NEW YORK STATE DIVISION OF HOMELAND SECURITY AND EMERGENCY SERVICES

THE STATE PREPAREDNESS TRAINING CENTER PRESENTS:

MEDICAL MANAGEMENT OF CBRNE EVENTS
Course: PER – 211
November 16 - 17, 2011
8:00 AM - 5:00 PM

Location
State Preparedness Training Center
5900 Airport Road
Oriskany, New York 13424

This course is being presented by the Division of Homeland Security and Emergency Services in conjunction with Texas Engineering Extension Service (TEEX).

You Will Learn About: Participants completing this program will be able to properly perform patient triage, decontamination, treatment and transportation in the event of exposure to chemical, biological, radiological, nuclear and explosive (CBRNE) weapons. The course consists of facilitated discussions, small group exercises, hands on activities and task orientated practical applications. Course participants will use both state-of-the-art adult and pediatric human patient simulators to promote critical thinking skills while utilizing RAPID- Care concept.

At the conclusion of this course You Will Be Able To:
- Demonstrate the skills necessary for proper detection and monitoring;
- Triage and mass decontamination treatment and stabilization;
- Self protection; and
- Cross contamination prevention.

Cost:
- There is NO FEE for this course.
- Travel and meals are the responsibility of the course participant.
- ***Lodging will be provided on the nights of November 15, 16 & 17, 2011. You are only eligible for lodging if your residence and official work station are more than 50 miles from the training center and you are a State or Local Agency First Responder from New York (see registration form).
  - Lodging is NOT available for Federal Employees or Private Industry participants.

To REGISTER online, go to http://www.dhses.ny.gov/oct/units/training-exercises/training-calendar.cfm
For more information, contact the DHSES, OCT, Training & Exercise Unit
Phone: (518) 242-5003 ■ Email: octtraining@dhses.ny.gov
TRAINING ANNOUNCEMENT

MEDICAL MANAGEMENT OF CBRNE EVENTS
Course: PER – 211
November 16 - 17, 2011
8:00 AM -5:00 PM

Location
State Preparedness Training Center
5900 Airport Road
Oriskany, New York 13424

You Should Attend if you are:
- EMS technicians/paramedics
- Fire and HazMat personnel
- Public health (PH)
- Emergency Management
- Law Enforcement
- Physicians/physician assistants
- Hospital/medical treatment facility personnel

Prerequisites:
- You must be a US Citizen to take this course.
- The Division of Homeland Security and Emergency Services (DHSES) will make the final determination as to the eligibility to take this course.

Recommended
- It is recommended that participants complete two online courses before attending the course. These internet courses are available at no cost to the participant at: www.teexwmdcampus.com
  - Basic EMS Concepts for WMD Incidents
  - WMD/ Terrorism Awareness for Emergency Responders

Continuing Education Credits: Upon successful completion of this course, you will be awarded 16 Continuing Education Units (CEU) certified through the International Association for Continuing Education & Training.

REGISTRATION & CONTACT INFORMATION
For more information contact the DHSES, Office of Counter Terrorism (OCT), Training and Exercise Unit at 518-242-5003 or by email at register@dhses.ny.gov. This class has a capacity of 40 people. You may register either online or by faxing the application.
- Online http://www.dhses.ny.gov/oct/units/training-exercises/training-calendar.cfm
- Fax: 1-518-485-8469

No Show Policy: Failure to attend a class you have registered for can result in restriction on future course attendance and agency notification. If you have not received a confirmation or denial two weeks prior to the course date, please contact DHSES, OCT, Training and Exercise Unit.

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Phone: (518) 242-5003  ■  Email: octtraining@dhses.ny.gov
COURSE REGISTRATION (FAX) FORM
MEDICAL MANAGEMENT OF CBRNE EVENTS

Course: PER-211
November 16 - 17, 2011
8AM-5PM

Location
State Preparedness Training Center
5900 Airport Road
Oriskany, NY 13424

FIRST NAME __________________________________________ MIDDLE NAME __________________________________________
LAST NAME __________________________________________ SUFFIX (Sr./Jr./II) __________________________________________
STUDENT ID ____________________________ (Last four numbers of Social Security number or other easy-to-remember number)

ATTENDING AS: □ AGENCY REPRESENTATIVE □ SELF
POSITION/TITLE
ORGANIZATION
ORGANIZATION TYPE
DEPARTMENT
WORK ADDRESS

CITY/STATE/ZIP CODE
COUNTY of EMPLOYMENT
MAILING ADDRESS

CITY/STATE/ZIP CODE ____________________________ /

E-MAIL ADDRESS

HOME PHONE NUMBER ____________________________
WORK PHONE NUMBER ____________________________
CELL PHONE NUMBER ____________________________
FAX NUMBER ____________________________

Participant's Signature: ____________________________ U.S. Citizen √ Y __ N
SUPERVISOR / TRAINING OFFICER NAME ____________________________
CONTACT NUMBER ____________________________
SUPERVISOR'S E-MAIL ADDRESS ____________________________

Sign only if you will need lodging ***Eligible State or local agency first responders only.
I certify that I am traveling more than 50 miles from my residence and official work station and request lodging for this
training course. Lodging is NOT available for Federal Employees or Private Industry participants.

__________________________________________ Date ____________________________

Please FAX completed registration form to: (518) 485-8469

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