MASSACHUSETTS

OFFICE OF EMERGENCY MEDICAL SERVICES

DEPARTMENT OF PUBLIC HEALTH

DPH/OEMS 200-59 CONED ROSTER 10/2023

Program Information:

PROGRAM TITLE (Print): PROGRAM SPONSOR (Print):									
Patrick Gill Trauma Symposium Patrick Gill Trauma Symposium									
PROGR	RAM LOCATION (Print):				PF	OGRAM DATE	:	PROGRAM TIMES:	
1	Hilton, Woby	irn, M	A			12/14/2	073	09:W-15:	30
OEMS	CONED NUMBER:		☐ NCCR?	NCCR TOPI	C(s):	,		PROGRAM HOURS:	
232	4-R4-13379	8-T1						5.0	
Instruc	ctions:								
I .								mbers. For T3 and T5 co	urse
1	nentation requirements	s, see DPH/O	EMS Adminis	strative Requ	irement (AR)	2-212, Section	n (E)(3).		
1	NSTRUCTOR MUST:	o chaco provi	idad attactin	a that you h	ava sandusta	d this training	nrogrami	n accordance with appli	cable
1)	Massachusetts EMS					u tilis trailling	programi	n accordance with appli	Cable
2)						f program con	npletion. P	rogram sponsors may is:	sue
		ertificates or	may provide	e attendees w	vith a copy of	the complete	ed roster si	gned by the instructor a	nd all
3)	attendees. Ensure the program	cooncor rota	ins the signe	d roctor for a	ovon voors				
4)					-	pletion of the	course.		
5)								eflect actual course leng	gth.
EMTs A	ATTENDING PROGRAM								
1)	Legibly PRINT and SI	GN your nam	ne after your	Massachuse	tts EMT num	ber (if you hav	e one), att	esting that you attende	d
7	course as described	above. Reme	ember to incl	lude the lette	er prefix of y	our EMT num	ber. ENTER	R AND UPLOAD ON	
	NREMT.ORG IMMEDIATELY UPON COURSE COMPLETION.								
2)	Ensure you receive a	and retain co	urse complet	tion documer	ntation for fiv				aining
2)	Ensure you receive a In order to recertify,	and retain co , you must do	urse complet ocument all c	tion documer ourse comple	ntation for five etions on NR	EMT.org, and	provide do	cumentation to your Tra	aining
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MASSACHUSETTS

CONED ROSTER 10/2023

DPH/OEMS 200-59

(Continuing Education Roster Continued): PROGRAM TITLE (Print): OEMS CONED NUMBER: Patrick 2324-R4-13378-T1 ULMA SUM POSIUM 2324-R4-133 UPLOAD ON NEGHT. ORG IMMEDIATELY UPON COURSE COMPLETION. EMT NUMBER: EMT NAME (Print): EMT SIGNATURE: E0906546 849404 E899773 NH 17359 Shawn Buxton 882537 Elizabeth 130182 P0904536 Christopher M508.3341 B3486572 OBlica P0903562 NICHOLAS S ADRAGNOT Sem McSheehe P0904049 36981L Sein BBirn

ACALYN KEISZ

MATTHEW S. CANNOLL

YATRICHA BOUS

Brooke Green

Anie Lin

E0914101

E0924547

E3737286 890022

P0901450

821988

E892415

E3126059 E3647405 E0925489 Pego143C E015166 Kichard Nash RICHARD Wyant

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:			

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

MASSACHUSETTS

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DPH/OEMS 200-59 CONED ROSTER 10/2023

(Continuing Education	on Roster Continued):
PROGRAM TITLE (Print):	OEMS CONED NUMBER:
Patrick Gil Training Som Noville	n 2324-R4-13378-T1
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	844740	Paula M Biagioni	Haule Bri
	891418	Michael Curation	and I
	E09/2300	Nancye Mims	m. Th
	869875	Russell Stering	Dilacolary
	E848035	Oren D. Hants fr	OrenD. Thus
	817817	MARK MILLS	
	P833458	STACY GILLIS	Marino
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	846293	Christian Pine	(1)
		Marc Fluit	man lix
	E0917824	Brian Souza	Box KS-X
	E130746	JEANUE BUTLET	Jeanne Batles
	VA 3148	Dean Winderly	Golden Rollanding
	902632	Adam Salemme	Ada sen.
	852881	William & Herrice Tr	MIMA
	820984	KICHA OCANACI	nico
	F0921779	Abraham Zinnernan TYLER SAMOST	Cilu M. ?-
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	E0926496	Ashley Osborne	addle 11 Ass
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attendance for this training course.	rjury, I attest that this is a true and accu	rate record 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