL	5 1 1 1		
25	819385	Clifford Comeau	affre Comean		
26	908 658	Browlere Testa	Broke Take		
27	501753	stephen Patria	Man		
28	818579	Beijamy Podsivello	Woo Could		
29	880579	CINIS PSTONZA	The state of the s		
30	878263	James Tigges	Jan 1		
31	852725	Krith Steppard	Should Sun		
32	824635	Maric cedroke	9-1-11		
33	841843	Jeff Russo	pl ross		
34	815663	Steven S Fields	1 design		
35	867386	Bradford Williams	100		
36	876480	Catherine Donadoy	04		
37	1900816	Shawn Buxtond	10		
38	E 8467 45	Anne Marie Browne	(infrome		
39	A0900041	panifer L Rud	I underted		
40	130739	AIAN J Ferreira	Ala I. Felsein		
	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.				

33 HU900041 1000	rifer but	ed elfel	
40 130739 AIAN		Ssein	
Under the pains and penalties of perjury, I	attest that this is a true and accurate record of the condu	ict, hours, and actual	
attendance for this training course.			
INSTRUCTOR NAME (Print):	INSTRUCTOR Signature:	INSTRUCTOR EMT Number:	
Ryan Pouillot			
Note, if you do not have enough space for all students, simply copy and attach additional sheets of this page and number appropriately			
	Page of		

OFFICE OF EMERGENCY MEDICAL SERVICES

DPH/OEMS 200-59 CONED ROSTER 01/2016

(Continuing Education Roster Continued):

PROGRAM TITLE (Print):			
Airway	Issues	in	Trauma

OEMS CONED NUMBER: 1718-R4-03516-T1

	EMT NUMBER:	EMT NAME (Print):	EMT SIGNATURE:
13	131056	DAVID WE HALL	Tal hu start
14	811511	JOSEPH WICOSTA	Qual Micro
15	3230172	Colin Ruggiero	Glin Rugillo
16	902460	Tim Hegesen	Ind.
17	902600	JAMES MECO	france
18	138124	Freserick / Tusan	JANA THE
19	898888	Steven J. Monris	Storen & morris
20	6322464 P0902375	Jennicer Bouter	Jel Boo
21		Ben Berry THOMAS H. CAS/EC(
22	E880684	THOMAS H. CASHELL	Thomas H- ("wheel
23	E 815945	Joseph P. Abdella	DACLER.
24	B 823561	Michael A. Roberto	MA Robots
25	870991	Benjamin Simmons	Ben H. Simis
26	60904405	Brian Augus	Torin lay
27	015144	Jantara F. NASH	Rutualle
28	520483	Kevin Carter	Ken Carlos
29	992355	Derek Hope	
30	904426	Lak Murray -	and Markey
31	886549	Jaech GriffH	Lahr
32	P901430	TYCER SAMEST	9213
33	P0902082	Jeff Carey	Day
34	839041	StevenB Osborne Sr	Stess of he
35	A130182	Daran Bums	Marrier Deims
36		Styphen P Wood	
37	843657	Kinkery Cappett	Moura
38		l - · · ·	1000
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):	INSTRUCTOR S)gnature:	INSTRUCTOR EMT Number:	
Ryan Pouillot	1, 5		

OFFICE OF EMERGENCY MEDICAL SERVICES

DPH/OEMS 200-59 CONED ROSTER 01/2016

(Continuing Education Roster Continued):

PROGRAM TITLE (Print	t):		
Airway	Issues	in	Trauma

OEMS CONED NUMBER: 1718-R4-03516-T1

	EMT NUMBER:	EMT NAME (Print):	EMT SIGNATURE:
13	E3212609	BriannaThorbum	ou fr
14	F841737	Ryun F. Shuter Thomas Swette	Rome let
15	830406	Thomas Swette	Aswall
16	830406	Judith Rowell	Mixit T. Ravell
17	863706	Nicholas LeColst	1116
18	882474	Cory Harris	Explosion 1
19	0902445	Royla Grammano	9-
20	0902445	Payla Gamaino	Parto
21		`	
22			
23			
24			
25			
26			
27			· ·
28			
29			
30			
31			
32			
33			
34			
35		to the state of th	
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):	INSTRUCTOR Signature:	INSTRUCTOR EMT Number:	
Ryan Pouillot			