



New York State Volunteer Ambulance And Rescue Association PULSE CHECK 2008

PO Box 254, East Schodack, NY 12063

(877) NYS-VARA FAX: (518) 477-4430 E-mail: pulsecheck@nysvara.org

Dear EMS Colleagues:

Enclosed you will find information about this year's PULSE CHECK 2008 Educational Conference and Trade Show. PULSE CHECK 2008 will be held September 18th-21st, 2008 at the Hudson Valley Resort in Kerhonkson, Ulster County, New York. The Conference Committee has put together a program that we are sure you will find both educational and a great deal of fun. It is also a great opportunity to meet colleagues from across the state. We hope you are excited about joining your colleagues who have already registered.

The Conference includes **Educational Seminars** (most offer CME credits), Statewide Drill Challenges, a Trade Show, our Awards Banquet and Memorial Service. Our Drill Challenge offers an opportunity for teams of CFR First Responders and EMTs to test their treatment skills against each other in scenario based problems. This competition is open to both youth and adult divisions. There is also an Ambulance Problem which combines both treatment and transportation skills. Winners are awarded trophies at our banquet. For further information, visit our web site and click on "Drills".

A **Memorial Service** to honor our colleagues from member organizations who have passed away during the past year is held following the Annual Banquet. Please let our Chaplain, Christy Hubbard, know of members of your squad who should be remembered at the memorial service. A picture of the person would be appreciated for incorporation into a video tribute. Christy's e-mail address is nysemt67@yahoo.com. You may also wish to consider a remembrance of the person through the donation of a Trophy or perhaps celebrate their memory with a memorial in the form of a Journal Ad. Trophy and Journal Ad forms are available on our web site.

Each year our Association offers up to three (3) \$500 **Scholarships** to members and/or their immediate family members for furtherance of their medical careers. There are also **Special Awards** offered in various categories for outstanding people/crews in member agencies. Nominations can be sent to Beth Mauro, Chair, Special Awards Committee -- forms and contact information are available on our web site.

For further information and forms on the topics mentioned above visit our web site at www.nysvara.org and click on the topic of your choice. If you have any questions, please contact me at pulsecheck@nysvara.org.

I hope to see you this year at the conference.

Thank You,

Kuntree B. Sweet, Chairperson
Pulse Check 2008

Pulse Check 2008

Thursday, September 18th	Pre Conference
2-6PM	AWR-160, WMD AWARENESS Eric Jimenez

Friday, September 19th	Core CME Symposium				
<i>BLS Track</i>	<i>ALS Track</i>				
8:30 -10AM	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Behavioral Emergencies Winston Lee</td> <td style="width: 50%;">Difficult Airways Richard Beebe</td> </tr> <tr> <td>Spinal Immobilization Sean Kivlehan</td> <td>Carbon Monoxide Poisoning Michael McEvoy</td> </tr> </table>	Behavioral Emergencies Winston Lee	Difficult Airways Richard Beebe	Spinal Immobilization Sean Kivlehan	Carbon Monoxide Poisoning Michael McEvoy
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11:30 - 1PM	LUNCH				
1-2:30PM	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Airway Management Nelson Machado</td> <td style="width: 50%;">Crime Scene Management Dennis Cavalli</td> </tr> <tr> <td>Child Abuse Brandon Smith</td> <td>Stroke Management Guy Peifer</td> </tr> </table>	Airway Management Nelson Machado	Crime Scene Management Dennis Cavalli	Child Abuse Brandon Smith	Stroke Management Guy Peifer
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Child Abuse Brandon Smith	Stroke Management Guy Peifer				
4-5:30PM	DOH Updates - Ed Wronski				
8-10PM	Altered Mental Status John Bray				

Saturday, September 20th	Main Conference				
<i>Leadership Track</i>	<i>Education Track</i>				
8:30-10AM	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">EMS Leadership Academy Pt 1 Peter Hosey</td> <td style="width: 50%;">Trauma Trends Richard Beebe</td> </tr> <tr> <td>EMS Leadership Academy Pt 2 Peter Hosey</td> <td>Infectious Diseases Eric Jimenez</td> </tr> </table>	EMS Leadership Academy Pt 1 Peter Hosey	Trauma Trends Richard Beebe	EMS Leadership Academy Pt 2 Peter Hosey	Infectious Diseases Eric Jimenez
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4-5:30PM	The Three Wise Men Rich Beebe, John Bray, Mike McEvoy				

NYS VOLUNTEER AMBULANCE & RESCUE ASSOCIATION, INC.

53rd Educational Conference & Trade Show

Pulse Check 2008

September 18th to 21st, 2008

Hudson Valley Spa & Resort

400 Granite Road • Kerhonkson, NY 12446

Conference Registration Form

REGISTER FOR:	FEE:
<input type="checkbox"/> Pulse Check 2008 Individual Rate til' August 31 st , 2008	\$ 75.00
<input type="checkbox"/> Pulse Check 2008 Group Package (6 for Price of 5)	\$375.00
<input type="checkbox"/> Pulse Check 2008 (Postmark after Sept. 1 st & on site)	\$100.00
<input type="checkbox"/> Pulse Check 2008 Group Package (6 for Price of 5)	\$500.00
<input type="checkbox"/> One Day On-Site Registration	\$ 50.00
<input type="checkbox"/> Annual Banquet Only	\$ 50.00
<input type="checkbox"/> Meals can be purchased separately at Front Desk	

**Registration Fees are transferable, not refundable*

Hudson Valley Resort & Spa and the NYSVARA would like to remind all participants that the legal drinking age in New York State is 21 years old and a valid identification card will be needed at check-in.

Please find the enclosed check in the amount of \$ _____

Name: _____

Address: _____

Phone #: _____

Email: _____

Member #: _____

Squad: _____

Mail To: NYSVARA 2008 Registration,
c/o Beth Mauro, 3 Essex Lane Apt C-2, Suffern, NY 10901
For more information please call (877) NYS-VARA or email pulsecheck@nysvara.org

For alternate accommodations please call 1-800-342-5826 or visit www.ulstertourism.info

NYS VOLUNTEER AMBULANCE & RESCUE ASSOCIATION, INC.
 53rd ANNIVERSARY – EDUCATIONAL CONFERENCE AND TRADE SHOW

September 18-21, 2008
HUDSON VALLEY RESORT & SPA
ROOM RESERVATION FORM



Package Rates-Three (3) Night Stay-(Thursday-Sunday)

- | | |
|---|---|
| <input type="checkbox"/> Single Occupancy – Inclusive of service charges
\$525.00 per person, per three night stay | <input type="checkbox"/> Double Occupancy—Inclusive of service charges
\$360.00 per person, per three night stay |
| <input type="checkbox"/> Triple Occupancy – Inclusive of service charges
\$330.00 per person, per three night stay | <input type="checkbox"/> Quad Occupancy—Inclusive of service charges
\$300.00 per person, per three night stay |

Rates include: Overnight accommodations, eight (8) meals total starting with dinner on day of arrival through breakfast on day of departure.

Package Rates-Two (2) Night Stay-(Friday-Sunday)

- | | |
|---|---|
| <input type="checkbox"/> Single Occupancy – Inclusive of service charges
\$372.00 per person, per two night stay | <input type="checkbox"/> Double Occupancy—Inclusive of service charges
\$262.00 per person, per two night stay |
| <input type="checkbox"/> Triple Occupancy – Inclusive of service charges
\$242.00 per person, per two night stay | <input type="checkbox"/> Quad Occupancy—Inclusive of service charges
\$222.00 per person, per two night stay |

Rates include: Overnight accommodations, six (6) meals total starting with lunch on day of arrival through breakfast on day of departure.

Early Arrival Rate-(Wednesday)- September 17th, 2008

- | | |
|---|---|
| <input type="checkbox"/> Single Occupancy - per person
\$165.00 Inclusive of service charges | <input type="checkbox"/> Double Occupancy - per person
\$110.00 Inclusive of service charges |
| <input type="checkbox"/> Triple Occupancy – per person
\$100.00 Inclusive of service charges | <input type="checkbox"/> Quad Occupancy – per person
\$90.00 Inclusive of service charges |

Rates Include: Overnight accommodations, a total of three (3) meals-(dinner to lunch)

** All above rates are subject to NYS Tax exempt form must be attached with this form to be applied.

PLEASE PRINT OR TYPE

Name:			
Address:	City:	State:	Zip:
Home Phone:	Work Phone:	Arrival Date:	Departure Date:
Sharing Room With: *Hotel is not responsible for assigning roommates			
1.	2.	3.	

Method of Payment

Credit Card Number:	Name on Credit Card:
Expiration Date:	Signature:
Check Information:	Money Order Information:

Hotel reserves the right to I.D. upon check in; only proper proof of age will be accepted.

Deposit: Individuals are required to provide the Hotel with a deposit equal to the first night package price with this form by **September 17, 2008.** Make checks payable to Hudson Valley Resort & Spa. We also accept MasterCard, Visa, Diner’s Club, and Discover Cards for deposit - please complete the information requested: Early departure will incur a surcharge of \$50.00 per person, per night. Any and all cancellations made less than three (3) days prior to arrival will be subject to the forfeiture of the individual’s deposit. Individuals who are categorized as a “No Show” will be billed in full. After the cut off date, or when your room block has been filled, the Hudson Valley Resort & Spa will accept group reservations on a space availability basis.

PLEASE MAIL, E-Mail, OR FAX THIS FORM TO: Hudson Valley Resort & Spa, 400 Granite Rd, Kerhonkson, NY 12446
 Attn: Reservations Dept. Fax (845)626-2677,Email-res@hudsonvalleyresort.com



NYS VOLUNTEER AMBULANCE & RESCUE ASSOCIATION, INC.

2008 CHALLENGE DRILL—TROPHY DONATION FORM

The Pulse Check Convention Committee is seeking donations towards the purchase of trophies for the participants of the 2008 Challenge Drill, which consists of an EMT/First Responder and Ambulance Drill Competition.

This year we are seeking sponsors for these awards that will be distributed to the participants. If you have someone or some special event you would like to be represented we would be happy to have this displayed on the trophies you wish to donate.

Please indicate below which trophy/s you or your organization would like to donate and make your check payable to **N.Y.S.V.A. &R.A.,Inc.**

___ 1st Place-1st Responder Drill & 6 Oscar Trophies-----\$350.00
___ 2nd Place-1st Responder Drill -----\$175.00
___ 3rd Place-1st Responder Drill -----\$150.00
___ Novice-1st Responder Drill-----\$100.00

___ 1st Place—Ambulance Drill & 5 Oscar Trophies-----\$350.00
___ 2nd Place—Ambulance Drill-----\$175.00
___ 3rd Place—Ambulance Drill-----\$150.00
___ Novice—Ambulance Drill-----\$100.00

___ 1st Place—EMT Drill & 5 Oscar Trophies-----\$350.00
___ 2nd Place—EMT Drill-----\$175.00
___ 3rd Place—EMT Drill-----\$150.00
___ Novice—EMT Drill-----\$100.00

___ 1st, 2nd, & 3rd Places—Problem 1—1st Responder Drill---\$300.00
___ 1st, 2nd, & 3rd Places—Problem 2—1st Responder Drill---\$300.00

___ 1st, 2nd, & 3rd Places—Problem 1—EMT Drill-----\$300.00
___ 1st, 2nd, & 3rd Places—Problem 2—EMT Drill-----\$300.00

Please find the enclosed check in the amount of \$_____

Engraving to read _____

(please print **clearly**)

Contact Name: _____ Phone: _____

Mail to: Kuntree B. Sweet, 62 North Street, Broadalbin, NY 12025/ksweet3752@aol.com



PULSE CHECK 2008

Educational Conference and Tradeshow

Journal Contract

Please check your selection:

_____	Back Cover	\$250
_____	Inside Back Cover	\$200
_____	Inside Front Cover	\$200
_____	Full Page	\$100
_____	Half Page	\$ 65
_____	Quarter Page	\$ 35
_____	Business Card	\$ 25
_____	Booster Name	\$ 10

Enclosed find payment in the amount of \$ _____

For a _____ page Journal Advertisement.

(Make all checks payable to the **NYSVARA-Convention Committee**)

Name: _____

Address: _____

Telephone _____ E-Mail _____

Print or type your ad on a separate sheet of paper

Or send a business card with this contract to:

Kuntree B. Sweet
62 North Street
Broadalbin, NY 12025

Solicited By _____ District _____
(please print)

**NEW YORK STATE
VOLUNTEER AMBULANCE & RESCUE ASSOCIATION**

SCHOLARSHIP APPLICATION

APPLICANT'S NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

VAC/RESCUE SQUAD: _____

SQUAD CAPTAIN/PRESIDENT: _____

TELEPHONE NUMBER: _____

Schools to which you have applied and your current acceptance status:

School name	Accepted or no word yet?
1. _____	_____
2. _____	_____
3. _____	_____

REQUIREMENTS:

1. Age: No limit
2. Must be used for furthering your education in a medical related field. (Not for EMT and / or CFR courses.
3. Applicant and/or an immediate family member must be an individual member or a member of a squad in good standing in the NYSVA&RA.
4. Deadline: Postmarked sixty (30) days prior to Annual Meeting & Convention.
5. Course or school session must start in current year.

APPLICANT MUST SUBMIT THE FOLLOWING:

1. Completed application.
2. Proof of enrollment in the form of admission slip or letter from institution.
3. Proof of current individual or squad membership in NYSVA&RA.
4. Brief essay as to why you feel you are qualified for a scholarship award. Please include any recognition you may have received from your squad or high school.

RETURN COMPLETED APPLICATION TO:

Beth Mauro

3 Essex Lane, Unit C2

Suffern, NY 10901

Phone: (845) 368-0316

Email: RN2BE55@msn.com

**NEW YORK STATE
VOLUNTEER AMBULANCE & RESCUE ASSOCIATION**

SPECIAL AWARDS NOMINATION

Candidate's Name _____

Home Mailing Address _____

City/State/ZIP _____

EMS Affiliations/Organizations:

Name of Organization _____

Address of Organization _____

City/State/Zip _____

Phone _____

Role/Title _____

Category for which the applicant is being nominated:

_____ EMS Person of the Year

_____ Leadership Award

_____ Youth Squad Award

_____ Meritorious Award

_____ Educator of the Year

_____ Unit Citation

_____ Civilian Award

_____ Medical Director of the Year

_____ Rescue-EMS Recognition Award

Please provide a brief narrative of why this person is being nominated, ie. caring, commitment, dedication, strong leadership skills, excellent teaching skills, ingenuity, bravery, etc. Attach supporting documents you feel will help in the decision making process regarding this nomination.

Person or Agency submitting nomination: _____

Phone: _____

E-mail: _____

Signature & Title : _____

NEW YORK STATE
VOLUNTEER AMBULANCE & RESCUE ASSOCIATION
SPECIAL AWARDS

REQUIREMENTS

All nominees, except for certain categories, must have been a member of a Member Organization or an Individual Member of the Association in good standing at the time of the act.

All nominees must have performed the act within the award period... June 1st thru May 31st of the previous year and be submitted to the committee at least sixty (60) days prior to convention.

CATEGORIES OF SPECIAL AWARDS

EMS Person of the Year:

To entitle a member to receive this award, an exceptional contribution to EMS activities must be made.

Educator of the Year Award:

To entitle a member to receive this award, the nominee must be recognized by the NY State Department of Health as a certified instructor. Through outstanding teaching, publication, or research has greatly improved pre-hospital services at the local, county, regional or state level.

Leadership Award:

To entitle a member to receive this award, an individual shall perform an outstanding service to the Association or a Member Organization of the Association.

Unit Citation:

To entitle a unit to this award, the act under consideration should involve an outstanding unit operation, dependent upon teamwork and cooperation.

Youth Squad Award:

To be eligible, a youth squad shall perform outstanding service to their local unit, community, or to the Association.

Rescue-EMS Recognition Award:

To entitle a member to receive this award, an outstanding contribution in both Rescue & EMS activities must be made.

Civilian Award:

This award shall be presented to non-members, who are not ambulance personnel or a professional in the medical field, for the individual acts of personal bravery or initiative and capability in the saving of a life.

Medical Director of the Year Award:

To give recognition of those of the medical profession who have contributed knowledge and guidance to volunteer squad members.

Meritorious Award:

To entitle a member to receive this award, the act under consideration should involve a degree of danger properly to be characterized as At Great Personal Risk.

Completed applications must be mailed sixty (30) days prior to our Annual Meeting & Conference to:

Beth Mauro

3 Essex Lane, Unit C2

Suffern, NY

Phone: (845) 368-0316 Email: RN2BE55@msn.com