

VENIPUNCTURE TRAINING COURSE APPLICATION

Course Description:

This course will provide participants with training and certification in the techniques required to start an IV for contrast injection. The course provides information on Anatomy and Physiology of the vasculature of the upper extremity, venipuncture techniques, response to anaphylactic reactions, fluid balance and management, Universal Precautions, and care of the puncture site (both pre and post injection). Ten (10) successful venipunctures must be performed under the direct supervision of a nurse (RN) or physician (MD) for final proficiency sign-off and successful course completion.

Course participants may attend an optional lab immediately after lecture to perform up to 2 successful venipunctures. It is the sole responsibility of the student to ensure s/he has access to an appropriate facility (typically the student’s place of employment) where any remaining venipunctures may be performed and signed-off under the direct supervision of a nurse (RN) or physician (MD). KPSAHS does not provide any opportunity for additional venipunctures other than in the optional lab as noted above. Documentation of ten (10) successful venipunctures must be submitted within 30 days of didactic training to receive a certificate of completion. A certificate of completion will not be issued to students who fail to submit documentation of ten (10) successful venipunctures. In the event of a hardship the instructor may grant an extension of no more than 60 days for submission of documentation. If documentation is not submitted within 90 days of didactic training, the course must be repeated at full cost without exception.

ASRT Approved Category “A” Credit:

This course has been approved by the American Society of Radiologic Technologist (ASRT) for **7 CE Category “A” Credits** and meets the American Registry of Radiologic Technologists (ARRT) criteria for Category “A” continuing education credit. This course is in compliance with California Health and Safety Code § 106985 (a-f).

Course Duration:	7 Contact Hours, One Day Course 9:00AM – 5:00 PM	Reference Material:	Phillips, L. (2010). <i>Manual of IV therapeutics</i> (5 th ed.). F.A. Davis Company: Philadelphia, PA. <i>(Not included with fees)</i>
Location:	Kaiser Permanente School of Allied Health Sciences 938 Marina Way South Richmond, CA 94804	Instructor:	TBD
Cost*: * books and supplies not included	<input type="checkbox"/> \$350.00		

Prerequisite:

This course is open to Certified Radiologic Technologists. Applicants must provide copies of CRT license and current CPR card with registration form. **Class is limited to 12 participants.**

Dress Code: Students who will be attending Venipuncture lab must wear or bring closed leather shoes. Canvas shoes, flip flops, sandals, or other open footwear will not be permitted to be worn in the lab.

Please check your preferred course date**:	<input type="checkbox"/> May 30, 2018	<input type="checkbox"/> November 28, 2018
Employment status: I am currently employed as a Radiologic Technologist: <input type="checkbox"/> YES <input type="checkbox"/> NO		
Facility/Employer:		
I have access to an appropriate facility to complete my ten (10) successful venipunctures: <input type="checkbox"/> YES <input type="checkbox"/> NO		
Name (Please Print)		SS #
Address		City State Zip
E-mail Address:		Telephone Number:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth:
US Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No		Marital Status: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> D

** If your preferred course date is full, you will be notified to select another date.

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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 below for payment instructions.**

Send Registration forms to:	KPSAHS – Venipuncture Admissions Department 938 Marina Way South Richmond, CA 94804	For Additional Information:	(510) 231-5123 KPSAHS Admissions http:// www.kpsahs.org FAX: (510) 231-5065
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Cancellation Policy: If written cancellation is received one (1) day prior to the start of the course. KPSAHS will refund program fees. Courses require a minimum number of enrollees and may be canceled if the minimum is not met. If a course is canceled by KPSAHS, fees paid will be refunded to the payor.

Materials utilized are the property of KPSAHS and may not be recorded, videotaped or copied without written permission from KPSAHS.

Payment Instructions

Course Fees

Course fee - \$350.00

Fees do not include books and supplies

There are two payment options, PayPal or Check.

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

Venipuncture Course Fee \$350.00

[https://www.paypal.com/cgi-bin/webscr?cmd= s-xclick&hosted button id=RG3WMNXQB86YJ](https://www.paypal.com/cgi-bin/webscr?cmd=s-xclick&hosted_button_id=RG3WMNXQB86YJ)

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 or 510-231-5123 with any questions.

Processor:	Fees Verified:	Date Received:
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