

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): Damage Control & Basic Hemorrhage Control		PROGRAM SPONSOR (Print): Winchester Fire Department	
PROGRAM LOCATION (Print): Boston Marriott Burlington		PROGRAM DATE: 10.12.2017	PROGRAM TIMES: 09:00- 10:00
OEMS CONED NUMBER: 1718-R4-03369-T1	<input type="checkbox"/> 30 Hour Paramedic NCCR	<input type="checkbox"/> 20 Hour EMT/AEMT NCCR	<input checked="" type="checkbox"/> ConEd Program 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	E880694	THOMAS H. CASHEL	<i>[Signature]</i>
2		LOLA LOMBARDO	<i>[Signature]</i> BVRC
3	877306	Joseph Boyfink	<i>[Signature]</i>
4	845143	Todd Ficocello	<i>[Signature]</i>
5	P0902297	JASON CALIMAN	<i>[Signature]</i>
6	P0402600	JAMES MCLO	<i>[Signature]</i>
7	E898668	STEVEN J. MORAN	<i>[Signature]</i>
8	E845992	RICHARD L. GERSH	<i>[Signature]</i>
9	E810893	DAVID HUNT	<i>[Signature]</i>
10	E815945	Joseph P. Abdella	<i>[Signature]</i>
11	A130182	Nancy Burns	<i>[Signature]</i>
12	E32464	Jennifer Bouter	<i>[Signature]</i>

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	INSTRUCTOR Signature <i>[Signature]</i>	INSTRUCTOR EMT Number: 818519
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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): Damage Control & Basic Hemorrhage Control	OEMS CONED NUMBER: 1718-R4-03369-T1
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#	EMT NUMBER:	EMT NAME (Print):	EMT SIGNATURE:
13	868711	Philip Ciampa	P. Ci
14	E846745	Anne Marie Browne	Anne Marie Browne
15	E3212609	Brianna Thurburn	Brianna Thurburn
16	858539	ERIK NANSEL	Erik Nansel
17	828558	CHRISTOPHER PIZZI	Chris Pizzi
18	830145	Hubert J Joyce III	Hubert Joyce
19	819385	Clifford Comrau	Clifford Comrau
20	20906081	Kristine Marchetti	Kristine Marchetti
21	846293	Marc Flatt	Marc Flatt
22	882103	Christopher Thelus	Chris Thelus
23	820483	Kevin Carter	Kevin Carter
24	840942	Andrew DeFrino	Andrew DeFrino
25	830406	Joshua Powell	Joshua Powell
26	853906	Kim Marsden	Kim Marsden
27	849404	Keith Wilding	Keith Wilding
28	875045	Thomas Swette	Thomas Swette
29	852725	Keith Shuppard	Keith Shuppard
30	841843	Jeff Russo	Jeff Russo
31	018658	Brooke Testa	Brooke Testa
32	P0902082	Jeffrey Carey	Jeffrey Carey
33	863706	Nicholas LeCott	Nicholas LeCott
34	015144	Richard F. NASIR	Richard F. Nasir
35	P0902375	Ben Berry	Ben Berry
36	A0900041	Jennifer Reid	Jennifer Reid
37	817817	MICK MULLER	Mick Muller
38	E3085740	Carly Milled	Carly Milled
39	891418	Michael Surabier	Michael Surabier
40	901745	Andrew Moravian	Andrew Moravian

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	INSTRUCTOR Signature: 	INSTRUCTOR EMT Number: 818579
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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): Damage Control & Basic Hemorrhage Control	OEMS CONED NUMBER: 1718-R4-03369-T1
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#	EMT NUMBER:	EMT NAME (Print):	EMT SIGNATURE:
13	8870060	Michael Salucci	
14	809918	Timothy J. Cross	
15	811511	JOSIE PAH NICOSIA	
16	E0904405	Brian Augun	
17	885432	Eric Condo	
18	845727	KEN TEMPLE	
19	902460	Tim Helgesen	
20	130739	ALAN J FERREIRO	
21	833516	Paul A Ricchi	
22	131056	DAVID W. HALL	
23	816646	Peter M Gore	
24	890022	Brooke Green	
25	0902145	KAYLA G. CIMMARO	
26	E3309164	Santina Afrancio	
27	E0289721	Juliana Lastowka	
28	P0901624	Michael P Tannan	
29	482355	Derek Pope	
30		Kushe Carrigan	
31	839041	Steven B Osborne Jr	
32	880579	LINDA POTENZA	
33	8230172	Colin Ruggiero	
34	870991	Benjamin Simmons	
35	815314	Gregory Davis	
36	P901430	TYLER SAMOST	
37	882474	Cory Harris	
38	878263	James Tiggles	
39	843657	Kimberly Corbett	
40	815653	Steven S. Fields	

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	INSTRUCTOR Signature: 	INSTRUCTOR EMT Number: 818579
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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):

PROGRAM TITLE (Print): Damage Control & Basic Hemorrhage Control	OEMS CONED NUMBER: 1718-R4-03369-T1
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	EMT NUMBER:	EMT NAME (Print):	EMT SIGNATURE:
13	878377	Daniel S Balestracci	
14	P900816	Shawn Buxton	
15	886849	Jacob Griffith	
16	904426	Zak Murray	
17	867386	Bradford Williams	
18	884735	Meredit Partridge	
19	138124	FREDERICK L TUSITT	
20	876480	Catherine Donaghey	
21	823561	Michael A Roberts	
22	E841737	Ryan E. Shaffer	
23		Stephen P Ward	
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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): Benjamin Podsiadlo	INSTRUCTOR Signature: 	INSTRUCTOR EMT Number: 818579
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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):

PROGRAM TITLE (Print): Damage Control & Basic Hemorrhage Control	OEMS CONED NUMBER: 1718-R4-03369-T1
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#	EMT NUMBER:	EMT NAME (Print):	EMT SIGNATURE:
13	846509	James D Saunders Jr	<i>James D Saunders Jr</i>
14	901753	Stephen Patino	<i>Stephen Patino</i>
15	0806901	David Maguire	<i>David Maguire</i>
16	PO902137	Alan Fielding	<i>Alan Fielding</i>
17	PO902153	Jessica Rossi	<i>Jessica Rossi</i>
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INSTRUCTOR NAME (Print): Benjamin Podsiadlo	INSTRUCTOR Signature:	INSTRUCTOR EMT Number:
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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): Burn Care & Positional	PROGRAM SPONSOR (Print): Winchester Fire Department
PROGRAM LOCATION (Print): Boston Marriott Burlington	PROGRAM DATE: 10.12.2017
OEMS CONED NUMBER: 1718-R4-03514-T1	PROGRAM TIMES: 10:00- 11:00
<input type="checkbox"/> 30 Hour Paramedic NCCR	<input type="checkbox"/> 20 Hour EMT/AEMT NCCR
<input checked="" type="checkbox"/> ConEd Program 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 LOMBARDO	<i>Lola Lombardo</i> BVRC
2	E88684	THOMAS CASABEL	<i>Thomas Casabel</i>
3	877306	Joseph Boykin	<i>Joseph Boykin</i>
4	845143	TODD FICUCCIO	<i>Todd Ficuccio</i>
5	P0902299	JASON CAULMAN	<i>Jason Caulman</i>
6	P0402600	JAMES MELO	<i>James Melo</i>
7	E898668	STEVEN J. MORRIS	<i>Steven J. Morris</i>
8	E845922	RICHARD L GERSH	<i>Richard L Gersh</i>
9	E810893	DAVID HUNT	<i>David Hunt</i>
10	P870660	MICHAEL SALUCCI	<i>Michael Salucci</i>
11	A130182	NANCY BURNS	<i>Nancy Burns</i>
12	868791	PHILIP CILAMPA	<i>Philip Cilampa</i>

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): John Schulz	INSTRUCTOR Signature <i>John Schulz</i>	INSTRUCTOR EMT Number:
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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): Burn Care & Positional	OEMS CONED NUMBER: 1718-R4-03514-T1
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#	EMT NUMBER:	EMT NAME (Print):	EMT SIGNATURE:
13	E846745	Anne Marie Browne	Anne Marie Browne
14	E3212609	Bianna Thorburn	Bianna Thorburn
15	853539	ERIC NANSOL	Eric Nansol
16	823553	CAROLANNA POZZI	Carolanna Pozzi
17	830143	Hubert Joyce II	Hubert Joyce II
18	819385	Clifford Comean	Clifford Comean
19	E0906034	KATHLEEN MARCUSINI	Kathleen Marcusini
20	846293	Marc Flunt	Marc Flunt
21	882183	Christopher Hadus	Christopher Hadus
22	820483	Kevin Carter	Kevin Carter
23	840947	Andrew DeFria	Andrew DeFria
24	853906	Kim Marsden	Kim Marsden
25	830406	Judith Rowell	Judith Rowell
26	849404	Keith Wilzong	Keith Wilzong
27	875045	Thomas Sennette	Thomas Sennette
28	852725	Heath Sheppard	Heath Sheppard
29	908658	Brooke Iesta	Brooke Iesta
30	841843	Jeff Rizzo	Jeff Rizzo
31	P0902082	Jeffrey Carey	Jeffrey Carey
32	863706	Nicholas LeCotol	Nicholas LeCotol
33	P0902375	Ben Berry	Ben Berry
34	A0900041	Jennifer Reid	Jennifer Reid
35	817817	MARK MILLET	Mark Millet
36	E3085040	Carlyn Millet	Carlyn Millet
37	891418	Michael Sursbier	Michael Sursbier
38	901745	Andrew Moradian	Andrew Moradian
39	846509	James D Saunders Jr	James D Saunders Jr
40	901753	Stephen Hiras	Stephen Hiras

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): John Schulz	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): Burn Care & Positional	OEMS CONED NUMBER: 1718-R4-03514-T1
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#	EMT NUMBER:	EMT NAME (Print):	EMT SIGNATURE:
13	809918	Timothy J. Cross	
14	811511	JOSEPH MICOSIA	
15	E815945	Joseph P. Abdella	
16	E0904405	Brian Angus	
17	885435X	Eric Carter	
18	845727	Ken Temple	
19	902460	Tim Helgesen	
20	130739	ALAN J FERREIRO	
21	E322464	Jennifer Bouter	
22	8833516 881016	Paul A Ricelli	
23	131056	DAVID W. HALL	
24	816646	Peter M. Gove	
25	890022	Brooke Green	
26	000445	Kayla Giammano	
27	E0289721	Juliana Lastowka	
28	P0901624	Michael P Tannra	
29	892355	Derrell Pope	
30		Krishe Camson	
31	839041	Steven B. Osborn Jr	
32	880579	Linda Potenz	
33	3230172	Colin Ruggiero	
34	810991	Benjamin Simons	
35	815314	Gregory Davis	
36	P901430	TYLER SAMST	
37	882774	Cory Harris	
38	878263	James Tigges	
39	843657	Kim Collett	
40	8151253	Steven S Fields	

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): John Schulz	INSTRUCTOR Signature: 	INSTRUCTOR EMT Number:
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Note, if you do not have enough space for all students, simply copy and attach additional sheets of this page and number appropriately

MASSACHUSETTS











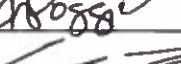





OFFICE OF EMERGENCY MEDICAL SERVICES

— DEPARTMENT OF PUBLIC HEALTH —

DPH/OEMS 200-59
CONED ROSTER
01/2016

(Continuing Education Roster Continued):

PROGRAM TITLE (Print): Burn Care & Positional	OEMS CONED NUMBER: 1718-R4-03514-T1
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#	EMT NUMBER:	EMT NAME (Print):	EMT SIGNATURE:
13	878377	Daniel S Balestrieri	
14	P900816	Shawn Buxton	
15	886549	Jacob Griffith	
16	904426	Zak Murray	
17	867386	Bruce Williams	
18	884735	Meredith Partridge	
19	138124	FREDERICK L TESTA	
20	876480	Catherine Donaghey	
21	823561	Michelle Roberts	
22	F841737	Ryan E. Shuter	
23	886901	DAVID MAGNANEN-JONES	
24	P0902153	Jessica Rossi	
25	P0902137	Alan Fielding	
26	015166	Richard [unclear]	
27		Stephen P Wood	
28	818519	Benjamin Pedraza	
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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): John Schulz	INSTRUCTOR Signature: 	INSTRUCTOR EMT Number:
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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): Hemorrhagic Shock and Clotting & Non-lethal Weapons	PROGRAM SPONSOR (Print): Winchester Fire Department		
PROGRAM LOCATION (Print): Boston Marriott Burlington	PROGRAM DATE: 10.12.2017	PROGRAM TIMES: 11:00- 12:00	
OEMS CONED NUMBER: 1718-R4-03515-T1	<input type="checkbox"/> 30 Hour Paramedic NCCR	<input type="checkbox"/> 20 Hour EMT/AEMT NCCR	<input checked="" type="checkbox"/> ConEd Program 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.
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- 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.
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- 4) FAILURE TO SIGN THE ATTENDANCE ROSTER MEANS THAT NO CREDIT CAN BE AWARDED.

#	EMT NUMBER:	EMT NAME (Print):	EMT SIGNATURE:
1		LOLA LOMBARDO	Lola Lombardo BVRC
2	E886684	THOMAS H. CASHELL	Thomas H Casshell
3	877306	Joseph Boylein	Joe Boylein
4	845143	Todd Filocipillo	Todd Filocipillo
5	P6902299	JASON CAUSMAN	Jason Causman
6	P0402600	JAMES MAELO	James Maelo
7	E898668	Stewart J. Morris	Stewart J. Morris
8	E845922	Richard L Gersh	Richard L Gersh
9	E810893	DAVID HUNT	David Hunt
10	P870060	Mike Salvucci	Mike Salvucci
11	A130182	NANCY BURNS	Nancy Burns
12	868741	Philip Ciampa	Philip Ciampa

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 Sallant	INSTRUCTOR Signature 	INSTRUCTOR EMT Number:
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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): Hemorrhagic Shock and Clotting & Non-lethal Weapons	OEMS CONED NUMBER: 1718-R4-03515-T1
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#	EMT NUMBER:	EMT NAME (Print):	EMT SIGNATURE:
13	809918	Timothy J. Coss	
14	811511	JOSEPH NICOSIA	
15	E815945	Joseph P. Abdella	
16	E0904405	Brian August	
17	885487	Eric Conter	
18	845727	KEN TEMPLE	
19	902460	Tim Helgesen	
20	130739	ALAN FERREIRA	
21	E322464	Jennifer Bouter	
22	881016	Brianna Thorburn	
23	131056	DAVID W. HALL	
24	816646	Peter M. Gove	
25	890022	Brooke Green	
26	0002445	Kayla Giammarco	
27	E0289721	Juliana Lastowka	
28	P0901624	Michael P. Tammara	
29	882355	Derek Pope	
30		Kristie Carrigan	
31	839041	Stewart B. Osborne Jr	
32	880579	Linda Potenza	
33	3230172	Colin Roggiere	
34	870991	Benjamin Semmas	
35	815314	Garyon Davis	
36	P901430	TYLFA SAMAST	
37	882474	Cory Harris	
38	878263	James Tigges	
39	815053	Steven G. Fields	
40	843657	KIM GIBBON	

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:
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 DEPARTMENT OF PUBLIC HEALTH


DPH/OEMS 200-59
 CONED ROSTER
 01/2016

(Continuing Education Roster Continued):

PROGRAM TITLE (Print): Hemorrhagic Shock and Clotting & Non-lethal Weapons	OEMS CONED NUMBER: 1718-R4-03515-T1
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	EMT NUMBER:	EMT NAME (Print):	EMT SIGNATURE:
13	E846745	Anne Marie Browne	Anne Marie Browne
14	E3212609	Brianna Thorburn	Brianna Thorburn
15	858539	ERIK NAWSOI	Erik Nawsoi
16	823553	CHRISTOPHER POZZI	Christopher Pozzi
17	830145	Robert J. Joyce III	Robert J. Joyce III
18	819385	Cl. Marc Comeau	Cl. Marc Comeau
19	E0906034	Konulesen Maxwell	Konulesen Maxwell
20	846293	Max Flax	Max Flax
21	882183	Christopher Hadley	Christopher Hadley
22	820483	Kevin Carter	Kevin Carter
23	840942	Andrew DeFris	Andrew DeFris
24	853906	Kim Marsden	Kim Marsden
25	830406	Judith K. Powell	Judith K. Powell
26	849404	Keith Lalding	Keith Lalding
27	875015	Thomas Sime	Thomas Sime
28	852725	Keith J. Sheppard	Keith J. Sheppard
29	908658	Brooke Testa	Brooke Testa
30	841843	Jeff Russo	Jeff Russo
31	P0902082	Jeffrey Carey	Jeffrey Carey
32	863706	Nicholas Lecote	Nicholas Lecote
33	P0902375	Ben Berry	Ben Berry
34	A090041	Jennifer L Reid	Jennifer L Reid
35	817817	MARK MILLET	Mark Millet
36	83025740	Carlynn Millet	Carlynn Millet
37	891418	Michael Surabian	Michael Surabian
38	846509	James D Saunders Jr	James D Saunders Jr
39	901745	Andrew Morasion	Andrew Morasion
40	901753	Stephen Adwin	Stephen Adwin

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INSTRUCTOR NAME (Print): Noelle Saillant	INSTRUCTOR Signature: 	INSTRUCTOR EMT Number:
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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): Hemorrhagic Shock and Clotting & Non-lethal Weapons	OEMS CONED NUMBER: 1718-R4-03515-T1
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EMT NUMBER:	EMT NAME (Print):	EMT SIGNATURE:
13 878377	Daniel J Balentieri	
14 P900816	Shawn Buxton	
15 886519	Jacob Griffith	
16 904426	Zak Murray	
17 867386	Bryan Ford Williams	
18 884735	Meredith Partridge	
19 738124	FREDERICK L TUSTIN	
20 876480	Catherine Donaghey	Catherine Donaghey
21 823561	Michael A Roberts	
22 E841737	Ryan E Shaffer	
23 015166	Richard A. Young	
24	Stephen P. Newell	
25 818519	Benjamin Podsiadlo	
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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): Noelle Saillant	INSTRUCTOR Signature: 	INSTRUCTOR EMT Number:
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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): Crush Injuries & Tactical Team		PROGRAM SPONSOR (Print): Winchester Fire Department	
PROGRAM LOCATION (Print): Boston Marriott Burlington		PROGRAM DATE: 10.12.2017	PROGRAM TIMES: 13:00- 14:00
OEMS CONED NUMBER: 1718-R4-03370-T1	<input type="checkbox"/> 30 Hour Paramedic NCCR	<input type="checkbox"/> 20 Hour EMT/AEMT NCCR	<input checked="" type="checkbox"/> ConEd Program 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	846509	James D Saunders Jr	<i>James D Saunders Jr</i>
2	901745	Andrew Morosian	<i>Andrew Morosian</i>
3	868791	Philip Ciampa	<i>Philip Ciampa</i>
4	886901	DAVID MARMON JONES	<i>David Marmion Jones</i>
5	878377	Daniel S Balestricci	<i>Daniel S Balestricci</i>
6	891418	Michael Surabien	<i>Michael Surabien</i>
7	846293	Marc Fleet	<i>Marc Fleet</i>
8	890022	Brodie Green	<i>Brodie Green</i>
9	8900646	Carlton Millet	<i>Carlton Millet</i>
10	8845922	Richard L Gerish	<i>Richard L Gerish</i>
11	809918	LINDSEY J. COSS	<i>Lindsay J. Coss</i>
12	816646	Peter M Gove	<i>Peter M Gove</i>

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): Susan Briggs	INSTRUCTOR Signature	INSTRUCTOR EMT Number:
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MASSACHUSETTS






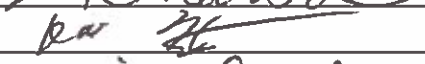












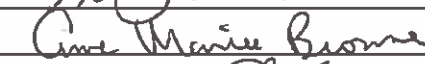








OFFICE OF EMERGENCY MEDICAL SERVICES

DEPARTMENT OF PUBLIC HEALTH

DPH/OEMS 200-59
CONED ROSTER
01/2016

(Continuing Education Roster Continued):

PROGRAM TITLE (Print): Crush Injuries & Tactical Team	OEMS CONED NUMBER: 1718-R4-03370-T1
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#	EMT NUMBER:	EMT NAME (Print):	EMT SIGNATURE:
13	849404	Keith Wilding	
14	845727	Ken Temple	
15	P0701624	Michael P Tannin	
16	P870060	Mike Salucci	
17	817817	MARK MILLET	
18	877306	Joseph Boykin	
19	853906	Kim Marsden	
20	E810893	DAVID HUNT	
21	E 0289921	Juliana Lastowka	
22	804735	Meredith Partridge	
23	830145	Robert J Jyu	
24	823558	CHRISTOPHER POZZI	
25	858539	Erik Narsel	
26	819385	Clifford Comcan	
27	401753	Stephen Patria	
28	818519	Benjamin Podsiadki	
29	880579	LINDA POTENZA	
30	878263	James Tigges	
31	852725	Keith Sheppard	
32	824635	Mark Cedrone	
33	815653	Steven S Fields	
34	867386	Bradford Williams	
35	841843	Jeff Russo	
36	876480	Catherine Donaghey	
37	P900816	Shawn Buxton	
38	E846745	Anne Marie Browne	
39	A090001	Jennifer L Rud	
40	130739	AIAN J FERREIRA	

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): Susan Briggs	INSTRUCTOR Signature:	INSTRUCTOR EMT Number:
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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): Crush Injuries & Tactical Team	OEMS CONED NUMBER: 1718-R4-03370-T1
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EMT NUMBER:	EMT NAME (Print):	EMT SIGNATURE:
13	131056 DAVID W HALL	<i>David W Hall</i>
14	811511 JOSEPH NICOSTA	<i>Joseph Nicosta</i>
15	3230172 Colin Ruggiero	<i>Colin Ruggiero</i>
16	902460 Tim Helgesen	<i>Tim Helgesen</i>
17	902600 JAMES MELO	<i>James Melo</i>
18	909658 Brookl Tosta	<i>Brookl Tosta</i>
19	133124 FREDERICK L TUSTIN	<i>Frederick L Tustin</i>
20	E898668 STEVEN J. MORRIS	<i>Steven J Morris</i>
21	E3222464 Jennifer Boulter	<i>Jennifer Boulter</i>
22	E886684 THOMAS H. CASTELL	<i>Thomas H. Castell</i>
23	P0902375 Ben Berry	<i>Ben Berry</i>
24	E815945 Joseph P. Abdella	<i>Joseph P. Abdella</i>
25	F2J561 Michael Roberto	<i>Michael Roberto</i>
26	870991 BRIAN H. SIMMONS	<i>Brian H. Simmons</i>
27	E0904405 Brian Augun	<i>Brian Augun</i>
28	015146 Richard F. NASH	<i>Richard F. Nash</i>
29	820483 Kevin Carter	<i>Kevin Carter</i>
30	882355 Derek Pope	<i>Derek Pope</i>
31	904426 Zak Murray	<i>Zak Murray</i>
32	886549 JACOB GRIFFIN	<i>Jacob Griffin</i>
33	P0902082 Jeff Carey	<i>Jeff Carey</i>
34	P901430 TYLER SANOST	<i>Tyler Sanost</i>
35	Stephen P Wood	<i>Stephen P Wood</i>
36	843657 Kimberly Cobbett	<i>Kimberly Cobbett</i>
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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): Susan Briggs	INSTRUCTOR Signature:	INSTRUCTOR EMT Number:
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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): Crush Injuries & Tactical Team	OEMS CONED NUMBER: 1718-R4-03370-T1
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#	EMT NUMBER:	EMT NAME (Print):	EMT SIGNATURE:
13	E3212609	Brianna Thorburn	<i>Brian Thorburn</i>
14	F441737	Ryan F. Shifer	<i>Ryan F. Shifer</i>
15	875045	Thomas Savette	<i>Thomas Savette</i>
16	880406	Judith Rowell	<i>Judith Rowell</i>
17	863706	Nicholas LeColst	<i>Nicholas LeColst</i>
18	882777	Cory Harrit	<i>Cory Harrit</i>
19	0902445	Karla Giammarino	<i>Karla Giammarino</i>
20	882183	Christopher Hadley	<i>Christopher Hadley</i>
21	839041	Steven B Osborne Jr	<i>Steven B Osborne Jr</i>
22	A130182	Nancy Burns	<i>Nancy Burns</i>
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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): Susan Briggs	INSTRUCTOR Signature:	INSTRUCTOR EMT Number:

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): Concepts in Head Injuries		PROGRAM SPONSOR (Print): Winchester Fire Department	
PROGRAM LOCATION (Print): Boston Marriott Burlington		PROGRAM DATE: 10.12.2017	PROGRAM TIMES: 14:00- 15:00
OEMS CONED NUMBER: 1718-R4-03371-T1	<input type="checkbox"/> 30 Hour Paramedic NCCR	<input type="checkbox"/> 20 Hour EMT/AEMT NCCR	<input checked="" type="checkbox"/> ConEd Program 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 Campa	PLC
2	886901	DAVID MARMON JONES	<i>[Signature]</i>
3	846509	James D Saunders Jr	James D Saunders Jr
4	901745	Andrew Morasian	<i>[Signature]</i>
5	886901	DAVID MARMON JONES	<i>[Signature]</i>
6	878377	Daniel S Balestrieri	<i>[Signature]</i>
7	891418	Michael Surabian	<i>[Signature]</i>
8	846293	Marc Fluet	<i>[Signature]</i>
9	890022	Brooke Green	<i>[Signature]</i>
10	890046	Cathryn Miller	<i>[Signature]</i>
11	845922	Richard L Gersh	<i>[Signature]</i>
12	809918	TIMOTHY S. COSS	<i>[Signature]</i>

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): Joshua Penn	INSTRUCTOR Signature: <i>[Signature]</i>	INSTRUCTOR EMT Number:
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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): Concepts in Head Injuries	OEMS CONED NUMBER: 1718-R4-03371-T1
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	EMT NUMBER:	EMT NAME (Print):	EMT SIGNATURE:
13	816646	Peter m Gore	
14	849404	Keith Wadding	
15	845727	KEN TORRAR	
16	80901624	Michael P Tannian	
17	8870060	Mike Salucci	
18	817817	MARK MURPHY	
19	804735	Meredith Partridge	
20	877306	Joseph Balkin	
21	853906	Kim Marsden	
22	8910893	DAVID HUNT	
23	80289721	Julliana Lastowka	
24	830145	Robert J Jya	
25	823558	CHRISTOPHER POZZI	
26	858539	ERIK NANSOL	
27	819385	Clifford Comeau	
28	908658	Brooke Testa	
29	901757	Stephen Patriar	
30	818579	Benjamin Podsiadlo	
31	880579	Linda Potenza	
32	879263	James Tiggles	
33	852725	Keith Sheppard	
34	824635	MARK CEDRONE	
35	815053	Steven S Fields	
36	867386	Bradford Williams	
37	841843	Jeff Russo	
38	876480	Catherine Donaghy	
39	8900816	Shawn Buxton	
40	8846745	Anne Marie 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): Joshua Penn	INSTRUCTOR Signature: 	INSTRUCTOR EMT Number:
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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): Concepts in Head Injuries	OEMS CONED NUMBER: 1718-R4-03371-T1
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#	EMT NUMBER:	EMT NAME (Print):	EMT SIGNATURE:
13	131056	DAVID W. HALL	<i>David W. Hall</i>
14	811511	JOSEPH NICOSIA	<i>Joseph Nicosia</i>
15	3230172	Colin Ruggiero	<i>Colin Ruggiero</i>
16	902460	Tim Hagesen	<i>Tim Hagesen</i>
17	902000	JAMES MECO	<i>James Mecco</i>
18	138124	FREDERICK L TUSTIN	<i>Frederick L Tustin</i>
19	E898668	Steven J. Morris	<i>Steven J Morris</i>
20	E3222464	Jennifer Bowler	<i>Jennifer Bowler</i>
21	E886684	THOMAS H. CASSELL	<i>Thomas H. Cassell</i>
22	P0902375	Bern Berry	<i>Bern Berry</i>
23	E815945	Joseph P. Abdella	<i>J Abdella</i>
24	E23561	Michael A. Roberto	<i>Michael A Roberto</i>
25	870991	Benjamin Simmons	<i>Benjamin H. Simmons</i>
26	E0904405	Brian Auger	<i>Brian Auger</i>
27	015164	Richard A. NASH	<i>Richard A Nash</i>
28	820483	Kevin Carter	<i>Kevin Carter</i>
29	882355	Derek Pope	<i>Derek Pope</i>
30	904426	Zak Murray	<i>Zak Murray</i>
31	886549	Jacob Griffith	<i>Jacob Griffith</i>
32	A901430	TYLER SAMANT	<i>Tyler Samant</i>
33	P0902082	JEFF CANEY	<i>Jeff Caney</i>
34	839041	Steven B Osborne Jr	<i>Steven B Osborne Jr</i>
35	A130282	Nancy Burns	<i>Nancy Burns</i>
36		Stephen P Weber	<i>Stephen P Weber</i>
37	843657	Kimberly Cobbett	<i>Kimberly Cobbett</i>
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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): Joshua Penn	INSTRUCTOR Signature: <i>Joshua Penn</i>	INSTRUCTOR EMT Number:
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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): Concepts in Head Injuries	OEMS CONED NUMBER: 1718-R4-03371-T1
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	EMT NUMBER:	EMT NAME (Print):	EMT SIGNATURE:
13	A0900041	Jennifer L. Reid	
14	130739	AIAN J FERREIRA	
15	E3212609	Brianna Thorburn	
16	E841737	Ryan E. Shafer	
17	875045	Thomas Sunette	
18	830406	Judith Rowell	
19	863706	Nicholas LeGolds	
20	882774	Cory Harris	
21	882183	Christopher Hadley	
22	0962445	Kayla Giammaro	
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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): Joshua Penn	INSTRUCTOR Signature: 	INSTRUCTOR EMT Number:

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): Airway Issues in Trauma	PROGRAM SPONSOR (Print): Winchester Fire Department		
PROGRAM LOCATION (Print): Boston Marriott Burlington	PROGRAM DATE: 10.12.2017	PROGRAM TIMES: 15:00- 16:00	
OEMS CONED NUMBER: 1718-R4-03516-T1	<input type="checkbox"/> 30 Hour Paramedic NCCR	<input type="checkbox"/> 20 Hour EMT/AEMT NCCR	<input checked="" type="checkbox"/> ConEd Program 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 Ciampa	PCA
2	901745	Andrew Moranigan	<i>[Signature]</i>
3	846509	James D Saunders Jr	James D Saunders Jr
4	878377	Daniel J Beltrieri	<i>[Signature]</i>
5	891418	Michael Surshin	<i>[Signature]</i>
6	846293	Mary Fleet	<i>[Signature]</i>
7	890022	Brooke Green	<i>[Signature]</i>
8	890046	Carlynn Millet	<i>[Signature]</i>
9	845922	Richard L Gersh	<i>[Signature]</i>
10	809918	Lindsey J. Coss	<i>[Signature]</i>
11	816646	Peter M Gove	<i>[Signature]</i>
12	849404	Keith Wilding	<i>[Signature]</i>

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): Ryan Pouillot	INSTRUCTOR Signature <i>[Signature]</i>	INSTRUCTOR EMT Number:
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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): Airway Issues in Trauma	OEMS CONED NUMBER: 1718-R4-03516-T1
--	---

#	EMT NUMBER:	EMT NAME (Print):	EMT SIGNATURE:
13	884735	Meredith Partridge	
14	845727	Ken Terrell	
15	P0961624	Michael P Tannin	
16	P870060	Mike Salvucci	
17	817817	MAEK MILLET	
18	877306	Joseph Boykin	
19	853906	Kim Marsden	
20	E810893	DAVID HUNT	
21	E0289721	Juliana Lastowka	
22	830145	Robert J Jya III	
23	823558	CHRISTOPHER YERU	
24	858539	Eric Newell	
25	819385	Clifford Comeau	
26	908658	Bradford Costa	
27	501753	Stephen Patrias	
28	818519	Benjamin Podsiadlo	
29	880579	Chris Potenza	
30	878263	James Tigges	
31	852725	Keith Steppard	
32	824635	Mark Cedrone	
33	841843	Jeff Russo	
34	815653	Steven S Fields	
35	867386	Bradford Williams	
36	876480	Catherine Donaghey	
37	8900816	Shawn Buxton	
38	E846745	Anne Marie Browne	
39	A0900041	Jennifer L Reid	
40	130739	AIAN J Ferreira	

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): Ryan Pouillot	INSTRUCTOR Signature: 	INSTRUCTOR EMT Number:
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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): Airway Issues in Trauma	OEMS CONED NUMBER: 1718-R4-03516-T1
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#	EMT NUMBER:	EMT NAME (Print):	EMT SIGNATURE:
13	131056	DAVID W HALL	<i>David W Hall</i>
14	811511	JOSEPH NICOSTA	<i>Joseph Nicosta</i>
15	3230172	Colin Ruggiero	<i>Colin Ruggiero</i>
16	902460	Tim Helgesen	<i>Tim Helgesen</i>
17	902600	JAMES MELO	<i>James Melo</i>
18	138124	FREDERICK I TUSON	<i>Frederick I Tuson</i>
19	E898668	Steven J. Morris	<i>Steven J Morris</i>
20	E322464	Jennifer Boulter	<i>Jennifer Boulter</i>
21	P0902375	Ben Berry	<i>Ben Berry</i>
22	E880684	THOMAS H. CASHELL	<i>Thomas H. Caswell</i>
23	E815945	Joseph P. Abdella	<i>J Abdella</i>
24	823561	Michal A. Roberto	<i>Michal Roberto</i>
25	870991	Benjamin Simmons	<i>Benjamin H. Simmons</i>
26	E0904405	Brian August	<i>Brian August</i>
27	015144	Richard F. NASCH	<i>Richard F. Nasch</i>
28	820483	Kevin Carter	<i>Kevin Carter</i>
29	992355	Derek Pope	<i>Derek Pope</i>
30	904426	Zak Murray	<i>Zak Murray</i>
31	886549	Jaech Griffith	<i>Jaech Griffith</i>
32	P901430	TRICER SANCHEZ	<i>Tricer Sanchez</i>
33	P0902082	JEFF CAREY	<i>Jeff Carey</i>
34	839041	Steven B Osborne Jr	<i>Steven B Osborne Jr</i>
35	A130182	Nancy Burns	<i>Nancy Burns</i>
36		Stephen P Wood	<i>Stephen P Wood</i>
37	843057	Kimberly Colwell	<i>Kimberly Colwell</i>
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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.



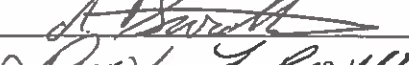





INSTRUCTOR NAME (Print): Ryan Pouillot	INSTRUCTOR Signature: <i>Ryan Pouillot</i>	INSTRUCTOR EMT Number:
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MASSACHUSETTS
OFFICE OF EMERGENCY MEDICAL SERVICES
 DEPARTMENT OF PUBLIC HEALTH


DPH/OEMS 200-59
 CONED ROSTER
 01/2016

(Continuing Education Roster Continued):

PROGRAM TITLE (Print): Airway Issues in Trauma	OEMS CONED NUMBER: 1718-R4-03516-T1
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	EMT NUMBER:	EMT NAME (Print):	EMT SIGNATURE:
13	E3212609	Brianna Thorburn	
14	E841737	Ryan E. Shafer	
15	875045	Thomas Surette	
16	830406	Judith Rowell	
17	863706	Nicholas LeColst	
18	882474	Cory Harris	
19	852183	Christopher Hadley	
20	0902445	Raula Giannaro	
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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): Ryan Pouillot	INSTRUCTOR Signature: 	INSTRUCTOR EMT Number:
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