"No One Walks Alone, My Journey with PTSD"

Dates: Saturday, February 10th @ 0900-1100 hrs. OR Tuesday, February 13th @ 1900-2100 hrs.

Place: TOPS

In this presentation I share my story and struggles with PTSD. From my lowest of lows to my treatment and learning how to manage it. After the presentation there will be a question and answer period. This class is for 1st responders, volunteers, career personnel, and officers.

Joe Kovalsky is a Fire Lieutenant with the City of Danbury FD (CT), A former NYS CIC, A former NYS-SFI and has been involved in the fire and emergency services since 1987.

Please RSVP to Linda no later than Monday, February 5th.
FIRE & EMS TRAINING APPLICATION

Date of Application: _______________________

Course Title: ______________________________________________________________________________________

Course Code #: _________________   Course Start Date: __________________________________________________

EMS Course ONLY: Current Level of Certification:  (circle one)     NYS CFR       NYS EMT-D
Other: _____________________

PLEASE PRINT
Student Name: __________________________________________ Department: ____________________________

Email Address: ______________________________________ @ __________________________________________

Cell / Home Phone #:  _______________________________ NYS Training ID #:  ____________________________

Date Student Joined Department:  _____________________________________________________________ _______

Applicant Signature: _______________________________________________________________________________

INSTRUCTIONS:
1) All applications must be received no earlier than 60 days prior to course start date.
2) Applications may be faxed to 845-808-4010; applications will be taken on a first come basis.
3) Applications may be mailed to: Putnam County Bureau of Emergency Services
   112 Old Route 6, Carmel, NY 10512
4) Please fill in all blanks.
5) Any questions call 845-808-4000 x 41114 for Linda.
6) All students shall come prepared for the class.
7) Please print clearly.
8) Students shall be required to meet all prerequisites for the course they are applying for.
9) For all courses requiring the use of SCBA an OFPC Training Authorization Letter (Form DOS-1654) must be
   attached to this application.
   Forms can be downloaded from: the BES Website or: http://www.dos.state.ny.us/fire/pdfs/authorization.pdf

APPLICATION APPROVAL:  Trainee meets all training prerequisites including Current Medical Requirements and clearance for use of a SCBA, if required, in accordance with 29 CFR part 1910.134.  This is validated by the below signature; by the authority having jurisdiction, in compliance with all applicable legal requirements. If SCBA is required for this course the candidate is authorized to use SCBA and participate in all Training evolutions and will submitted an OFPC Training Authorization Letter.

Fire Courses must be signed by a Chief Officer / EMS Courses must be signed by the Captain

______________________________________________ __________________________________
PUTNAM COUNTY
BUREAU OF EMERGENCY SERVICES

Print name       Title

CHIEF OFFICER SIGNATURE: __________________________________________________________

By signing, I validate that candidate has clearance to participate in training evolutions.

NOTE: ALL THE ABOVE IS REQUIRED TO INSURE THAT ALL STUDENTS MEET THE REQUIREMENTS SET FORTH BY THE NEW YORK STATE OFFICE OF FIRE PREVENTION AND CONTROL TRAINING REGULATIONS.

THIS FORM MAY BE REPRODUCED