



NEW YORK STATE DIVISION OF HOMELAND SECURITY AND EMERGENCY SERVICES

OFFICE OF EMERGENCY MANAGEMENT

TRAINING ANNOUNCEMENT



DISASTER PREPAREDNESS FOR HOSPITALS AND HEALTHCARE ORGANIZATIONS WITHIN THE COMMUNITY INFRASTRUCTURE

MGT-341

April 3 - 4, 2012

8:00 AM – 5:00 PM

Location

Westchester Medical Center
Taylor Pavilion, Media Room
100 Woods Road
Valhalla, NY 10595

The New York State Division of Homeland Security and Emergency Services in cooperation with the Texas Engineering Extension Service (TEEX) will be offering this course.

You Will Learn About: This course introduces the various natural, technological, and civil hazards, to which hospitals and healthcare organizations may be vulnerable, and the potential impacts of those hazards. Federal guidelines and legislation that serve to aid the preparedness for, and response to, incidents involving these hazards are discussed, as are current emergency management standards for the hospital community. Participants review response and recovery issues that should be addressed by medical facilities and organizations in preparation for a large-scale incident, including identification of critical resources necessary for response and recovery.

At the conclusion of this course You Will Be Able to:

- Know what we are preparing for;
- Identify fundamentals of preparedness;
- Preparing the response;
- Preparing the recovery; and
- Knowing of you are prepared.

Cost:

- There is **NO FEE** for this course.
- Travel lodging 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: training@dhSES.ny.gov

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DISASTER PREPAREDNESS FOR HOSPITALS AND HEALTHCARE ORGANIZATIONS WITHIN THE COMMUNITY INFRASTRUCTURE**MGT-341****April 3 - 4, 2012****8:00 AM – 5:00 PM****Location**

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You Should Attend if you are:

- Department heads, directors, assistant directors, and senior medical staff
- Personnel Responsible for, or contributing to, emergency preparedness planning
- Regulatory personnel
- Public health/health department personnel
- Local emergency management directors/managers
- Emergency services managers/administrators

Prerequisites:

- You must be a US Citizen to take this course.
- The New York State Division of Homeland Security and 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 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

DISASTER PREPAREDNESS FOR HOSPITALS AND HEALTHCARE ORGANIZATIONS WITHIN THE COMMUNITY INFRASTRUCTURE

Course: MGT 341
April 3 - 4, 2012
8 AM - 5 PM

Location
Westchester Medical Center
Taylor Pavilion, Media Room
100 Woods Road
Valhalla, NY 10595

FIRST NAME [dashed line] MIDDLE NAME [dashed line]

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

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

ATTENDING AS: [] AGENCY REPRESENTATIVE [] SELF

POSITION/TITLE [dashed line]

ORGANIZATION [dashed line]

ORGANIZATION TYPE [dashed line]

DEPARTMENT [dashed line]

WORK ADDRESS [dashed line]

CITY/STATE/ZIP CODE [dashed line]

COUNTY of EMPLOYMENT [dashed line]

MAILING ADDRESS [dashed line]

CITY/STATE/ZIP CODE [dashed line]

E-MAIL ADDRESS [dashed line]

HOME PHONE NUMBER [dashed line]

WORK PHONE NUMBER [dashed line]

CELL PHONE NUMBER [dashed line]

FAX NUMBER [dashed line]

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

SUPERVISOR / TRAINING OFFICER NAME [dashed line]

CONTACT NUMBER [dashed line]

SUPERVISOR'S E-MAIL ADDRESS [dashed line]

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

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