

Mammography Training Course Application

Course Description:	This course is designed to educate radiographers in the art and science of mammography. Enrollees in the course must have a California Certified Radiologic Technologist (CRT) license OR be a recent KPSAHS graduate. The course consists of 40 hours of lecture and hands-on laboratory. The clinical portion is NOT included, and the enrollee is responsible for securing a clinical site if needed. This course will assist in preparation for the California Mammography Certificate exam and the ARRT Post-Primary Certification in Mammography.
Instructor:	Kelly Angel, MEd, CRT, RT Radiography Educator / Clinical Coordinator
Course Duration:	Length: 2 weeks: M- TH, 40 Contact Hours (8 days/5 hours)
Class Size:	This course is limited to 30 participants . First 20 seats are reserved for KPSAHS students.
Location:	Kaiser Permanente School of Allied Health Sciences 938 Marina Way South Richmond, CA 94804
Required Reference Material:	Mammography and Breast Imaging Prep: Program Review and Exam Prep; Olive Peart, 2nd Edition; ISBN-13: 978-1259859458 LANGE Q&A: Mammography Examination 4th Edition; ISBN-13: 978-1259859434
Prerequisite Information:	This course is open to Certified Radiologic Technologists licensed by the State of California. Applicants must provide a copy of their current CRT license.
Course Fee*:	Technologist: \$1,100.00 KPSAHS Student: \$430.00 (Class of 2019 only) * Course fee does not include books and supplies
ASRT Approved Category "A" Credit:	This course has been approved by the American Society of Radiologic Technologist (ASRT) for 40 CE Category "A" Credits and meet the American Registry of Radiologic Technologists (ARRT) criteria for Category "A" continuing education credit.
Registration Process:	Attendance is limited, and registration is on a first come, first served basis. Contact Rocky Brooker at (510) 231-5123 to confirm seating availability.
Registration Deadline:	If space is available, your registration form and check must be received no later than 10 working days prior to the start date of the course; otherwise your seat will be forfeited.

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Mail Registration Form to:	KPSAHS - Mammography Attn: Admissions Department 938 Marina Way South Richmond, CA 94804	Do not send registration or fees via inter-office mail. Any forms/fees received via inter-office mail will be returned.
Course Dates & Times:	October 14 – 17, 2019 and October 21 – 24, 2019 (8 days total) 3:00 PM – 8:00 PM	
Payment by PayPal:	To pay by PayPal , copy and past the appropriate link below into your browser. If another person is paying for your Mammography course using PayPal, your name must be added under the “Add special instructions to the seller”).	
Technologist PayPal Link:	https://www.paypal.com/cgi-bin/webscr?cmd=_s-xclick&hosted_button_id=PSUFHVSA9SLFA	
KPSAHS Student PayPal Link:	https://www.paypal.com/cgi-bin/webscr?cmd=_s-xclick&hosted_button_id=2SS4GNRKWZE2Q	
Payment by Check:	Checks are to be payable to KPSAHS . In the memo section of the check include applicant’s name, course title, and course date. NOTE: All returned checks are subject to an additional \$25 non-refundable fee.	
Mail Check to:	Regular Mail The Permanente Medical Group Inc. P.O. Box 742102 Los Angeles, CA 90074-2102	Overnight Mail (e.g., UPS, FedEx) Bank of America Lockbox Services Lockbox LAC - 742102 2706 Media Center Drive Los Angeles, CA- 90065
Cancellation Policy:	If KPSAHS receives written cancellation from applicant no later than 10 working days prior to the start of the course, KPSAHS will refund all program fees. No refunds will be made past this date. KPSAHS is not responsible for penalties incurred by the applicant due to course cancellation. Courses require a minimum number of participants and may be canceled by KPSAHS for lack of enrollment. If canceled by KPSAHS, a full refund will be provided to the participant.	
Use of KPSAHS Materials:	Materials utilized are the property of KPSAHS and may not be recorded, videotaped or copied without written permission from KPSAHS.	

KPSAHS MAMMOGRAPHY TRAINING COURSE REGISTRATION FORM

<hr/> Last Name	<hr/> First Name	<hr/> XXX-XX-_____ SSN (Last 4)
<hr/> Address	<hr/> City	<hr/> State <hr/> Zip Code
<hr/> E-mail Address	<hr/> (____) _____ - _____ Phone Number	<hr/> __ / __ / ____ MM DD YYYY Date of Birth
KP Employee: <input type="checkbox"/> Yes <input type="checkbox"/> No	Facility/Employer: _____	

DEMOGRAPHIC INFORMATION

Gender: Male Female Choose not to Disclose

US Citizen: Yes No Eligible Non-Citizen

Marital Status: Single Married Divorced

If paying by mail, include a copy of completed Registration Form in remittance envelope.