



NEW YORK STATE AND ORANGE COUNTY
EMERGENCY WORKER PERSONNEL MONITORING CENTER TRAINING

No. of OPENINGS: 50

ORANGE COUNTY

FIRE TRAINING CENTER,
NEW HAMPTON, NY

OCTOBER 5, 2016

ANNOUNCED: AUGUST 25, 2016

Course Information:

The New York State Office of Emergency Management and The Orange County Office of Emergency Management are offering Emergency Worker Personnel Monitoring Center (EWPMC) Operations course. The EWPMCs provide monitoring and decontamination for Emergency Workers who may perform response functions in a potentially radiologically contaminated area. This training will prepare staff to setup and operate an Emergency Worker Personnel Monitoring Center in response to an incident at a Nuclear Power Plant in New York State.

Course Topics:

- Radiological Emergency Preparedness Planning overview
- Radiation Basics
- Dosimetry and KI (Potassium iodide)
- Emergency Worker Exposure Control
- EWPMC Operations overview
- Radiation Monitoring equipment and operations (hands on)
- Record keeping
- Decontamination procedures
- EWPMC setup and operations practical

Required prerequisite: None

Cost:

There is no fee for the course. Lodging and Transportation costs are the responsibility of the student.

Completion:

Participants who actively participate will receive a Certificate of Completion.

Location: Orange County Fire Training Center,
9 Fire Training Center Lane,
New Hampton, NY

Course Times: 9 – 4 *Lunch will be provided*

Registration Instructions:

The Statewide Learning Management System (SLMS) will be used for course registration
<https://nyslearn.ny.gov/index.html>

if you already have an account within SLMS please choose SLMS Login, if you are new to the system please choose First Time Logging. Please click on the link below for information on how to validate/obtain an account within the New York State Learning Management System
http://www.dhSES.ny.gov/training/slms/SLMS_ExternalUserRegistration

SLMS Course number:
04-26-0014-01-01-46-16001

Registration Deadline: September 30, 2016

Point of Contact:

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