



NEW YORK STATE DIVISION OF HOMELAND SECURITY AND EMERGENCY SERVICES

OFFICE OF EMERGENCY MANAGEMENT

TRAINING ANNOUNCEMENT



WEAPONS OF MASS DESTRUCTION: THREAT AND RISK ASSESSMENT

Course: MGT-310

February 28 - 29, 2012

8:00 AM – 5:00 PM

Location

Orange County Department of Emergency Services
22 Wells Farm Road
Goshen, NY 10924

The New York State Division of Homeland Security and Emergency Services – Office of Emergency Management, in cooperation with the Texas Engineering Extension Service (TEEX).

You Will Learn About: This Planning/Management level course prepares emergency responders, managers and community leaders to conduct comprehensive, capabilities based threat and risk assessments for a Weapons of Mass Destruction (WMD) terrorism/all-hazards incident under the National Response Framework and Presidential Directives. Participant's activities focus on the jurisdictional process for determining the ability to respond to CBRNE/ All Hazard events and the development of the needs assessment to fill gaps identified within the solution areas. The assessment incorporates the State Homeland Security and Strategy (SHSAS) processes.

At the conclusion of this course **You Will Be Able To:**

- Identify the requirements and benefits of conducting a threat vulnerability assessment within the jurisdiction;
- Understand the common components of Weapons of Mass Destruction (WMD) biological, nuclear, incendiary, chemical and explosive agents and how they can be used by potential threat elements in an act of terrorism
- Describe the processes used to determine the needs for required capability to respond to the most likely WMD scenario for your jurisdiction; and
- Describe how Jurisdictional Risk (Threat, Vulnerability and Public Health) and Needs Assessment are integrated into the Domestic Preparedness Strategy.

Cost:

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

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

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

Phone: 518-242-5003 ■ Email: octtraining@dhSES.ny.gov

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You Will Benefit From: Lectures • small group discussions • participant activities • multimedia scenarios

You Should Attend if you are:

- Law Enforcement
- Emergency Management
- Emergency Medical Services
- Fire Service
- Hazardous Materials Personnel
- Public Health and Healthcare Employees
- Public Works / Public Safety Communications
- Government Administrators
- Volunteer Agencies (Red Cross / Salvation Army)
- Public and Private School Administrators
- Private Industry
- Transportation (Bus / Subway / Air / Train)
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- Prerequisites: You must 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.

REGISTRATION & CONTACT INFORMATION

For more information contact the DHSES, Office of Emergency Management (OEM), Training Unit at 518-242-5003 or by email at register@dhSES.ny.gov . This class has a capacity of **50** 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 Unit.

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COURSE REGISTRATION (FAX) FORM

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Goshen, NY 10924

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)

ATTENDING AS: [] AGENCY REPRESENTATIVE [] SELF

POSITION/TITLE [grid]

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: _____ U.S. Citizen ___Y___N

SUPERVISOR / TRAINING OFFICER NAME [grid]

CONTACT NUMBER [grid]

SUPERVISOR'S E-MAIL ADDRESS [grid]

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

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