



One Blue Bird Square · Olean, NY 14760 · (716) 372-0614 · www.SouthernTierEMS.org

S.T.E.M.S. has partnered with Penn State Erie, The Behrend College to provide state-of-the-art educational opportunities to EMS providers in the southwestern New York region.

Penn State Erie has recently updated their nursing simulation lab with high fidelity mannequins and high-tech equipment. S.T.E.M.S. staff was honored to be asked to visit the lab in June 2008 for a tour. While there, we were able to experience the mannequins first hand and see the amazing simulation capabilities they have. The mannequins, which range in 'age' from newborn to adult, can do everything a real patient can do including give birth, bleed, have a blood pressure, breath and even answer questions!

We were in absolute awe at the mannequins and technology they have available at the college and wanted to know how we could get our EMS providers involved. S.T.E.M.S. staff was able to sign an agreement with Penn State Erie's Behrend College to allow two groups of EMS providers from our region to spend an entire day at the lab. The groups would participate in patient care scenarios in which they will be able to assess and treat 'real' patients. Our hope is that not only will these trainings provide several hours of continuing education credits but also practice with critical thinking and skills in situations which are uncommon yet very important in EMS.

EMS providers of all levels are welcome and we have planned scenarios to meet each level of care's training needs.

**The sessions will be held in Erie on:
Saturday, June 27, 2009, from 9 a.m. to 5 p.m.
Saturday, July 25, 2009, from 9 a.m. to 5 p.m.**

The hands-on training session and lunch will be provided free of charge to attendees.

If you are interested in participating in one of these exciting days please contact S.T.E.M.S. at 716-372-0614 for more information or complete the attached application form and permission slip and send it to us ASAP. If numerous applications are received, all complete packages will be reviewed and attendees will be chosen by a committee of STHCS/STEMS and Southwestern Regional Council personnel.

Training sessions held at:

Penn State Erie, The Behrend College, 4701 College Drive, Erie, PA 16563



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PLEASE RETURN THIS COMPLETED FORM ASAP

Penn State Erie Behrend College Simulation Lab Class Application Form

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (_____) _____ - _____ Cell Phone: (_____) _____ - _____

E-mail Address: _____

New York State Certification Level: (Check one)

_____ CFR

_____ EMT Basic

_____ AEMT Intermediate

_____ AEMT Critical Care

_____ Paramedic

Session Choice: (Please check the session date that you most prefer to attend)

_____ Saturday, June 27, 2009, from 9 a.m. to 5 p.m.

_____ Saturday, July 25, 2009, from 9 a.m. to 5 p.m.

Comments: _____

Mail these completed forms (application and permission slip) to:

Southern Tier Health Care System
Attn: S.T.E.M.S. Program Agency
One Blue Bird Square
Olean, NY 14760

Or Fax these completed forms (application and permission slip) to:

716-372-5217

**** Completed application and permission slip must be received in stems office by May 29, 2009 at 4 p.m. To be considered for selection. Those chosen for the training will be notified by June 5, 2009. ****



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 S.T.E.M.S. and Penn State Erie Behrend College Simulation Lab Training

Participant Permission Slip

This portion to be completed by your EMS agency of membership:

I, _____, medical director or chief officer of the _____ (EMS agency) give permission for _____ (NYS Certified EMS Provider or other patient care provider) to participate in the simulation lab training session (s) sponsored by Southern Tier Health Care System and its EMS program agency (S.T.E.M.S.). In giving my permission for this member/ employee to partake in the training I also recognize that he/ she will only be able to receive “pilot program” EMS continuing education credits as prescribed by the New York State Bureau of EMS.

Signed:

_____ Date: _____
 (EMS Agency Medical Director or Chief Officer)

This portion to be completed by the EMS Provider applying for attendance:

I, _____, EMS provider and member/ employee of _____ (EMS Agency) accept my selection as a participant in the simulation lab training session sponsored by Southern Tier Health Care System and its EMS program agency (S.T.E.M.S.). By acknowledging my selection I agree that I will not hold Southern Tier Health Care System, its programs or member organizations liable for any injuries, illnesses or damages I may incur as a result of this training. I also agree to participate enthusiastically in all training opportunities at the college and to present myself in a professional manner at all times. Further, I recognize that I will only be able to receive “pilot program” EMS continuing education credits as prescribed by the New York State Bureau of EMS.

Signed:

_____ Date: _____
 (EMS Provider)