



# NEW YORK STATE DIVISION OF HOMELAND SECURITY AND EMERGENCY SERVICES

**THE STATE PREPAREDNESS TRAINING CENTER PRESENTS:**

## **Screening of Persons by Observational Techniques Train-the-Trainer**

Course: AWR – 219-1

**March 21, 2012**

**1:00 PM – 5:00 PM**

**Location**

State Preparedness Training Center  
5900 Airport Road  
Oriskany, NY 13424

**The National Center for Biomedical Research and Training at Louisiana State University (LSU) will present this course.**

### You Will Learn About:

Public safety personnel or other personnel who have extensive contact with the public are in the best position to identify unusual packages, suspicious substances, and people who are acting suspiciously. However, they need to acquire skills in what to look for and how to respond – skills that can be acquired through rigorous emergency planning, regular emergency testing and drills, and extensive training.

During this course, participants will be provided with an overview of security operations that can be applied for protection of physical assets from terrorist acts. Participants will be able to incorporate SPOT into planning for Chemical, Biological, Radiological, Nuclear, and Explosives (CBRNE) component and device interdiction and implementing screening operations, non-intrusive inspection techniques, scene control, evacuation, and media relations.

### At the conclusion of this course Participants Will Be Able To:

- Discuss the requirements for threat and vulnerability analyses and how they can be used to improve security;
- Describe components of the systems approach to security;
- Identify indicators of a potential terrorist attack; and
- Explain major considerations in isolating incident scenes and conducting evacuations during a terrorist incident.
- Deliver the four hour AWR-219 course to their agency.

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](mailto:training@dhses.ny.gov)

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TRAINING ANNOUNCEMENT

**Screening of Persons by Observational Techniques Train-the-Trainer**

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Oriskany, NY 13424

**Cost:**

- There is **NO FEE** for this course.
- Travel, lodging, and meals are the responsibility of the course participant.

**You Should Attend** if you are:

- This course is designed to provide public safety officials responsible for conducting screening operations in a field environment the knowledge, skills, and abilities to conduct behavioral assessments.

**Prerequisites:**

- You must be a US citizen or have prior approval to take this course.
- Be a certified trainer for your agency.
- Have attended the Screening of Persons by Observational Techniques Course
- The New York State Division of Homeland Security & Emergency Services (DHSES) reserves the right to determine eligibility for this course.

**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](mailto: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

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Course: AWR-219-1
March 21, 2012
1:00 PM – 5:00 PM

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

FIRST NAME [grid] MIDDLE NAME [grid]

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

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

POSITION/TITLE [grid]

ATTENDING AS: [ ] AGENCY REPRESENTATIVE [ ] SELF ORGANIZATION [grid]

ORGANIZATION TYPE [grid]

DEPARTMENT [grid]

WORK ADDRESS [grid]

CITY/STATE/ZIP CODE [grid]

COUNTY of EMPLOYMENT [grid]

MAILING ADDRESS [grid]

CITY/STATE/ZIP CODE [grid]

E-MAIL ADDRESS [grid]

HOME PHONE NUMBER [grid]

WORK PHONE NUMBER [grid]

CELL PHONE NUMBER [grid]

FAX NUMBER [grid]

Participant's Signature: \_\_\_\_\_ US Citizen \_\_\_Y\_\_\_N

SUPERVISOR / TRAINING OFFICER NAME [grid]

CONTACT NUMBER [grid]

SUPERVISOR'S E-MAIL ADDRESS [grid]

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

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