

ADVANCED HAZMAT LIFE SUPPORT PROVIDER CLASS

(This class will be presented virtually)

OCTOBER 22-23, 2020



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





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

Contact Information:

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e-mail: morer@upstate.edu

http://www.upstate.edu/emer

gency/education/lifesupport/ ahls.php

REGISTRATION FEE: \$485.00

**Registration deadline and payment due by September 28, 2020

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

**(register on-line with 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 10/1/2020, 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	s on Credit Card (print)
Credit Card Billing Name:	g Address: same as registrant
Address	same as registrant
City	State