

MASSACHUSETTS

OFFICE OF EMERGENCY MEDICAL SERVICES

- DEPARTMENT OF PUBLIC HEALTH-

DPH/OEMS 200-59 CONED ROSTER 01/2016

Program Information: (This roster is for	or use with training prog				education numbers)
PROGRAM TITLE (Print): Patrick Gill Mem	orial Trauma Symposium		AM SPONSO		
Morning Session		Wi	nchest	er Fire	Department
PROGRAM LOCATION (Print):			PROGRAM	DATE:	PROGRAM TIMES:
Boston Marriott Bur	lington		10.1.201	.9	09:00-12:00
OEMS CONED NUMBER:	30 Hour	20) Hour	S Coned Proc	gram Hours: 3 HRS
1920-P4-07703-T1	Paramedic NCCR	EMT/AEI	MT NCCR	ZZ CONEU PIOE	grani riours.

Instructions:

LEAD INSTRUCTOR MUST:

- 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.
- 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.

The state of the s	EMT NUMBER:	EMT NAME (Print):	EMT SIGNATURE:
1	E998668	Stevene J. MORRIS	Steven Inones
2	E 88 0684	THOMASH.CASHELL	Admir At Cashell o
3	11 810893	navin HVM+	bun
4	249404	Keith Lindains	
5	868791	Philip Ciampa	Prin
6	211709	LAURENE Lewy	- Clives
7	E848035	Oren P. Huntist	Roud, Heint
8	830145	hobert J Tyle H	The Atul
9	0903286	David Cuint	a la
10	833492	Russell Magliozzi	Aligny in
11	845922	Richard L Gersh	1 Rapel
12	E8151053	Steven 5 Fields	II Jak

	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:
1. Ciampa	r.Co	26/9/9/

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OFFICE OF EMERGENCY MEDICAL SERVICES

DPH/OEMS 200-59 CONED ROSTER 01/2016

(Continuing Education Roster Continued):

PROGRAM TITLE (Print):

Patrick Gill Memorial Trauma Symposium Morning Session

OEMS CONED NUMBER:

1920-R4-07703-T1

	EMT NUMBER:	EMT NAME (Print):	EMT SIGNATURE:
13	839041	Steven B Osbosne Jr	St 301d.
14	M8058834	Santing Arancio	Margio Jacobero
15	M901852	Ashley Sandler	
16	816646	Peter M Gove	Patr Me
17	851430	Michael Vorrella	Miles Tych
18	14188	Josen Stree	
19	878263	James Tigges	Som Jon
20	901954	Patrick Piro	Spire 02:
21	0903225	Mike Duopolo	Mel Physips
22	821988	ROBERT A. FRANT	Kon of France
23	809271	PATRICK WALLACE	Patl Will-
24	P0701430	TYLER SAMOST	
25	869816	Seen OBTE	ma/100
26	863706	Nicholas LeColst	MACE
27	901131	Therese Shank	- Jan 1
28	863188	DIANA Jerzylo	08 NY
29	E0289721	Juliana Lastowka	Juliana Fastonka
30	827967	John Swapin	1 Suff
31	E090 2582	DAVID LISCIO	Divil a hism
32	P0903197	Brian Letendre	Jan Mit
33	E844792	MICHAEL MCDADE	my of me Date
34	P0903161	Jack Johansen	Any Amm
35	902276	Larry Boteman	ATT
36	3317025	caitin granam	U cartingianam
37	22351	Dar Dohrty	Da Da
38		Diana NAULT	Dlana naut
39	0903288	Jeanethe Josinsky	1
40	867162	DAVID DICICCO	Ten 4/10
Und	er the pains and penalti	es of perjury, I attest that this is a true and accurate course.	
	TRUGTOR NAME (Print):	INSTRUCTOR Signature:	INSTRUCTOR EMT Number:
	1'. /	V/1	0001

Under the pains and penalties of per attendance for this training course.	jury, I attest that this is a true and accurate réco	ord of the conduct, hours, and actual
INSTRUCTOR NAME (Print):	INSTRUCTOR Signature:	INSTRUCTOR EMT Number:

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

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DEPARTMENT OF PUBLIC HEALTH-

(Continuing Education Roster Continued):

PROGRAM 7	TTLE	(Print):
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Patrick Gill Memorial Trauma Symposium Morning Session

OEMS CONED NUMBER:

1920-R4-07703-T1

			V
	EMT NUMBER:	EMT NAME (Print):	EMT SIGNATURE:
13	E0909537	Robert August	1911
14	P0901624	Michael P Fannien	gradal Theuns
15	E0915750	Geoffred Gosselia	Sulling Some
16	83085740	Catlyn Millet	City Trate
17	E30262	David Shaw	CDJX 6 E20379
18	130739	AIAN T Ferreira	alin of Ferresi
19	P880922	Jennifer Doffe	Servet Nofer
20	P902608	Brazas Shea	
21	141669	ERIC HILDEBESSIOT	En Million
22	891-418	Michael Surabiga	mys (
23	138124	FREDERICK L TUSTN	
24	809918	1-MOTHY J. Coss.	Tiple of
25	8115/	VOSEAH WICOSIA	Jeory Storon
26	815665	Robert Patrie or	Holm
27	882355	Derek Pope	
28	P0902087	Josfrey Carey	Jan
29	882474	Cory Harris	Cophe
30	886242	Chris Blenn	
31	902460	Tim Helgesen	I from
32	880579	CINDA POTENZA	Here III
33	526610	Drvidwille	an will
34	823561	My hool A Bo besto	Mys Talks
35	843657	Kimbury A Coppelt	Ma -
36	818114	Michael B. Jerryman	Therland f. Jerry
37	E0902589	JILLTORIA	July John
38	E876480	atherine Dinaghey	Catherine Donaghey
39	015166	Richard Filand	pura E 12
40	E1902772	In onem	Jonathan ONEIL
Unde	er the pains and penalti	ies of perjury, I attest that this is a true and accurate	e record of the conduct, hours, and actual
	ndance for this training		
atter	RUCTOR NAME (Print):	INSTRUCTOR Signature:	INSTRUCTOR EMT Number:

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

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