

ADVANCED DISASTER LIFE SUPPORT

NO CHARGE FOR TRAINING*

WHEN: April 25 & 26, 2012 - 7:30 - 4:30

**WHERE: MONROE COUNTY PSTF, Room 117A
1190 SCOTTSVILLE RD., ROCHESTER, NY**

RSVP: April 13, 2012

PRE-REQUISITE: COMPLETION OF BDLS

**ATTENDANCE IS LIMITED TO FIRST 24
REGISTRANTS**

**INTENDED AUDIENCE: Physicians, Nursing, NP/PAs, EMS,
Pharmacists, Allied Health Professionals, Medical/Nursing
Students**

TO REGISTER FAX or MAIL REGISTRATION FORM TO:

EILEEN SPEZIO

601 ELMWOOD AVE., BOX 612

ROCHESTER, NY 14642

FAX: 585- 756-5098

PHONE: 585-758-7640

FOR COURSE INFORMATION SEE WEB SITE:

<http://www.bdls.com/common/content.asp>

* See Disclaimer on Registration Form

ADLS COURSE SCHEDULE

April 25, 2012

07:30 - 08:00	Registration
08:00 - 08:15	Review of Disaster Paradigm
08:15 - 08:45	Mass Triage
08:45 - 09:00	Break
09:00 - 09:50	Medical Decontamination
09:50 - 10:10	Legal Issues of Disaster Response
10:10 - 10:40	Media & Communications
10:40 - 10:50	Break
10:50 - 11:40	Healthcare Facilities & Community Disaster Planning
11:40 - 12:00	Mass Fatality Management
12:00 - 1:00	Lunch (Provided)
1:00 - 4:30	Small Group Interactive Sessions

ADLS COURSE SCHEDULE

April 26, 2012

07:30 - 08:00	Registration
08:00 - 09:00	Course Coordinators Program
09:00 - 12:00	Stations Rotation
12:00 - 1:00	Lunch (Provided)
1:00 - 4:00	Station Rotations
4:00 - 4:30	Course Evaluation and Wrap Up

Stations: HPS Scenarios
Disaster Skills
Mass Triage
PPE & Decon

ADVANCED DISASTER LIFE SUPPORT REGISTRATION FORM

Deadline: September 8, 2011

Name:
Title:
Organization:
Address:

Phone:

Email:

Date BDLS was completed:

Information needed for CME purposes.

DISCLAIMER:

The RRC will cover course costs. If unable to attend, please notify RRC within one week of course date to allow time to fill your spot. All no-shows will be charged \$80.00 to cover costs of manual and food.

I have read and agree to the above conditions:

Signature

TO REGISTER: FAX or MAIL **SIGNED** REGISTRATION FORM TO:

EILEEN SPEZIO
601 ELMWOOD AVE., BOX 612
ROCHESTER, NY 14642
FAX: 585- 756-5098
PHONE: 585-758-7640

**An email confirmation will be sent within three days of receipt of registration.
If you have not received confirmation by then, please call Eileen Spezio at contact
information above.**