



**NEW YORK STATE DIVISION OF
HOMELAND SECURITY AND
EMERGENCY SERVICES**

**OFFICE OF EMERGENCY MANAGEMENT
TRAINING ANNOUNCEMENT**



MEDICAL MANAGEMENT OF CBRNE EVENTS

Course: **PER – 211**

May 21 - 24, 2012

6:00 PM – 10:00 PM

Location

Erie County Training and Operation Center
3359 Broadway
Cheektowaga, NY 14227

This course is being presented by the Office of Emergency Management 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.
- Lodging, travel and meals are the responsibility of the course participant.

You Will Benefit From:

- Classroom Instruction
- Practical Exercises
- Advanced Patient Simulation

To **REGISTER online**, go to <http://www.dhses.ny.gov/oem/training/>

For more information, contact the DHSES, OEM, Training Section

Phone: 518-242-5003 ■ Email: training@dhses.ny.gov

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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 Emergency Management (OEM), Training Section 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/oem/training/>

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, OEM, Training Section.

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COURSE REGISTRATION (FAX) FORM
MEDICAL MANAGEMENT OF CBRNE EVENTS

PER-211

Course: PER-211
May 21 - 24, 2012
6:00 pm - 10:00 pm

Location
Erie County Training and Operation Center
3359 Broadway
Cheektowaga, NY 14227

FIRST NAME [dashed lines] MIDDLE NAME [dashed lines]

LAST NAME [dashed lines] SUFFIX (Sr./Jr./II) [dashed lines]

STUDENT ID [dashed lines] (Last four numbers of Social Security number or other easy-to-remember number)

ATTENDING AS: [] AGENCY REPRESENTATIVE [] SELF

POSITION/TITLE [dashed lines]

ORGANIZATION [dashed lines]

ORGANIZATION TYPE [dashed lines]

DEPARTMENT [dashed lines]

WORK ADDRESS [dashed lines]

CITY/STATE/ZIP CODE [dashed lines]

COUNTY of EMPLOYMENT [dashed lines]

MAILING ADDRESS [dashed lines]

CITY/STATE/ZIP CODE [dashed lines]

E-MAIL ADDRESS [dashed lines]

HOME PHONE NUMBER [dashed lines]

WORK PHONE NUMBER [dashed lines]

CELL PHONE NUMBER [dashed lines]

FAX NUMBER [dashed lines]

Participant's Signature: _____ U.S. Citizen ___Y___N

SUPERVISOR / TRAINING OFFICER NAME [dashed lines]

CONTACT NUMBER [dashed lines]

SUPERVISOR'S E-MAIL ADDRESS [dashed lines]

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

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