4 DAY HAZWOPER FOR THE FIRST RECEIVERS OPERATIONS LEVEL TRAIN-THE-TRAINER PROGRAM (BP5 2023/2024)

Applications must be submitted via this link no later than 4/8/24 https://www.surveymonkey.com/r/HAZWOPER-TtT-BP5

Introduction

The URMC FLRTC has made arrangements with University at Buffalo Toxicology Research Center and Atlantic OSHA Training Center to conduct the HAZWOPER For the First Receivers Operations Level Train-the-Trainer Program. This TtT class will authorize trainers to provide the 8 hour First Receiver Operations Initial and 4 hour Refresher level classes designed and conducted by the University at Buffalo Toxicology Research Center (UB-TRC) and Health Systems Safety for over 10 years.

The TtT will be scheduled for 4 days over a 2 week period. The first 2 days will be held remotely via Zoom webinar. The last 2 days will be conducted in-person at Rochester General Hospital in Rochester, NY. Applicants MUST attend and complete all 4 days to qualify for an HTC Scholarship.

There is no option to attend just a portion of this program.

COURSE DETAILS:

- April 23 24, 2024 @ 8:30am 4:30pm via Zoom Webinar Camera and Microphone required/on for all student devices.
- April 30 May 01, 2024 @ 8:30am 4:30pm at Rochester General Hospital Attendees <u>must</u> bring their facility PAPR to class. Course instructors
 - recommend at least 1 PAPR/2 attendees from the same facility. All other training suit supplies will be provided.

TARGET AUDIENCE:

This course is specifically designed for healthcare (e.g. hospital emergency room, etc.) personnel who have been assigned to train the decontamination team at their facility.

PRE-REQUISITES: The following is HIGHLY encouraged/helpful but NOT required

- Successfully completed the First Receiver Operations Initial class offered by the UB-TRC in the past 2 years
- Completed the ICS 100, 200 and 700 series courses
- At least 5 years experience in Safety and Health
- Emergency Responder and Emergency Management training and experience
- Any training under HAZWOPER 29CFR1910.120 (e) or (q)
- Experience as a safety trainer in adult education

SAMPLE Curriculum:

 ${\color{blue} \underline{https://www.urmc.rochester.edu/MediaLibraries/URMCMedia/flrtc/documents/UB-HazmatTtT-DetailedCurriculum.pdf}$

REGISTRATION DETAILS:

Course Size requirements: 12 minimum/20 maximum.

Cost: \$275.00 per person

The FLRTC will provide full tuition scholarships for Western Region HEPC candidates and SUNY Upstate HTC will provide full tuition scholarships for Central New York HEPC candidates that attend and complete the ENTIRE 4-day program. Candidates outside these regions should contact their HTC for available opportunities.

Registration/Applications must be submitted no later than April 8, 2024. Course details (zoom links/directions) will be sent on this date unless cancel

* 1. Identify your HEPC Region

Cattaraugus, Chauta Genesee, Livingston Orleans, Schuyler, S Wyoming, Yates Central New York Broome, Cayuga, Ch Jefferson, Lewis, Ma Oswego, St Lawrence Capital District Re Clinton, Columbia, I Fulton, Greene, Han	egion (CDR HEPC): Albany, Delaware, Essex, Franklin, nilton, Montgomery, Otsego, a, Schenectady, Schoharie,	Long Oran	opolitan Area/Lower Hudson Valley & Island (MARO HEPC): Dutchess, Nassau, ge, Putnam, Rockland, Suffolk, Sullivan, r, Westchester
WR & CNY Registrati	.on		
* 2. Application Informa	tion		
Applicant Name			
Title/Role			
Hospital (avoid listing health system)			
Address			
City/Town			
State/Province			
ZIP/Postal Code			
County/HEPC Region			
Email Address			
Phone Number			
* 3. Describe Any/All Sa Current and Previous Po		onse & M	anagement Activities in Your

* 5. Identify any Hazmat Courses you have completed (check all that apply) Hazmat For the First Receiver Awareness Level	* 4. Number of Years of Experience in Emergence	y Response, Emergency Management and/or
* 5. Identify any Hazmat Courses you have completed (check all that apply) Hazmat For the First Receiver Awareness Level	other Health Safety Roles	
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Hazmat For the First Receiver Awareness Level Training HAZWOPER (q) Incident Commander HAZWOPER (e) 40 Hour Worker HAZWOPER (e) 24 Hour Worker HAZWOPER (e) 24 Hour Worker HAZWOPER (e) Supervisor HAZWOPER (q) Operations HAZWOPER (q) Technician Other (please specify) No Prior Hazmat Training Statement of Certification By entering my name below, I certify that the information I have included herein and submitted is truind accurate.	PRIOR HAZMAT TRAINING	
Training HAZWOPER (e) 40 Hour Worker Hazmat For the First Receiver Operations Level Training - Initial HAZWOPER (e) 24 Hour Worker HAZWOPER (e) Supervisor HAZWOPER (q) Operations HAZWOPER (q) Technician Other (please specify) No Prior Hazmat Training Statement of Certification By entering my name below, I certify that the information I have included herein and submitted is truind accurate.	* 5. Identify any Hazmat Courses you have con	mpleted (check all that apply)
Hazmat For the First Receiver Operations Level Training - Initial Hazwoper (e) 24 Hour Worker Hazmat for the First Receiver Refresher Training HAZWOPER (e) Supervisor HAZWOPER (e) Operations HAZWOPER (e) Operations HAZWOPER (e) Supervisor HAZWOPER (e) Operations HAZWOPER (e) Operations No Prior Hazmat Training Statement of Certification Statement of Certification Statement of Certification I have included herein and submitted is truind accurate.		HAZWOPER (q) Incident Commander
Training - Initial HAZWOPER (e) 24 Hour Worker Hazmat for the First Receiver Refresher Training HAZWOPER (e) Supervisor HAZWOPER (q) Operations HAZWOPER (q) Technician Other (please specify) No Prior Hazmat Training Statement of Certification By entering my name below, I certify that the information I have included herein and submitted is truind accurate.		HAZWOPER (e) 40 Hour Worker
HAZWOPER (q) Operations HAZWOPER (q) Technician Other (please specify) No Prior Hazmat Training Statement of Certification By entering my name below, I certify that the information I have included herein and submitted is truind accurate.		HAZWOPER (e) 24 Hour Worker
HAZWOPER (q) Technician Other (please specify) No Prior Hazmat Training Statement of Certification B. By entering my name below, I certify that the information I have included herein and submitted is truind accurate.	Hazmat for the First Receiver Refresher Training	HAZWOPER (e) Supervisor
Other (please specify) No Prior Hazmat Training Statement of Certification B. By entering my name below, I certify that the information I have included herein and submitted is true and accurate.	HAZWOPER (q) Operations	
No Prior Hazmat Training Statement of Certification S. By entering my name below, I certify that the information I have included herein and submitted is truind accurate.	HAZWOPER (q) Technician	
Statement of Certification 5. By entering my name below, I certify that the information I have included herein and submitted is truind accurate.	Other (please specify)	
Statement of Certification 5. By entering my name below, I certify that the information I have included herein and submitted is truind accurate.		
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5. By entering my name below, I certify that the information I have included herein and submitted is truend accurate.		
5. By entering my name below, I certify that the information I have included herein and submitted is true and accurate.	Statement of Certification	
and accurate.	6. By ontoring my name below I contify that the	information I have included barein and submitted is true
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Thank you for completing registration and submitting your application for the UB TRC HAZWOPER Operations Level Train-The-Trainer Program on April 23-24, 2024 (via Zoom Webinar) and April 30 - May 01, 2024 (at Rochester General Hospital -Rochester, NY)

Registration cut off is April 08, 2024. Decision to conduct the class will be made COB on that day. You will receive an email with either confirmation including zoom link and directions for the in-person session or a cancellation notification.

IMPORTANT REMINDERS:

Attendees MUST enable the device camera and microphone during the zoom portion of this program. Attendees MUST bring a laptop and their facility PAPR to in-person class. Course instructors recommend at least 1 PAPR/2 attendees from the same facility. All other training suit supplies will be provided.

COURSE POINT OF CONTACT:

University at Buffalo Toxicology Research Center

Dr. Joseph Syracuse

Email: jsyracus@buffalo.edu

Phone: 716-829-2125