

## **Weapons of Mass Destruction: The Health Care Professional's Role in Nevada's Preparation and Response**

**Please see course dates and location below.**

This program is designed for physicians, nurses, dentists, dental hygienists, EMT and health care practitioners. The program meets all AB 250 legislation requirements for licensure and certification renewal. At the conclusion of this program, participants will be able to:

- Define the term *weapon of mass destruction* (WMD), and categorize the types of WMD most likely to be used in acts of terrorism;
- Discuss how acts of terrorism involving WMD have impacted the public health system and the practice of medicine;
- Identify the equipment and protective clothing needed by health care practitioners when treating patients exposed to WMD;
- Recognize the signs and symptoms of exposures to WMD;
- Utilize new treatment modalities for patients exposed to WMD;
- Explain the health care practitioner's role of biological weapon surveillance and reporting; and
- Use the Health Alert Network as an informational resource.

**Faculty:** **Dee Grimm, RN, JD;** Emergency Preparedness and Response Education Consultant, Area Health Education Center of Southern Nevada

**CME Credit:** Area Health Education Center of Southern Nevada is accredited by the Nevada State Medical Association to provide continuing medical education for physicians.

**Area Health Education Center of Southern Nevada** designates this educational activity for a maximum of 4.0 *AMA APR Category 1 Credit(s)*<sup>TM</sup>. Physicians should only claim credit commensurate with the extent of their participation in the activity.

**CE Credit:** This program has been approved by the **Nevada State Board of Dental Examiners** for **4.0 hours** continuing education credits. This program has been approved by the **EMS Section of the Nevada State Health Division** for **4.0 hours** of continuing education credits. This program has been approved by the **Southern Nevada Health District EMS Division** for **4.0 hours** of continuing education credits. This program has been approved by Area Health Education Center of Southern Nevada for **4.8 hours** of **nursing** continuing education credits. This program has been approved by the State of Nevada Commission on **Peace Officers' Standards and Training** for **4.0 hours** of continuing education credit.

**Fees:** Prior to the one week pre-registration date: Physicians and Dentists: \$85.00 All Others: \$50.00  
Post one week pre-registration date: Physicians and Dentists: \$125.00 All Others: \$75.00  
**Refunds will be issued provided that seven (7) days written notice is given.**

**Note: There will be a non-refundable processing fee of \$25.00 on all cancellations.**

**\*\*\*\* Fees waived for the Barton Memorial Hospital presentation**

**Register:** **Early registration deadline is one week prior to the course date.** To mail your registration, address envelope to: Area Health Education Center of Southern Nevada, Attn: Emergency Preparedness and Response Education, 1094 E. Sahara Avenue, Las Vegas, NV 89104, or fax: (702) 318-8462.

**Questions:** Emergency Preparedness and Response Education Coordinators at (702) 318-8452 or email [php@snahec.org](mailto:php@snahec.org),

**Keep this information sheet for your records; fax or mail the registration page only**

This program is supported by Area Health Education Center of Southern Nevada through Grant #T01HP06397 from the Assistant Secretary of Preparedness and Response (ASPR). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of ASPR.

**Early registration ends one week prior to course date!**

**Weapons of Mass Destruction:  
 The Health Care Professional's Role in Nevada's Preparation and Response**

**Area Health Education Center of Southern Nevada  
 1094 East Sahara Avenue  
 Las Vegas, Nevada 89104**

**Please select the date you wish to attend:**

**AB 250 Requirements stipulate that you must complete 4.0 hours of training. If you should arrive late or leave early from the training, you will not meet those requirements and your certificate will only reflect the amount of time you were in attendance.**

\_\_\_\_\_ August 18<sup>th</sup> from 8am to noon, Barton University

**Please Print Clearly**

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Employer: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Profession: \_\_\_\_\_ License No: \_\_\_\_\_

How did you learn about this training opportunity: (please check all that apply)

- |   |                                       |  |
|---|---------------------------------------|--|
| <input type="checkbox"/> Newsletter           | <input type="checkbox"/> Website      | <input type="checkbox"/> Hardcopy brochure |
| <input type="checkbox"/> Promotional Postcard | <input type="checkbox"/> Colleague    | <input type="checkbox"/> Fax               |
| <input type="checkbox"/> Email                | <input type="checkbox"/> Other: _____ |  |

**Release:** Area Health Education Center of Southern Nevada consistently utilizes live training opportunities to produce enduring or marketing materials. Submitted registrations are therefore considered photo and/or video releases to be used by the Area Health Education Center wherever it is determined that its use is appropriate to the mission of the agency.

**If you do not want your image used, please check box.**

Bottom portion to remain in Accounting:

Registration fees are being covered by:

Check # \_\_\_\_\_  Purchase Order # \_\_\_\_\_  Credit Card

Type of Card:  VISA  MC  Discover

Credit Card Number: \_\_\_\_\_ Exp Date: \_\_\_\_/\_\_\_\_

Billing Address (if different from above) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name on card: \_\_\_\_\_ Signature: \_\_\_\_\_

Amount to be processed: \$ \_\_\_\_\_ Copy of Receipt: *Will be available at training*

For Accounting Use: Date: \_\_\_\_\_ Amount: \_\_\_\_\_ Acc Sign: \_\_\_\_\_ Ref #: \_\_\_\_\_

**Please make a copy and keep this form for your records prior to mailing**  
 Area Health Education Center of Southern Nevada (AHEC)  
 1094 E. Sahara Avenue, Las Vegas, NV 89104, or fax: (702) 318-8462