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 v	with training progr	ams that h	ave DPH/OI	EMS continuing e	ducation nu	mbers)
PROGRAM TITLE (Print): 2018 Patr	ick Gill	PROGRA	AM SPONSO	R (Print):		
Trauma Symposium- Morning	Session	Win	chester l	Fire Departn	nent	
PROGRAM LOCATION (Print): Boston Marriott Burling	ton		PROGRAM 10.18.		PROGRAM 09:00-	
4040 D4 05000 T4	30 Hour amedic NCCR	20 EMT/AEN	Hour AT NCCR	ConEd Prog	ram Hours:	3 hrs
Instructions:						,
1) Sign this roster in the space provided, a Massachusetts EMS regulations, the co 2) Issue course completion documentatio completion certificates or may provide 3) Ensure an original signed roster is retai 4) Cross off any unused lines after the last	urse outline, and I n to the EMTs once attendees with a c ned by the program	DPH/OEMS e the prog copy of the m sponsor	Administra ram is comp roster signe for each ses	tive Requirement leted. Program s ed by the instruct sion of the progr	t (AR) 2-212. ponsors may tor and stude	issue course
EMTs ATTENDING PROGRAM MUST: 1) Legibly PRINT and SIGN your name after course as described above. Remember 2) Ensure you receive and retain course of the	to include the lett ompletion docume	er prefix o	f your EMT r om course s	number. ponsor or instruc	tor.	ou attended

	EMT NUMBER:	EMT NAME (Print):	EMT SIGNATURE:
1	868791	P. Ciampa	P.G
2	E0289721		Juliana Lastonha
3	2898668	Steven Morris	Steven & Many
4	E 810893	DA-10 HVNT	19 m 20
5	E880684	THOMASH-CASHELL	Thoras A Cashell
6	846509	JAMES D SAUNDERS JR	James D. Sagurdage fr
7	815665	Rubert Patrie	18 Retail
8	830145	mober J Jac at	I had better
9	8878263	James Tigges	725
10	130182	Nancy Byrns	Maray Burns
11	130739	AIAN Ferreiga	I ban I Farsein ()
12	526610	DAVIV WILLES	() and Willes

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.

11	150739	AIAN Ferreiga	(for y fersele //)
12	526610	DAVID WILLES	() and Willes
Under	the pains and penaltic	es of perjury, I attest that this is a true and accurate re	ecord of the conduct, hours, and actual
attend	ance for this training	course.	
INSTRU	JCTOR NAME (Print):	INSTRUCTOR Signature	INSTRUCTOR EMT Number:
P	Cihmpa	P.Ci	868791
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MASSACHUSETTS

DPH/OEMS 200-59 CONED ROSTER 01/2016

(Continuing Education Roster Continued):

PROGRAM	TITLE (Print):
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2018 Patrick Gill

Trauma Symposium- Morning Session

OEMS CONED NUMBER: 1819-R4-05688-T1

	EMT NUMBER:	EMT NAME (Print):	EMT SIGNATURE:
13	881908	Peter Abashharan	7/1/
14	E0902642	toyle beine	My The
15	P901486	Paul G. Perusse Jr	Bal Stange
	6846745	Anne Marie Browne	Ume Wavie Blowne
17	815020 -	Beenard Schipelliti	Beard Spired
18	P0903077	BRIAN AUGUN	18no 6
19	211709	LAURENCE Le Doup	La Care
20	845727	Chien NEMA TENGLE	
21	809918	1 imothy J. Coss	The
22	811511	JOSEPH WICOSIA	Jan Cuen
23	P0902082	Jeffrey Carey Trien SAMOST	
24	P0901430		
25	P0901624	Michael P Tannian	y may I mun
26	871306	Joseph Boykin	Mark is 1 is - 1
27	E 844792	MIGHAEL MCDADE	19thank Man John
28	E130746	JEanne Butler	J cance Britles
29	849965	NANCY FORRIS	
30	1819975	JOHN FILTERING	Joe Heving
31	E0906935	```	00000
32	869816		700-
34	882183	Steven & Filles	Desiral
35	821988	ROBERT A FRANT	Ros-A France
36	818114	MicHAEL B. Peryman	
37	890022	Brooke GREEN	Br
38	A0900119	Marc Ryan	Mouch
39	249353	Eric E Pepper	Falls 19
40	130421	John VBARRY	John VBan
L		ies of perjury, I attest that this is a true and accurat	
atte	ndance for this training	course.	
INST	RUCTOR NAME (Print):	INSTRUCTOR Signature:	INSTRUCTOR EMT Number:
L	· Ciampa	1 1 6	868791

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

MASSACHUSETT

DEPARTMENT OF PUBLIC HEALTH.

DPH/OEMS 200-59 CONED ROSTER 01/2016

(Continuing Education Roster Continued):

PROGRAM TITLE (Print):	2018 Patrick Gill	OEMS CONED NUMBER:
, , ,	m- Morning Session	1819-R4-05688-T

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Under the pains and penalties of peattendance for this training course.	erjury, I attest that this is a true and accurate rec	cord of the conduct, hours, and actual
INSTRUCTOR NAME (Print):	INSTRUCTOR Signature:	INSTRUCTOR EMT Number:
P. Ciampa	P.C	848791

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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DPH/OEMS 200-59 CONED ROSTER 01/2016

(Continuing Education Roster Continued):

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FRUGRAIN	III LL IT I III L/.

2018 Patrick Gill

OEMS CONED NUMBER:

Trauma Symposium- Morning Session

1819-R4-05688-T1

	EMT NUMBER:	EMT NAME (Print):	EMT SIGNATURE:
13	138124	FREDERICK L'TUSTIN	AULTE
14	E0906897	Edward Delucia	Ellin
15	891701	Stephanie Crockett	Mytert
16	849139	Thomas (errs	1 Xes
17	873702	Paul Driscoll	Tolliel 1
18	E848035	Oren D. Hunt, Ir	Oren Da Hernt
19	858539	ERIK NAIJSEI	The state of the s
20	818519	Benjamin Podsiaello	May Coult
21	888581	Julia M. Taylor	Jill Faylo
22	878377	Daniel S. Balastrier	NO SHE
23	841396	Stacy Berilson Jordan	Star Della
24	849454	Keith Wilding	
25	820483	Kevin Cartes	Seri Call
26	015166	Richa-d NASH	Kut & A. Mas
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Under the pains and penalties of po	erjury, I attest that this is a true and accurate rec	ord of the conduct, hours, and actual
attendance for this training course.		
INSTRUCTOR NAME (Print):	INSTRUCTOR Signature:	INSTRUCTOR EMT Number:
P. Ciampa	PCI	868791

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