



Dear Ambulance Service Chief Officer:

The Bureau of Emergency Medical Services wants to invite you to have your Training Officer and one other appropriate person attend a Train the Trainer program on the use of atropine for a suspected nerve agent or organophosphate exposure incident.

This training and the distribution of atropine auto-injectors is part of a Department initiative to further enhance the protection and ability for EMS to respond to incidents affecting the citizens of New York State.

Since this program is a Train the Trainer, we ask that your service Trainer Officer attend. We will be providing an orientation to the training materials for use in your respective agency and an allotment of atropine auto-injectors for placement on your ambulances after appropriate agency level training is conducted and notification is made to your respective agency Medical Director and REMAC.

Please note that the person you send to this course must be certified at an EMT or higher level AND must be authorized by your agency to sign for and accept the training materials and medication that will be distributed for your agency.

This training for agencies from your county will occur on:

**Thursday June 5, 2008
7:00 PM to 9:00 PM at**

**Saratoga County Fire Training Center
6010 County Farm Road
Ballston Spa, NY 12020**

These auto-injectors will be placed on ambulance vehicles throughout the state as part of a medically controlled response to a suspected nerve agent incident.

If you are able to have your representative attend this training, please complete the attached form and return it by FAX (518-402-0985) by **Tuesday June 3, 2008.**

Thank you for your assistance

James Soto, Associate Director
Bureau of EMS – Disaster Preparedness Unit

PLEASE FAX YOUR RESPONSE BY June 3, 2008 TO:

**Attention: Daniel Doherty
Bureau of EMS
518-402-0985 (Fax)
518-402-0996 Ext 2**

REGISTRATION FOR:

ATROPINE TRAIN THE TRAINER

June 5, 2008

7:00 PM

**Saratoga County Fire Training Center
6010 County Farm Road
Ballston Spa, NY 12020**

Saratoga County

Ambulance Agency Name: _____

Agency Code: _____

Name of Officer Completing this form: (Please Print)

Name of Person(s) attending training AND able to sign for receipt on behalf of our organization:

Thank you.

PLEASE FAX YOUR RESPONSE BY June 3, 2008