The 33rd Annual UHS EMS/Emergency Medicine/Trauma Teaching Day

SATURDAY, MARCH 29th, 2025 | 8:00 am to 3:30 pm

8:00 AM

Registration and Continental Breakfast

8:30 - 8:45 AM

Announcements/Welcome

8:45 - 9:00 AM

UHSH Stroke Team

UHSH Stroke Program Sumeet Multani, MD

9:00 - 10:00 AM

KEYNOTE SPEAKER

Christopher Engler, DO UHSH Trauma/Critical Care, General Surgery

10:00 - 10:30 AM

Morning Break

10:30 - 11:30 AM

"Blood Products"

Shane O'Donnell, Paramedic

11:30 - 12:30 PM

Lunch

Grand Riverside Ballroom

12:30 - 1:30 PM

"Unpacking Hemodynamics"

Rich Mosher, Paramedic Educator LifeNet NY

1:30 - 2:30 PM

"Video Scopes"
Shane O'Donnell, Paramedic

2:30 - 3:30 PM

"The Forgotten Vital Signs" Rich Mosher, Paramedic

CME/CEU CREDIT: The Susquehanna Regional EMS Council-REMAC has designated eight hours of CME for this event. RN CEUs will be granted by UHS as well.

INTENDED AUDIENCE: Our speakers will be addressing topics related to trauma and emergency medical care. EMS providers, nurses, physicians, and allied health professionals will benefit from this exciting opportunity.

EMS/Emergency Medicine/Trauma Teaching Day

Saturday, March 29, 2025 · 8:00 a.m. - 3:30 p.m. DoubleTree by Hilton Hotel & Conference Center 225 Water St, Binghamton, NY 13901

UHS Wilson Medical Center is a NYS-DOH
Designated Trauma Center and Stroke Center





REGISTER ONLINE

www.nyuhsems.org

UHS 33rd Annual EMS/Emergency Medicine/Trauma Teaching Day

REGISTER ONLINE at www.nyuhsems.org



Zip

or mail/fax this form with payment to:

Lorin Missavage, c/o UHS Emergency & Trauma Services 33-57 Harrison Street, Johnson City, NY 13790

REGISTRATION (* : Required Field, Please Print Legibly):	
* Name	
* Title/Profession/Position	
* Organization/Affiliation	
* Unit/Department	
* Phone	* Email
Address	

Registration:

City

\$50.00

Be sure to register by Thursday, March 27, 2025

State

Registration Amount: \$
METHOD OF PAYMENT:
□ Check enclosed: (Make checks payable to: UHS Emergency Medicine Revenue Account)
□ Charge to my credit card:
□ Visa □ Mastercard □ Discover □ AmEx
Account #: Exp. Date:
Security Code:
Signature:
□ Payment for UHS employee:
I have authorized the registrant to attend this Teaching Day as a UHS employee. I authorize UHS to bill my:
Cost Center Account No. for \$
Mgr. Signature
Unit/Extension
Mar Name Printed

For more information or special dietary needs, contact Lorin at (607) 763-6311 or Lorin.Missavage@nyuhs.org before March 27, 2025.