

Starr, Thomas A

From: Christina Sudo <director@southriverems.com>
Sent: Friday, June 15, 2018 6:40 AM
To: Sweeney, James A
Subject: DOH Audit
Attachments: Certs.pdf

Jim,

Attached are the Volunteer Certifications. Patrick just sent the Roster yesterday. I also reminded him that the Training Fund forms were requested. Waiting for Billing to get back to me on the statement.

--

Christina Sudo
SREMS Director
P.O. Box 660
South River NJ 08882
Fax- 732-613-9095
Cell -732-684-7307
Cell - 732-718-6650

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NEW JERSEY
PROBATIONARY AUTO LICENSE

CLASS: D

EXP: 02-28-2010

DOB: 07-06-1974

SEX: F

RACE: AMERICAN

HEIGHT: 5' 2"

WEIGHT: 125

HAIR: BROWN

EYES: BROWN

SKIN: FAIR

MARKS: 12

REMARKS: 12

ENDORSEMENTS: 12

TEST DATE: 07-06-10

TEST SCORE: 100%

TEST TYPE: 12

TEST RESULT: PASS

TEST OFFICE: 12

TEST OFFICER: 12

TEST OFFICER'S SIGNATURE: 12

TEST OFFICER'S TITLE: 12

TEST OFFICER'S EXPIRATION DATE: 12

TEST OFFICER'S CONTACT INFORMATION: 12

TEST OFFICER'S ADDRESS: 12

TEST OFFICER'S PHONE: 12

TEST OFFICER'S FAX: 12

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TEST OFFICER'S G+100: 12

New Jersey Department of Health

Date of birth: _____

Eye color: _____

Height: _____

Weight: _____

Signature: _____

(VOID if not completed)

Photo
(optional)

New Jersey Department of Health
The person named below is certified as an
Emergency Medical Technician
ANGELICA M ALVARADO, EMT

EMS ID: 624476 Expires: 06/30/19

ANGELICA M ALVARADO, EMT

316



Healthcare Provider



Angelica Alvarado

This card certifies that the above individual has successfully completed the cognitive and skills evaluations in accordance with the curriculum of the American Heart Association BLS for Healthcare Providers (CPR and AED) Program.

11/09/2014

Issue Date

11/2016

Recommended Renewal Date

Training Center Name **Less Stress Instructional Services** TC ID # **NJ20744**

TC Info **Roselle, NJ, 07203, 888-277-3671**

Course Location **South River Rescue**

Instructor Name **Henry Van de Beek** Inst. ID # **10110053672**

Holder's Signature

© 2011 American Heart Association. Tampering with this card will alter its appearance. 90-1602

Angelica Alvarado

East Brunswick NJ 08816

Peel the wallet card off the sheet and fold it over.

Heartsaver® First Aid



Angelica Alvarado

This card certifies that the above individual has successfully completed the objectives and skills evaluations in accordance with the curriculum of the AHA Heartsaver First Aid Program.

Optional Module completed if NOT marked out:

11/09/2014

Issue Date

11/2016

Recommended Renewal Date

Training Center Name **Less Stress Instructional Services** TC ID # **NJ20744**

TC Info **Roselle, NJ, 07203, 888-277-3671**

Course Location **South River Rescue**

Instructor Name **Henry Van de Beek** Inst. ID # **10110053672**

Holder's Signature

© 2011 American Heart Association. Tampering with this card will alter its appearance. 90-1609

Angelica Alvarado

291 Milltown Rd

East Brunswick NJ 08816

Peel the wallet card off the sheet and fold it over.

New Jersey Department of Health

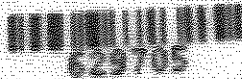
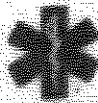
The person named below is certified as an
Emergency Medical Technician

GABRIELLE BRANCATO, EMT

EMS ID: 629705 Expires: 06/30/20

GABRIELLE BRANCATO, EMT

EAST BRUNSWICK, NJ 08816



629705

PROFESSIONAL

NEW JERSEY

PROBATIONARY AUTO LICENSE



DOB: 03-21-2001
EXP: 06-30-2020

NAME: BRANCATO, GABRIELLE J.

BASIC LIFE SUPPORT

Training TC ID #
 Center Name Less Stress Instructional Serv NJ20744
 TC Info Wayne, NJ, 07470, 888-277-3671
 Course Location 6 Thomas St, South River, NJ, 08882
 Instructor Name Matthew Parks Inst. ID # 03150315142
 Holder's Signature Gabrielle Brancato
© 2015 American Heart Association Tampering with this card will alter its appearance. 15-1805

HEARTSAVER FIRST AID

Training TC ID #
 Center Name Less Stress Instructional Serv NJ20744
 TC Info Wayne, NJ, 07470, 888-277-3671
 Course Location 6 Thomas St, South River, NJ, 08882
 Instructor Name Matthew Parks Inst. ID # 03150315142
 Holder's Signature Gabrielle Brancato
© 2015 American Heart Association Tampering with this card will alter its appearance. 15-1811

BASIC LIFE SUPPORT

**BLS
Provider**



Gabrielle Brancato

The above individual has successfully completed the cognitive and skills evaluations in accordance with the curriculum of the American Heart Association Basic Life Support (CPR and AED) Program.

09/25/2016
 Issue Date

09/2018
 Recommended Renewal Date

HEARTSAVER FIRST AID

**Heartsaver®
First Aid**



Gabrielle Brancato

The above individual has successfully completed the objectives and skills evaluations in accordance with the curriculum of the AHA Heartsaver First Aid Program.

Optional module completed if **NOT** marked out: Exam

09/25/2016
 Issue Date

09/2018
 Recommended Renewal Date

NEW JERSEY

$$\frac{d}{dt} \left(\frac{\partial L}{\partial \dot{x}} \right) = \frac{\partial L}{\partial x}$$

REFERENCES



05-03-2917

05-37-2021

COGSWELL
ANDREW J

STATUS: NONE

SECRET

12/12/2011



PO# 07-23-2010

0781-26-1970



ENDORSEMENTS:
None

RESTRICTIONS:
1-Corrective Lenses Required

Visit us at:
www.fishbase.org



New Jersey Department of Health

The person named below is certified as an

Emergency Medical Technician

ANDREW J COGSWELL, EMT

EMS ID: 526255 Expires: 12/31/18

ANDREW J COGSWELL EMT

SOUTH RIVER, NJ 08882



526255

New Jersey Department of Health

Date of birth: _____

Eye color: _____

Height: _____

Weight: _____

Signature: *Andrew J Cogswell*

(VOID if not completed)

Photo
(optional)

BASIC LIFE SUPPORT

BLS Provider



American
Heart
Association

Andrew Cogswell

The above individual has successfully completed the cognitive and skills evaluations in accordance with the curriculum of the American Heart Association Basic Life Support (CPR and AED) Program.

02/04/2018

Issue Date

02/2020

Recommended Renewal Date

BASIC LIFE SUPPORT

Training Center Name LifeForce USA, Inc. TC ID # NJ00569

TC Info Howell, NJ, 07731-732-919-6070

Course Location Brick Police EMS

Instructor Name Michael Botts Inst. ID # 11060219151

Holder's Signature [Signature]

NEW JERSEY Division of Motor Vehicles

REAL ID AUTO DRIVER LICENSE

ISS: 08-26-2015 EXP: 08-31-2020

COGSWELL SUZANNE M

SEX: F NONE

REST: 1

SEX: F HS SLAY TER HILL RENC 12000

MS

13C D

5C07-08-1971

MVC

Rev 07-23-2010

ENDORSEMENTS:
None

RESTRICTIONS:
1-Corrective Lenses Required

Visit us at:
www.njmvc.gov

Place Change of Address Sticker Within Bracket Area

Congratulations!

*Please read the instructions on the back before
punching out your card.*

This card is perforated for easy removal

New Jersey Department of Health

The person named below is certified as an

Emergency Medical Technician

SUZANNE M COGSWELL, EMT

EMS ID: 530057 Expires: 06/30/21

SUZANNE M COGSWELL, EMT

SOUTH RIVER, NJ 08078



EMS-30
JUN 13
H5771

BASIC LIFE SUPPORT

**BLS
Provider**



**American
Heart
Association®**

Suzanne Cogswell

**has successfully completed the cognitive and skills
evaluations in accordance with the curriculum of the
American Heart Association Basic Life Support
(CPR and AED) Program.**

Issue Date

06/06/2017

Recommended Renewal Date

06/2019

Training Center Name

Robert Wood Johnson University Hospital

Instructor Name

Marian Moylan

Training Center ID

NJ00027

Instructor ID

02130153000

Training Center Address

126 Paterson St
New Brunswick NJ 08901-1961 USA

eCard Code

175501293795

**Training Center Phone
Number**

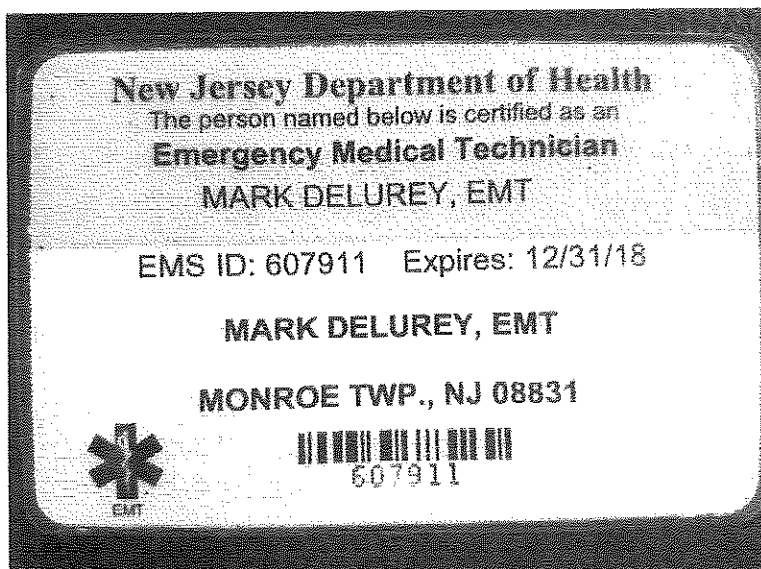
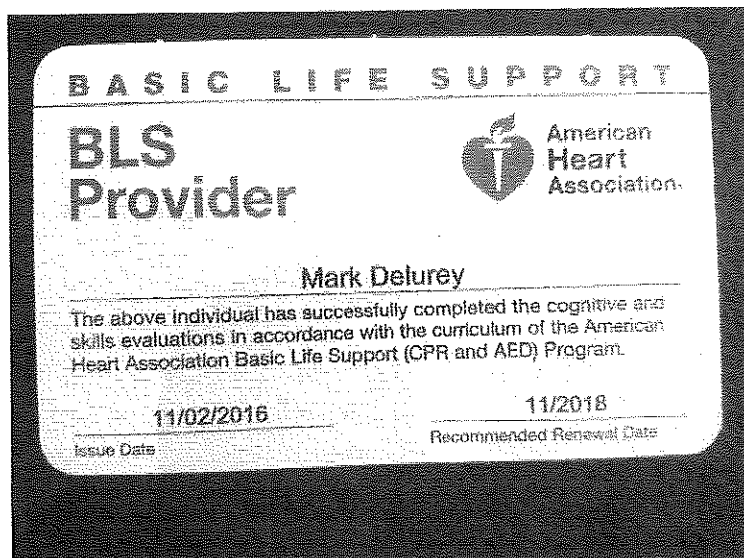
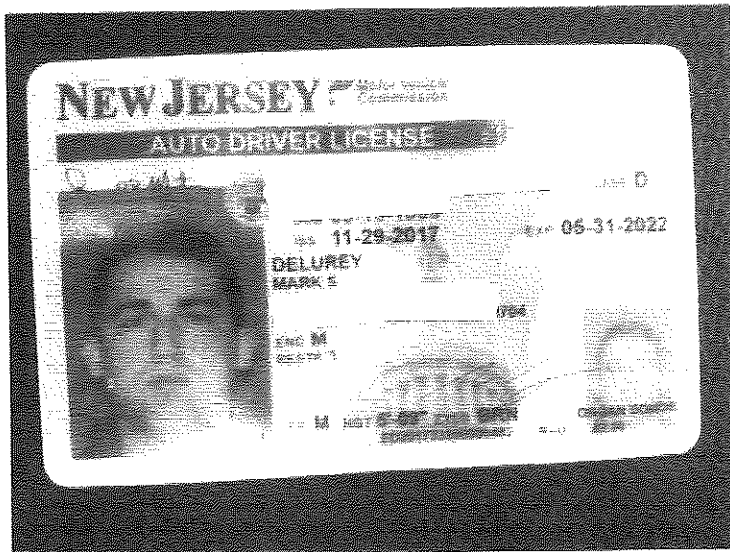
(908) 685-2970

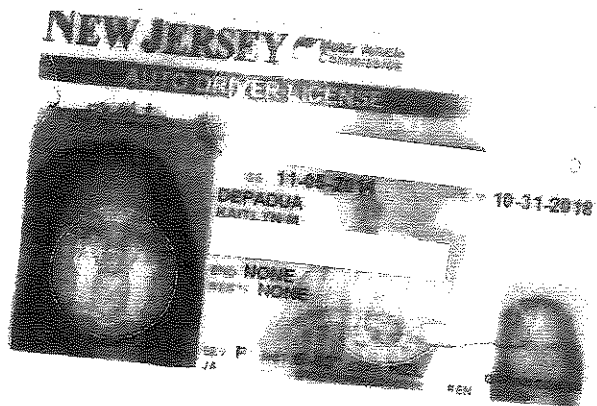
QR Code



To view or verify authenticity, students and employers should scan this QR code with their mobile device or go to www.heart.org/cpr/mycards.

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New Jersey Department of Health

The person named below is certified as an

Emergency Medical Technician

KAITLYN M DEPADUA, EMT

EMS ID: 630110 Expires: 06/30/20

KAITLYN M DEPADUA, EMT

BOUND BROOK, NJ 08805



630110

NEW JERSEY

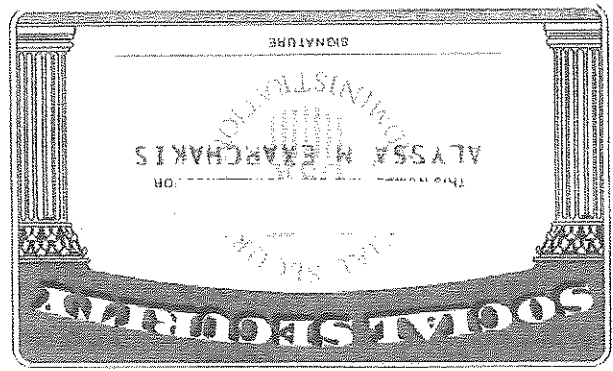
NEW JERSEY

12-22-2017
05-31-2019



NAME: NONE
LAST NAME: EKHARCHAKIS
FIRST NAME: ALYSSA M

DATE OF BIRTH: 12-22-2017
DATE OF EXPIRATION: 05-31-2019



No. B098784

ON. SECURITY FEATURE

:16 am

L Kaplan



WWW.BIRTHDAY.COM

RESTRICTIONS:

ENDORSEMENTS:

Rev 07-23-2010

AD07-07-1998



000000000000

This card is the official verification of your Social Security number. Please sign it right away. Keep it in a safe place.

Improper use of this card or number by anyone is punishable by fine, imprisonment or both.

This card belongs to the Social Security Administration and you must return it if we ask for it.

If you find a card that isn't yours, please return it to:
Social Security Administration
P.O. Box 17087, Baltimore, MD 21235

For any other Social Security business/information, contact your local Social Security office. If you write to the above address for a business other than returning a found card, it will take longer for us to answer your letter.

Social Security Administration
Form SSA-3000 (4-95)

D57805064

PEEL
HERE

HEARTSaver FIRST AID



American
Heart
Association

Alyssa Exarchakis

The above individual has successfully completed the objectives and skills evaluations in accordance with the curriculum of the AHA Heartsaver First Aid Program.

Optional module completed if NOT marked out: **03/09/2018**
Issue Date

03/2020
Recommended Renewal Date

Strike through the modules NOT completed.
This card contains unique security features to protect against forgery.

Training

Center Name **Less Stress Instructional Serv** TC ID # **NJ20744**

TC
Info

Course
Location

Wayne, NJ, 07470, 888-277-3671
6 Thomas St, South River, NJ, 08882

Instructor
Name

Matthew Parks

Inst. ID #

03150315142

Holder's
Signature

© 2015 American Heart Association Tampering with this card will alter its appearance. 15-1811

15-1811 2/16

PEEL
HERE

BASIC LIFE SUPPORT

**BLS
Provider**



American
Heart
Association

Alyssa Exarchakis

The above individual has successfully completed the cognitive and skills evaluations in accordance with the curriculum of the American Heart Association Basic Life Support (CPR and AED) Program.

02/23/2018
Issue Date

02/2020
Recommended Renewal Date

This card contains unique security features to protect against forgery.

BASIC LIFE SUPPORT

Training

Center Name **Less Stress Instructional Serv** TC ID # **NJ20744**

TC
Info

Course
Location

Wayne, NJ, 07470, 888-277-3671
6 Thomas St, South River, NJ, 08882

Instructor
Name

Matthew Parks

Inst. ID #

03150315142

Holder's
Signature

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15-1805 11/15

BASIC LIFE SUPPORT

BLS Provider



Paulina Faszczewska

The above individual has successfully completed the cognitive and skills evaluations in accordance with the curriculum of the American Heart Association Basic Life Support (CPR and AED) Program.

01/12/2017

Issue Date

01/2019

Recommended Renewal Date

New Jersey Department of Health

The person named below is certified as an

Emergency Medical Technician

PAULINA FASZCZEWSKA, EMT

EMS ID: 619464 Expires: 12/31/18

PAULINA FASZCZEWSKA, EMT

SOUTH RIVER, NJ 08882



EMT



619464

NEW JERSEY

AUTO DRIVER LICENSE



DOB 12-29-2016

FASZCZEWSKA
PAULINA E

END NONE
RESTR 1

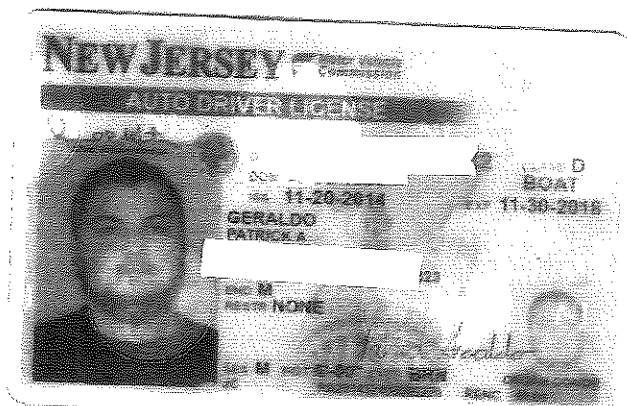
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CLASS D

EXP 12-31-2020

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BASIC LIFE SUPPORT

BLS
Provider



American
Heart
Association

Patrick Geraldo

The above individual has successfully completed the cognitive and skills evaluations in accordance with the curriculum of the American Heart Association Basic Life Support (CPR and AED) Program.

01/12/2017

Issue Date

01/2019

Recommended Renewal Date

New Jersey Department of Health

The person named below is certified as an

Emergency Medical Technician

PATRICK GERALDO, EMT

EMS ID: 587569 Expires: 06/30/19

PATRICK GERALDO, EMT

SPOTSWOOD, NJ 08884



587569

BASIC LIFE SUPPORT

**BLS
Provider**



**American
Heart
Association**

Sharif Haason

The above individual has successfully completed the cognitive and skills evaluations in accordance with the curriculum of the American Heart Association Basic Life Support (CPR and AED) Program.

02/23/2018

Issue Date

02/2020

Recommended Renewal Date

PEEL
HERE

This card contains unique security features to protect against forgery.

BASIC LIFE SUPPORT

Training Center Name **Less Stress Instructional Serv.** TC ID # **NJ20744**

TC Info **Wayne, NJ, 07470, 988-277-3671** TC Phone

Course Location **6 Thomas St, South River, NJ, 08882**

Instructor Name **Matthew Parks** Inst. ID # **03150315142**

Holder's
Signature

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15-1805 11/15

HEARTSaver® FIRST AID

HEARTSaver®
First Aid



American
Heart
Association®

HEARTSaver® FIRST AID
Training TC ID #
Center Name Less Stress Instructional Servi NJ20744
TC
Info - Wayne, NJ, 07470, 888-277-3671

Course
Location 6 Thomas St, South River, NJ, 08882

Instructor Inst. ID #
Name Matthew Parks 03150315142

Holder's
Signature

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Sharif Haason

The above individual has successfully completed the objectives and skills evaluations in accordance with the curriculum of the AHA Heartsaver First Aid Program.

Optional module completed if NOT marked out:

Exempt

03/09/2018

03/2020

Issue Date

Recommended Renewal Date

Strike through the modules NOT completed.

This card contains unique security features to protect against forgery.

15-1811 2/16

[illegible]

10-04-2017
10-31-2021

[illegible]

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RESTRICTIONS:
1-Corrective Lenses Required
1-Probationary

ENDORSEMENTS:
None

such

Rev 07-23-2010 2

2008-29-2008

உறுப்பினர்

EMS ID: 631753 Expires: 12/31/20

AMANI N HASSAN, EMT

SOUTH RIVER, NJ 08852-2704



631753



PROVISIONAL

Photo
(optional)

Date of birth: _____
Eye color: hazel
Height: 5'6"
Weight: 125 lbs
Signature: Amani N Hassan
(VOID if not completed)

BASIC LIFE SUPPORT

BLS
ProviderAmerican
Heart
Association

Nikita Jain

The above individual has successfully completed the cognitive and skills evaluations in accordance with the curriculum of the American Heart Association Basic Life Support (CPR and AED) Program.

02/28/2018

Issue Date

02/2020

Recommended Renewal Date

This card contains unique security features to protect against forgery.

15-1805 11/15

BASIC LIFE SUPPORT

Training Center Name Less Stress Instructional Serv TC ID # NJ20744

TC Info City Wayne, NJ, 07470, 888-277-3671 TC Phone

Course Location 6 Thomas St, South River, NJ, 08882

Instructor Name Matthew Parks Inst. ID # 03150315142

Holder's
Signature

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BASIC LIFE SUPPORT

BLS
ProviderAmerican
Heart
Association

Amani Hassan

The above individual has successfully completed the cognitive and skills evaluations in accordance with the curriculum of the American Heart Association Basic Life Support (CPR and AED) Program.

02/28/2018

Issue Date

02/2020

Recommended Renewal Date

This card contains unique security features to protect against forgery.

15-1805 11/15

BASIC LIFE SUPPORT

Training Center Name Less Stress Instructional Serv TC ID # NJ20744

TC Info City Wayne, NJ, 07470, 888-277-3671 TC Phone

Course Location 6 Thomas St, South River, NJ, 08882

Instructor Name Matthew Parks Inst. ID # 03150315142

Holder's
Signature

© 2015 American Heart Association Tampering with this card will alter its appearance. 15-1805

BASIC LIFE SUPPORT

BASIC LIFE SUPPORT

**BLS
Provider****American
Heart
Association****Nur Hassan**

The above individual has successfully completed the cognitive and skills evaluations in accordance with the curriculum of the American Heart Association Basic Life Support (CPR and AED) Program.

02/23/2018

Issue Date

02/2020

Recommended Renewal Date

Training Center Name **Less Stress Instructional Serv** TC ID # **NJ20744**TC Info **Wayne, NJ, 07470, 888-277-3671** TC PhoneCourse Location **6 Thomas St, South River, NJ, 08882**Instructor Name **Matthew Parks** Inst ID # **03150315142**Holder's
Signature

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This card contains unique security features to protect against forgery.

15-1805 11/15

BASIC LIFE SUPPORT

BLS Provider



American
Heart
Association

Star History

The above individual has successfully completed the required and skills procedures in accordance with the curriculum of the American Heart Association Basic Life Support (BLS) and Safety Program.

Signature

Signature

Print Name

Examination Station Name

Congratulations!

*Please read the instructions on the back before
punching out your card.*

This card is perforated for easy removal

New Jersey Department of Health

The person named below is certified as an
Emergency Medical Technician

KYLE J HERZIG, EMT

EMS ID: 583488 Expires: 12/31/19

NEW JERSEY EMT

SOUTH RIVER, NJ 08882



583488

EMS-30
JUN 13
H5771

EMS ID: 583488
Expires: 12/31/19

Congratulations!

Here is your New Jersey Emergency Medical Technician
card.

Please remember to complete both the required continuing
education and recertification application, prior to the
expiration date indicated on your certification card.

For more information, please visit www.njems.us



A large, dense, black and white photograph showing a close-up of a textured surface, possibly a wall or a large piece of fabric, with a grid-like pattern of small, dark, rectangular elements. The texture is highly irregular and noisy, with many small, dark, rectangular shapes scattered across the surface. The overall appearance is that of a high-contrast, grainy image, possibly a scan of a physical document or a photograph of a textured material. The image is oriented horizontally, with the grid-like pattern running from left to right. The background is a light, mottled gray, and the foreground elements are dark, creating a strong contrast. The image is framed by a thin black border on the left and right sides. The overall composition is abstract and focuses on the intricate details of the texture.

RESTRICTIONS:
1-Corrective Lenses Required
1-Probationary

ALJ05-10-20XND

Rev 07-23-2010

ENDORSEMENTS:

Abstract



06-19-2017 06-30-2021

DR. B. P. JAIN
JAIN
MARTIN

New Jersey Department of Health

The person named below is certified as an

Emergency Medical Technician

NIKITA JAIN, EMT

EMS ID: 631755 Expires: 12/31/20

NIKITA JAIN, EMT

SOUTH RIVER, NJ 08882-2704



PROVISIONAL



631755

New Jersey Department of Health

Date of birth: _____

Eye color: Brown

Height: 5'5"

Weight: 125

Signature: Nikita Jain
(VOID if not completed)

Photo
(optional)

BASIC LIFE SUPPORT

BLS
Provider

Nikita Jain

The above individual has successfully completed the cognitive and skills evaluations in accordance with the curriculum of the American Heart Association Basic Life Support (CPR and AED) Program.

02/28/2018

Issue Date

02/2020

Recommended Renewal Date

This card contains unique security features to protect against forgery.

15-1805 11/15

BASIC LIFE SUPPORT

Training Center Name Less Stress Instructional Servi TC ID # NJ20744

TC Info City Wayne, NJ, 07470, 888-277-3671 TC Phone

Course Location 6 Thomas St, South River, NJ, 08882

Instructor Name Matthew Parks Inst. ID # 03150315142

Holder's
Signature

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BASIC LIFE SUPPORT

BLS
Provider

Amani Hassan

The above individual has successfully completed the cognitive and skills evaluations in accordance with the curriculum of the American Heart Association Basic Life Support (CPR and AED) Program.

02/28/2018

Issue Date

02/2020

Recommended Renewal Date

This card contains unique security features to protect against forgery.

15-1805 11/15

BASIC LIFE SUPPORT

Training Center Name Less Stress Instructional Servi TC ID # NJ20744

TC Info City Wayne, NJ, 07470, 888-277-3671 TC Phone

Course Location 6 Thomas St, South River, NJ, 08882

Instructor Name Matthew Parks Inst. ID # 03150315142

Holder's
Signature

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HEARTSAVER FIRST AID**Heartsaver[®]
First Aid****American
Heart
Association[®]**Priya Jain

The above individual has successfully completed the objectives and skills evaluations in accordance with the curriculum of the AHA Heartsaver First Aid Program.

Optional module completed if **NOT** marked out: ~~Exam~~

09/25/2016

Issue Date

09/2018

Recommended Renewal Date

BASIC LIFE SUPPORT**BLS
Provider****American
Heart
Association[®]**Priya Jain

The above individual has successfully completed the cognitive and skills evaluations in accordance with the curriculum of the American Heart Association Basic Life Support (CPR and AED) Program.

08/24/2016

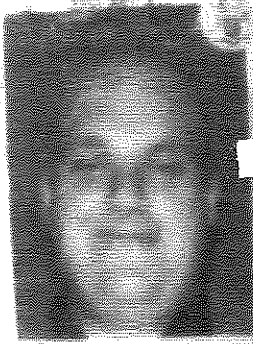
Issue Date

08/2018

Recommended Renewal Date

NEW JERSEY

AUTOMOBILE LICENSE



DOB 11-02-2017

EXP 10-31-2021

MILLER
CHANGA

SEX NONE
HEIGHT NONE

DOB 11-02-2017

SEX NONE

BASIC LIFE SUPPORT

BLS Provider



American Heart Association

Craig Miller

The above individual has successfully completed the cognitive and skills evaluation in accordance with the curriculum of the American Heart Association Basic Life Support (CPR and AED) Program.

11/01/2016

11/2018

Issue Date

Recommended Renewal Date

This card contains unique security features to protect against forgery.

15-1805 11/15

BASIC LIFE SUPPORT

Training Center Name LifeForce USA, Inc. TC ID # NJ00569

TC Info Howell, NJ, 07731, 732-919-6070 TC Phone
City, State ZIP

Course Location G. Filipski

Instructor Name Gregory Filipski Inst. ID # 0506008563

Holder's Signature

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BLS INSTRUCTOR

BLS Instructor



American Heart Association

Craig Miller

The above individual has successfully completed the cognitive and skills evaluation in accordance with the curriculum of the American Heart Association BLS Instructor Program.

11/01/2016

11/2018

Issue Date

Expiration Date

This card contains unique security features to protect against forgery.

15-1804 11/15

BLS INSTRUCTOR

TC Alignment LifeForce USA, Inc. TC ID # NJ00569

TC Address 5 Roe Lane TC Phone 732-919-6070

TC City, State Howell, NJ ZIP 07731

Instructor ID # 05110007564

Holder's Signature

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Congratulations!

*Please read the instructions on the back before
peeling out your card.*

This card is perforated for easy removal

New Jersey Department of Health

The person named below is certified as an
Emergency Medical Technician

CRAIG MILLER, EMT

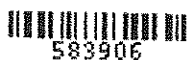
EMS ID: 583906 Expires: 12/31/18

CRAIG MILLER, EMT

SOUTH RIVER, NJ 08852



EMT



583906

EMS ID: 583906

Expires: 12/31/18

Congratulations!

Here is your New Jersey Emergency Medical Technician
card.

Please remember to complete both the required continuing
education and recertification application, prior to the
expiration date indicated on your certification card.

For more information, please visit www.njems.us

BLS INSTRUCTOR

TC Alignment Services TC ID # NJ20744
TC Address 130 Ryerson Ave Suite 210 888-277-3671
TC City, State Wayne, NJ Z87470

Instructor ID # 03150315142

Holder's Signature *MP*

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000000



Rev 07-23-2010

MP-1-20-1595



ENDORSEMENTS:
Motorcycle

RESTRICTIONS:
None

Visit us at:
www.njehc.gov



New Jersey Department of Health

Date of birth 05/11/1984
Eye color BLU
Height 5'6"
Weight 230
Signature MP
(VOID if not completed)

Photo
(optional)

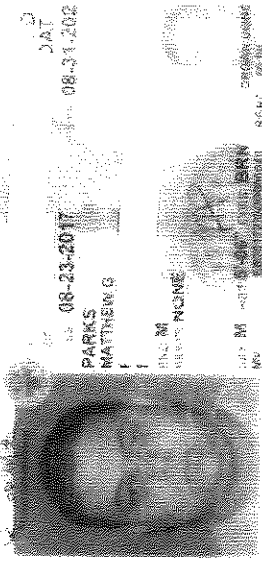
BLS INSTRUCTOR
BLS Instructor
American Heart Association

Matthew Parks

The above individual has successfully completed the cognitive and skills evaluation in accordance with the curriculum of the American Heart Association BLS Instructor Program.

Issue Date 03/03/2017
Expiration Date 03/2019

NEW JERSEY
AUTODEPENDENT LICENSE



New Jersey Department of Health
The person named below is certified as an
Emergency Medical Technician
MATTHEW G PARKS, EMT

EMS ID: 599723 Expires: 06/30/20

MATTHEW G PARKS, EMT

SOUTH RIVER, NJ 08062



NEW JERSEY
 04-27-2017
 10-31-2017
 SOLER
 TERMINAL



Visit us at:
www.njmvc.gov

RESTRICTIONS:
 None

ENDORSEMENTS:
 None

Rev 07-23-2010

J507-19-1988

MVC



BASIC LIFE SUPPORT

Training TC ID #
 Center Name Less Stress Instructional Serv NJ20744

TC
 Info Wayne, NJ, 07470, 888-277-3671

Course
 Location 6 Thomas St, South River, NJ, 08882

Instructor Inst. ID #
 Name Matthew Parks 03150315142

Holder's
 Signature *Jeremiah Soler*

© 2015 American Heart Association Tampering with this card will alter its appearance. 15-1805

HEARTSAVER FIRST AID

Training TC ID #
 Center Name Less Stress Instructional Serv NJ20744

TC
 Info Wayne, NJ, 07470, 888-277-3671

Course
 Location 6 Thomas St, South River, NJ, 08882

Instructor Inst. ID #
 Name Matthew Parks 03150315142

Holder's
 Signature *Jeremiah Soler*

© 2015 American Heart Association Tampering with this card will alter its appearance. 15-1811

BASIC LIFE SUPPORT

**BLS
 Provider**



Jeremiah Soler

The above individual has successfully completed the cognitive and skills evaluations in accordance with the curriculum of the American Heart Association Basic Life Support (CPR and AED) Program.

09/25/2016
 Issue Date

09/2018
 Recommended Renewal Date

HEARTSAVER FIRST AID

**HeartSaver®
 First Aid**



Jeremiah Soler

The above individual has successfully completed the objectives and skill evaluations in accordance with the curriculum of the AHA Heartsaver First Aid Program.

Optional module completed if NOT marked out: **Exam**

09/25/2016
 Issue Date

09/2018
 Recommended Renewal Date

NEW JERSEY Division of Motor Vehicle Commission

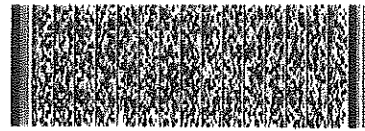
AUTO DRIVER LICENSE

DOB 10-16-1996
ISS 10-17-2017
EXP 06-30-2018
SZOLLOSI
EAST BRUNSWICK
END NONE
RES 1
SEX F
AS
CHG



Rev 07-23-2010

ESTD 15-1996



ENDORSEMENTS:
None

RESTRICTIONS:
1-Corrective Lenses Required

Visit us at:
www.njmvc.gov



New Jersey Department of Health

The person named below is certified as an
Emergency Medical Technician

EDINA J SZOLLOSI, EMT

EMS ID: 620912 Expires: 06/30/19

EDINA J SZOLLOSI, EMT

EAST BRUNSWICK, NJ 08816



620912

New Jersey Department of Health

Date of birth: 10-16-1996

Eye color: Green

Height: 5'9

Weight: 150 pounds

Signature: Edina Szollosi
(VOID if not completed)

Photo
(optional)

HEARTSAVER FIRST AID

**Heartsaver[®]
First Aid**



**American
Heart
Association**

Edina Szollosi

The above individual has successfully completed the objectives and skills evaluations in accordance with the curriculum of the AHA Heartsaver First Aid Program.

Optional module completed if NOT marked out: Expiry

Issue Date 09/10/2016

Recommended Renewal Date 09/2018

HEARTSAVER FIRST AID

Training Center Name Less Stress Instructional Serv. TC ID # NJ20744

TC Info Wayne, NJ, 07470; 888-277-3671

Course Location 6 Thomas St, South River, NJ, 08882

Instructor Name Matthew Parks Inst. ID # 03150315142

Holder's Signature Edina Szollosi

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BASIC LIFE SUPPORT

**BLS
Provider**



Soumya Vavilala

The above individual has successfully completed the cognitive and skills evaluations in accordance with the curriculum of the American Heart Association Basic Life Support (CPR and AED) Program.

02/23/2018
Issue Date

02/2020
Recommended Renewal Date

This card contains unique security features to protect against forgery.

15-1805 11/15

BASIC LIFE SUPPORT

Training Center Name Less Stress Instructional Servi TC ID # NJ20744
TC Info City Wayne, NJ, 07470 888-277-3671
Course Location 6 Thomas St, South River, NJ, 08882
Instructor Name Matthew Parks Inst. ID # 03150315142
Holder's Signature _____
© 2015 American Heart Association Tampering with this card will alter its appearance. 15-1805

HEARTSAVER FIRST AID



Saumya Vavilala

The above individual has successfully completed the objectives and skills evaluations in accordance with the curriculum of the AHA Heartsaver First Aid Program.
Optional module completed if **NOT** marked out: ☒ **Stroke**

03/09/2018
Issue Date

03/2020
Recommended Renewal Date

Strike through the modules **NOT** completed.
This card contains unique security features to protect against forgery.

HEARTSAVER FIRST AID
Training Center Name Less Stress Instructional Servi TC ID # NJ20744
TC Info Wayne, NJ, 07470, 888-277-3671
Course Location 6 Thomas St, South River, NJ, 08882
Instructor Name Matthew Parks Inst. ID # 03150315142
Holder's Signature _____
© 2015 American Heart Association Tampering with this card will alter its appearance. 15-1811

15-1811 2/1

10

[illegible]

06-03-2018

VENOKUR
VENOKUR
VENOKUR
VENOKUR

[illegible]

BASIC LIFE SUPPORT

**BLS
Provider**



Ashli Venokur

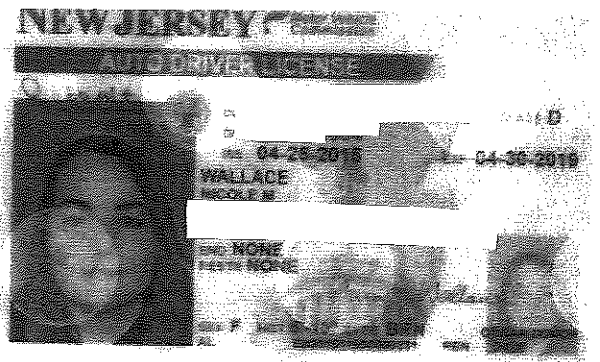
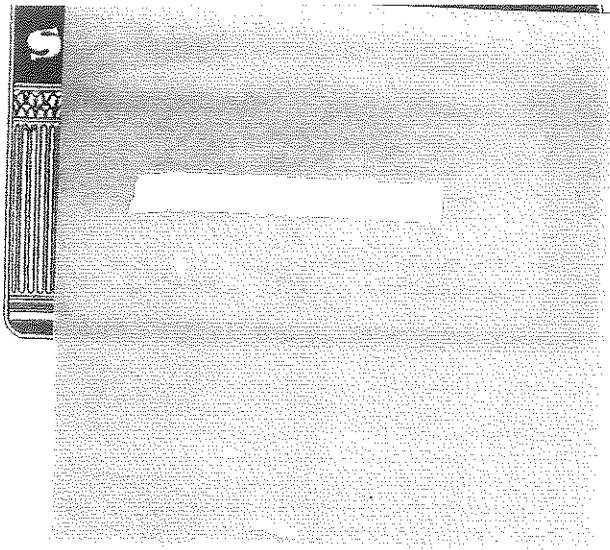
The above individual has successfully completed the cognitive and skills evaluations in accordance with the curriculum of the American Heart Association Basic Life Support (CPR and AED) Program.

11/18/2016

Issue Date

11/2018

Recommended Renewal Date



EMS ID: 625405 Expires: 12/31/19

NICOLE WALLACE, EMT

SOUTH KIVEX, NJ 08882



625405

Date of birth: _____
Eye color: Brown
Height: 5'10
Weight: 180
Signature: Nicole Wallace
(VOID if not completed)

Photo
(optional)

BASIC LIFE SUPPORT

BASIC LIFE SUPPORT

**BLS
Provider**



PEEL
HERE

Nicole Wallace

The above individual has successfully completed the cognitive and skills evaluations in accordance with the curriculum of the American Heart Association Basic Life Support (CPR and AED) Program.

Issue Date 01/11/2018

Recommended Renewal Date 01/2020

This card contains unique security features to protect against forgery.

Training Center Name	TC ID #
Less Stress Instructional Serv	NJ20744
Info	TC
Wayne, NJ 07470, 888-277-3674	
Course	
6 Thomas St. South River, NJ, 08882	
Instructor Name	Inst. ID #
Matthew Parks	03150315142
Holder's Signature	

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Photo
(optional)

Date of birth: _____
Eye color: BRN
Height: 5'4"
Weight: 200
Signature: [Signature]
(VOID if not completed)

New Jersey Department of Health

The person named below is certified as an
Emergency Medical Technician

ASHLI N VENOKUR, EMT

EMS ID: 632278 Expires: 12/31/20

ASHLI N VENOKUR, EMT

EAS1 PRUNSWICK, NJ 08816



632278

EMT

BASIC LIFE SUPPORT BASIC LIFE SUPPORT

**BLS
Provider**



PEEL
HERE

Kaitlyn DePadua

The above individual has successfully completed the cognitive and skills evaluations in accordance with the curriculum of the American Heart Association Basic Life Support (CPR and AED) Program.

Issue Date 01/11/2018 Recommended Renewal Date 01/2020

Training Center Name Less Stress Instructional Serv TC ID # NJ20744
 TC Info Wayne, NJ, 07470, 888-277-3671
 Course Location 6 Thomas St, South River, NJ, 08882
 Instructor Name Matthew Parks Inst ID # 03150315142
 Holder's Signature _____

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This card contains unique security features to protect against forgery.

Starr, Thomas A

From: Christina Sudo <director@southriverems.com>
Sent: Friday, June 15, 2018 10:00 AM
To: Sweeney, James A
Subject: Re: DOH Audit

Jim,

As per Patrick They do not have any copies of the Training Fund Forms.

On Friday, June 15, 2018, Christina Sudo <director@southriverems.com> wrote:

Jim,

Attached are the Volunteer Certifications. Patrick just sent the Roster yesterday. I also reminded him that the Training Fund forms were requested. Waiting for Billing to get back to me on the statement.

--

Christina Sudo
SREMS Director
P.O. Box 660
South River NJ 08882
Fax- 732-613-9095
Cell -732-684-7307
Cell - 732-718-6650

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--

Christina Sudo
SREMS Director
P.O. Box 660
South River NJ 08882
Fax- 732-613-9095
Cell -732-684-7307

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