

# MASSACHUSETTS OFFICE OF EMERGENCY MEDICAL SERVICES

DEPARTMENT OF PUBLIC HEALTH

DPH/OEMS 200-59  
CONED ROSTER  
10/2023

**Program Information:**

PROGRAM TITLE (Print): <i>Patrick Hill Memorial Trauma Symposium</i>		PROGRAM SPONSOR (Print): <i>PLT Trauma Symposium</i>	
PROGRAM LOCATION (Print): <i>2 Forbes Rd</i>		PROGRAM DATE: <i>11/5/2024</i>	PROGRAM TIMES: <i>9<sup>am</sup> - 3<sup>pm</sup></i>
OEMS CONED NUMBER: <i>2425 RH-14397T1</i>	<input type="checkbox"/> NCCR? NCCR TOPIC(s):	PROGRAM HOURS: <i>5</i>	

**Instructions:**

This roster is for use with T1, T2 and T4 training programs that have DPH/OEMS continuing education numbers. For T3 and T5 course documentation requirements, see DPH/OEMS Administrative Requirement (AR) 2-212, Section (E)(3).

**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 AR 2-212.
- 2) Issue course completion documentation to the EMTs within 48 hours of program completion. Program sponsors may issue course completion certificates or may provide attendees with a copy of the completed roster signed by the instructor and all attendees.
- 3) Ensure the program sponsor retains the signed roster for seven years.
- 4) Cross off any unused lines after the last attendee has signed at the completion of the course.
- 5) If the course is finished in less than the approved time, the course completion document must reflect actual course length.

**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. **ENTER AND UPLOAD ON NREMT.ORG IMMEDIATELY UPON COURSE COMPLETION.**
- 2) Ensure you receive and retain course completion documentation for five years from certification expiration.
- 3) In order to recertify, you must document all course completions on NREMT.org, and provide documentation to your Training Officer. Please reference AR 2-212 or the Recertification Guides found at <http://www.mass.gov/dph/oems>.
- 4) Any program without the appropriate course approval number will not be eligible to receive credit.
- 5) FAILURE TO SIGN THE ATTENDANCE ROSTER MEANS THAT NO CREDIT CAN BE AWARDED.

#	EMT NUMBER:	EMT NAME (Print):	EMT SIGNATURE:
1	<i>E0289721</i>	<i>Juliana Lastowka</i>	<i>Juliana Lastowka</i>
2	<i>E130182</i>	<i>Nancy Burns</i>	<i>Nancy Burns</i>
3	<i>E845922</i>	<i>Richard L Gersh</i>	<i>Richard L Gersh</i>
4	<i>138</i>		
5	<i>891418</i>	<i>Michael Surabian</i>	<i>Michael Surabian</i>
6	<i>E0914106</i>	<i>JACALYN S. REISZ</i>	<i>Jacalyn S. Reisz</i>
7	<i>E880579</i>	<i>LINDA POTENZA</i>	<i>Linda Potenza</i>
8	<i>E877306</i>	<i>Joseph Boykin</i>	<i>Joseph Boykin</i>
9	<i>846293</i>	<i>Mark Fluet</i>	<i>Mark Fluet</i>
10	<i>816646</i>	<i>Peter M Gove</i>	<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): <i>Stephen P Wood</i>	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  
10/2023

(Continuing Education Roster Continued):

PROGRAM TITLE (Print): <i>Patrick Gill Truam Symposium</i>	OEMS CONED NUMBER: <i>2HX-RH-14397T1</i>
ENTER AND UPLOAD ON <a href="http://NREMT.ORG">NREMT.ORG</a> IMMEDIATELY UPON COURSE COMPLETION.	

#	EMT NUMBER:	EMT NAME (Print):	EMT SIGNATURE:
	<i>841831</i>	<i>Joseph Donoghue</i>	<i>[Signature]</i>
	<i>E3348677</i>	<i>Max Macrae</i>	<i>[Signature]</i>
	<i>130746</i>	<i>Jeanne Butler</i>	<i>[Signature]</i>
		<i>PT SHPA SHAM</i>	<i>[Signature]</i>
	<i>F0909204</i>	<i>Jesse Bozzella</i>	<i>[Signature]</i>
	<i>P857790</i>	<i>Erich Bouthillette</i>	<i>[Signature]</i>
	<i>843647</i>	<i>Dwain W. STARS</i>	<i>[Signature]</i>
	<i>P0903225</i>	<i>Michael Puopolo</i>	<i>[Signature]</i>
	<i>P0901950</i>	<i>MATTHEW S. CARROLL</i>	<i>[Signature]</i>
	<i>P930184</i>	<i>Matthew Enns</i>	<i>[Signature]</i>
	<i>E3462549</i>	<i>Andrew W. Sievert</i>	<i>[Signature]</i>
	<i>E0924358</i>	<i>Alyssa Golsjen</i>	<i>[Signature]</i>
	<i>E0924096</i>	<i>ELYSIA RODRIGUES</i>	<i>[Signature]</i>
	<i>E0923235</i>	<i>Phi Hoang</i>	<i>[Signature]</i>
	<i>E0923198</i>	<i>Maria Mataac</i>	<i>[Signature]</i>
	<i>P826210</i>	<i>Suzann Lindsay</i>	<i>[Signature]</i>
	<i>902376</i>	<i>Lawrence Bateman</i>	<i>[Signature]</i>
	<i>845727</i>	<i>KENNETH TEMPLE</i>	<i>[Signature]</i>
	<i>E899785</i>	<i>Matthew Tremblay</i>	<i>[Signature]</i>
	<i>35952</i>	<i>Dale Roy</i>	<i>[Signature]</i>
	<i>841843</i>	<i>JEFF RUSSO</i>	<i>[Signature]</i>
	<i>E3415638</i>	<i>COREY SWIFT</i>	<i>[Signature]</i>
	<i>830288</i>	<i>REBECCA VALENTINE</i>	<i>[Signature]</i>
		<i>Michelle Repucci</i>	<i>[Signature]</i>
	<i>P0905217</i>	<i>Kathleen Rammaker</i>	<i>[Signature]</i>
	<i>P875701</i>	<i>Emily Lachance</i>	<i>[Signature]</i>
	<i>882537</i>	<i>Elizabeth Dolce</i>	<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): <i>Steph P. Wood</i>	INSTRUCTOR Signature: <i>[Signature]</i>	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 appropriate.

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OFFICE OF EMERGENCY MEDICAL SERVICES**  
DEPARTMENT OF PUBLIC HEALTH

DPH/OEMS 200-59  
CONED ROSTER  
10/2023

(Continuing Education Roster Continued):

PROGRAM TITLE (Print): <i>Patrick Gill Trauma Symposium</i>	OEMS CONED NUMBER: <i>2425-124-143971</i>
ENTER AND UPLOAD ON <a href="http://NR.EMT.ORG">NR.EMT.ORG</a> IMMEDIATELY UPON COURSE COMPLETION.	

#	EMT NUMBER:	EMT NAME (Print):	EMT SIGNATURE:
	<i>P884129</i>	<i>James Targe</i>	<i>[Signature]</i>
	<i>E0198798</i>	<i>Matthew Stone</i>	<i>[Signature]</i>
	<i>849139</i>	<i>Thomas Lewis</i>	<i>[Signature]</i>
	<i>E0913770</i>	<i>Kathryn Goodwin</i>	<i>[Signature]</i>
	<i>852881</i>	<i>William J Herrick Jr</i>	<i>[Signature]</i>
	<del><i>821988</i></del>	<del><i>Jenna [unclear]</i></del>	<del><i>[Signature]</i></del>
	<i>821988</i>	<i>ROBERT A. FRARY</i>	<i>Rob A Frary</i>
	<i>899773</i>	<i>Nicholas Hamilton</i>	<i>[Signature]</i>
	<i>895257</i>	<i>James DiCarlo</i>	<i>[Signature]</i>
	<i>E0925189</i>	<i>Megan Dunlan</i>	<i>Megan Dunlan</i>
	<i>E3712199</i>	<i>Jenna Iredas</i>	<i>[Signature]</i>
	<i>P818519</i>	<i>Bayani Probst</i>	<i>[Signature]</i>
	<i>E0914280</i>	<i>Anna Eimer</i>	<i>[Signature]</i>
	<i>E3647409</i>	<i>ISABELLA ROSSINI</i>	<i>Isabella Rossetti</i>
	<i>869816</i>	<i>Sean P O'Brien</i>	<i>[Signature]</i>
	<i>E0919159</i>	<i>RACHEL GUIDA</i>	<i>[Signature]</i>
	<i>P930398</i>	<i>Stephen P Ward</i>	<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): <i>Stephen P Ward</i>	INSTRUCTOR Signature: <i>[Signature]</i>	INSTRUCTOR EMT Number:
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