



ADVANCED HAZMAT LIFE SUPPORT PROVIDER CLASS

OCTOBER 20-21, 2022



Upstate Emergency Medicine

Sponsored by the Department of Emergency Medicine and the Upstate NY Poison Center, Upstate Medical University, Syracuse, New York.

Co-sponsored by the Arizona Emergency Medicine Center and the American Academy of Toxicology,

Tucson, AZ.
ODP APPROVED

www.aemrc.arizona.edu



The American Academy of Clinical Toxicology

**HANDS-ON
MANAGEMENT
FOR
ADVANCED
HAZMAT
SCENARIOS USING
HIGH-FIDELITY
HUMAN
SIMULATORS**

Contact Information:

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<http://www.upstate.edu/emergency/education/lifesupport/ahls.php>

REGISTRATION FEE: \$550.00

****Registration deadline and payment due by
September 22, 2022**

****On-Line Registration required
at www.ahls.org**

****[register on-line with www.ahls.org](http://www.ahls.org), but please send this
registration in with payment to:**

**Upstate Medical University Department of Emergency Medicine,
EMSTAT Center, 550 E. Genesee St., Syracuse, NY 13202**

Check payable to: *Upstate Emergency Medicine Inc.*

(\$50.00 cancelation fee if canceled by 10/3/2022, no refund will be issued after this date)

Are you prepared?

Poisons, chemical spills, dirty bombs – these are real threats in today's hazardous world. The medical treatment of people exposed to toxic substances requires specialized knowledge and skills. Hospital and pre-hospital personnel need to be able to rapidly recognize the symptoms of exposure to particular toxic substances and immediately give specific antidotes or other appropriate medical treatment. Advanced HAZMAT Life Support TM(AHLSTM) is the first and most comprehensive training program to provide medical professionals the critical skills necessary to effectively manage all aspects of hazmat exposure. Only the best trained and best educated medical professionals are prepared to handle any emergency situation anytime, anywhere. Become a verified AHLS Provider and be ready to face the medical challenges of hazmat incidents, such as chemical spills or bio-logical attacks.

Who should attend? Physicians, Physician Assistants, Nurses Nurse Practitioners, Toxicologists, Paramedics, Pharmacists, Military Personnel and Other Healthcare

(please print)

Last Name _____ First Name _____

___ MD , ___ DO , ___ Pharm.D., ___ RPh, ___ PA , ___ NP , ___ RN , ___ LPN, ___ EMT-P , Other _____

___ Home / ___ Work Address _____

City _____ State _____ Zip: _____ - _____

Work Phone _____ Home/Cell Phone _____

E-mail _____

Please indicate method of payment: ___ check payable to: **Upstate Emergency Medicine Inc.**

___ Visa ___ Master Card

Credit Card # _____ Exp Date _____ CRV # _____

Signature _____

Name as it appears on Credit Card (print) _____

Credit Card Billing Address:

Name: _____ same as registrant

Address _____ same as registrant

City _____ State _____ Zip: _____ - _____