

# 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): 2018 Patrick Gill Trauma Symposium- Afternoon		PROGRAM SPONSOR (Print): Winchester Fire Department	
PROGRAM LOCATION (Print): Boston Marriott Burlington		PROGRAM DATE: 10.18.2018	PROGRAM TIMES: 13:00-15:00
OEMS CONED NUMBER: <b>1819-R4-05689-T1</b>	<input type="checkbox"/> 30 Hour Paramedic NCCR	<input type="checkbox"/> 20 Hour EMT/AEMT NCCR	<input checked="" type="checkbox"/> ConEd Program Hours: <b>2 hrs</b>


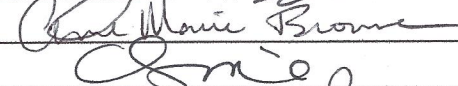
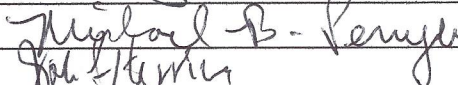
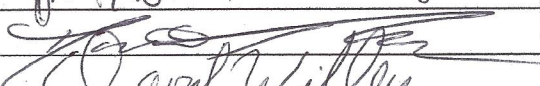
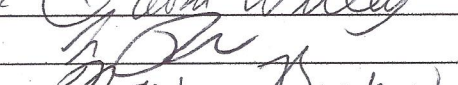
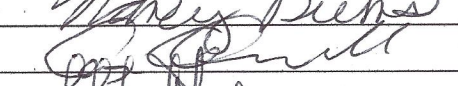

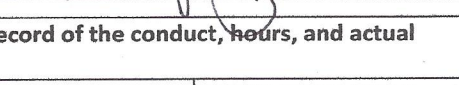
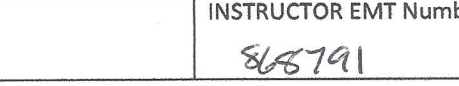


**Instructions:**

**LEAD INSTRUCTOR MUST:**

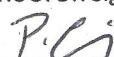
- 1) Sign this roster in the space provided, attesting that you have conducted this training program in accordance with applicable Massachusetts EMS regulations, the course outline, and DPH/OEMS Administrative Requirement (AR) 2-212.
- 2) Issue course completion documentation to the EMTs once the program 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	E878263	James Tigges	
2	E846745	Anne Marie Browne	
3	E849965	NANCY FERRIS	
4	818114	MICHAEL B. PENNYMAN	
5	E0906935	JOHN F. HERRING	
6	E867162	DICICCO DAVID	
7	526610	DAVID WILLEY	
8	17359	SHAWN BUXTON	
9	130182	Nancy Burns	
10	P818935	GREGORY E. GULL	
11	E815653	STEVEN S. FIELDS	
12	030145	ROBERT J. JYCA	

Under the pains and penalties of perjury, I attest that this is a true and accurate record of the conduct, hours, and actual attendance for this training course.

INSTRUCTOR NAME (Print): <b>P. Ciampa</b>	INSTRUCTOR Signature: 	INSTRUCTOR EMT Number: <b>868791</b>
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# MASSACHUSETTS

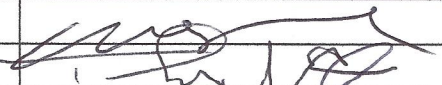

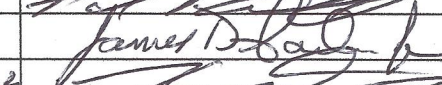

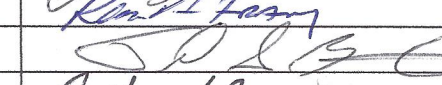
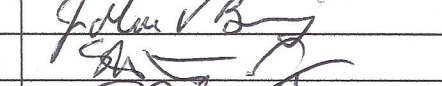


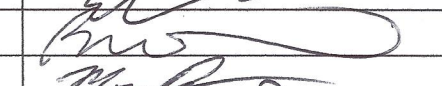


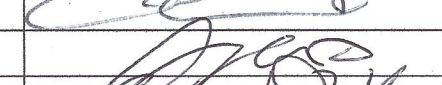



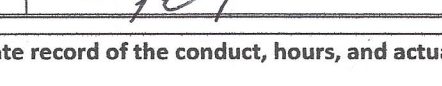
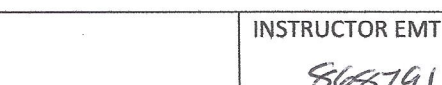
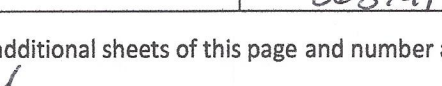


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CONED ROSTER  
01/2016

(Continuing Education Roster Continued):

PROGRAM TITLE (Print):	2018 Patrick Gill	OEMS CONED NUMBER:	1819-R4-05689-T1
Trauma Symposium- Afternoon			

	EMT NUMBER:	EMT NAME (Print):	EMT SIGNATURE:
13	891-418	Michael Surabian	
14	809918	Timothy S. Coss	
15	858539	ERIK NANSOL	
16	873702	Paul Driscoll	
17	846509	James D Saunders Jr	
18	845727	KENNETH TEMPLE	
19	811511	JOSEPH NICOSIA	
20	821988	ROBERT A FRAM	
21	878377	Daniel S. Bulentieri	
22	130421	John V. Barry	
23	841396	Stacy Berjeson Jordan	
24	815665	Robert Patrie	
25	877306	Joseph Boykin	
26	80901624	Michael P Tannan	
27	80909000	Edward Morris	
28	890022	BROOKE Green	
29	A0900119	Marc Ryan	
30	881908	Peter Absjharoun	
31	815020	Bernard Schipelliti	
32	80903077	Brian Augun	
33	852183	Christopher Harkin	
34	869816	Sean O'Brien	
35	815166	Richard F. NASH	
36	811109	Laurence LeDay	
37	849139	Thomas Ceres	
38	818519	Benjamin Podsiadlo	
39		Stephen P Wood	
40	866791	Phillip 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):	INSTRUCTOR Signature:	INSTRUCTOR EMT Number:
P. Ciampa	P.Cj	866791

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



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	EMT NUMBER:	EMT NAME (Print):	EMT SIGNATURE:
13	E130739	ALAN J Ferreira	<i>Alan J Ferreira</i>
14	138124	FREDERICK L TUSTIN	<i>FREDERICK L TUSTIN</i>
15	E880684	THOMAS H. CASHELL	<i>Thomas H Casshell</i>
16	E898668	STEVEN J. MORRIS	<i>Steven J Morris</i>
17	E810893	DAVID HUNT	<i>David Hunt</i>
18	E130746	JEANNE BUTLER	<i>Jeanne Butler</i>
19	P0902082	JEFFREY CAREY	<i>Jeffrey Carey</i>
20	P0901430	TYLER SANFORD	<i>Tyler Sanford</i>
21	820483	KEVIN CARTER	<i>Kevin Carter</i>
22	888581	JULIA M. TAYLOR	<i>Julia M Taylor</i>
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INSTRUCTOR NAME (Print): <i>P. Ciampa</i>	INSTRUCTOR Signature: <i>P. Ciampa</i>	INSTRUCTOR EMT Number: 868791
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	EMT NUMBER:	EMT NAME (Print):	EMT SIGNATURE:
13	849353	Eric E Pepper	
14	E0906892	Edward DeLuca	
15	P901486	Paul G. Perusse Jr	
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INSTRUCTOR NAME (Print): <i>P. Ciampa</i>	INSTRUCTOR Signature: <i>P. Ci</i>	INSTRUCTOR EMT Number: <i>868711</i>
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