

**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.

**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.

<b>Course Duration:</b>	2 weeks: M- TH 3:00 PM – 8:00 PM 40 Contact Hours 8 days/5 hours	<b>Reference Material Needed:</b>	<b>Mammography and Breast Imaging Prep:</b> Program Review and Exam Prep; Olive Peart, 1st Edition; ISBN-13: 978-0071749329 <b>LANGE Q&amp;A: Mammography Examination</b> 3rd Edition; ISBN-13: 978-0071833929
<b>Location:</b>	Kaiser Permanente School of Allied Health Sciences 938 Marina Way South Richmond, CA 94804	<b>Instructor:</b>	Kelly Angel, MEd, CRT, RT Radiography Educator / Clinical Coordinator
<b>Cost*:</b>	<input type="checkbox"/> <b>\$1,100.00 Technologist</b> <input type="checkbox"/> <b>\$430.00 KPSAHS Student (Class of 2018 only)</b> *Fees do not include books and supplies		

**Registration:**

Please call to confirm seating availability at (510) 231-5123. If space is available, your registration form and check must be received no later than 10 days prior to the start date of the course; otherwise your seat will be forfeited.

**Prerequisite:**

**This course is open to Certified Radiologic Technologists licensed by the State of California.** Applicants must provide a copy of their current CRT license. This course is **limited to 30 participants**. First 20 seats are reserved for KPSAHS students.

Please Indicate Course Dates:	<input type="checkbox"/> Oct. 15 <sup>th</sup> – 18 <sup>th</sup> & Oct. 22 <sup>nd</sup> – 25 <sup>th</sup> 2018 (8 days total)		
Name (Please Print)	SS #	Facility/Employer	
- - - - -			
Address	City	State	Zip
- - - - -			
E-mail Address	Telephone Number		
( ) - - - - -			
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:	KP Employee: <input type="checkbox"/> Yes <input type="checkbox"/> No	
US Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No	Marital Status: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> D		

**Registration Deadline:** To qualify for registration, this form must be postmarked no later than 10 working days prior to the course. Do not send registration or fees via inter-office mail. Any forms/fees received via inter-office mail will be returned. Attendance is limited and registration is on a first come, first served basis. **See page 2 for payment instructions.**

Send Registration forms to:	KPSAHS - Mammography Admissions Department 938 Marina Way South Richmond, CA 94804	For Additional Information:	(510) 231-5123 KPSAHS Admissions <a href="http://www.kpsahs.edu">http:// www.kpsahs.edu</a> FAX: (510) 231-5065 Email: <a href="mailto:admissions@kpsahs.edu">admissions@kpsahs.edu</a>
-----------------------------	--	-----------------------------	--

**Cancellation Policy:** If written cancellation is received 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 for lack of enrollment. If canceled, a full refund will be provided to the participant. Materials utilized are the property of KPSAHS and may not be recorded, videotaped or copied without written permission from KPSAHS.

Processor:	Fees/Documents Verified:	Date Received:
------------	--------------------------	----------------

**MAMMOGRAPHY TRAINING COURSE APPLICATION**  
**Mammography**  
**Payment Instructions**

**Course Fees**

Course fee - \$1,100.00 Technologist; \$430.00 KPSAHS Student (Class of 2018 only)

**Fees do not include books and supplies**

There are two payment options, **Check** or **PayPal**.

**Payment by PayPal** - Copy the correct link below directly into your internet browser:

**Mammography for Technologist - \$1,100.00**

[https://www.paypal.com/cgi-bin/webscr?cmd=s-xclick&hosted\\_button\\_id=PSUFHVSA9SLFA](https://www.paypal.com/cgi-bin/webscr?cmd=s-xclick&hosted_button_id=PSUFHVSA9SLFA)

**Mammography for KPSAHS 2018 Students Only- \$430.00**

[https://www.paypal.com/cgi-bin/webscr?cmd=s-xclick&hosted\\_button\\_id=2SS4GNRKWZE2Q](https://www.paypal.com/cgi-bin/webscr?cmd=s-xclick&hosted_button_id=2SS4GNRKWZE2Q)

**Payment by Check** - Checks are to be payable to **KPSAHS** and must be mailed directly to the School's lockbox address below:

**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 -**742102**  
2706 Media Center Drive  
Los Angeles, CA- **90065**

Include a copy of the Registration Form in remittance envelope.

In the memo section of the check include the applicant name, name of the course and the date of the course, for example, Jane Doe, CT, Winter 2016.

**NOTE:** All returned checks are subject to an additional \$25 non-refundable fee.

**Note:** If another person is paying for your Venipuncture course through PayPal, enter the name of the student in the comments section. (Directly under the payers' name and address, there is a small section called "Add special instructions to the seller"). The payer should enter the students name in that section.

Please contact us at [admissions@kpsahs.edu](mailto:admissions@kpsahs.edu) or 510-231-5123 or [candra.raynor@kp.org](mailto:candra.raynor@kp.org) with any questions.