

IV Therapy & Blood Withdrawal Certification Course Registration Form

Course Description:

This course will provide participants with training and certification in the techniques required to start an IV infusion as well as withdrawal of blood for testing. The course provides information on Universal Precautions, Anatomy and Physiology of the vasculature of the upper extremity, response to anaphylactic reactions, puncture techniques, fluid and electrolyte balance and management and care of the site (both pre and post insertion). In addition, participants will learn the techniques for blood withdrawal including selection of equipment, site selection and preparation, order of draw, and after-withdrawal care. **Course participants will attend laboratory practice to perform three (3) successful blood withdrawals and three (3) successful IV starts.** Certificates will not be issued to students who fail to successfully complete all laboratory practices.

BVNPT approval

This course has been approved by the Board of Vocational Nursing and Psychiatric Technicians (BVNPT) for **30 CE Contact Hours** and meets the BVNPT criteria for continuing education credit for California licensed vocational nurses. This course is in compliance with California Health and Safety Code § 2547.3 (a).

Course Duration:	36 Hours Tuesdays - Six Week Course 9:00AM – 5:00 PM	Reference Material:	Phillips, L. (2005). <i>Manual of IV Therapeutics</i> (4 th ed.). F.A. Davis Company: Philadelphia, PA. (<i>Optional ~ not included</i>)
Location:	Kaiser Permanente School of Allied Health Sciences 938 Marina Way South Richmond, CA 94804	Instructor:	Christine Lush, MSN, RN
Cost:	\$ 225.00 Kaiser Employee, \$ 250.00 Non Kaiser		

Prerequisite:

This course is open to California Licensed Vocational Nurses, graduates of a California BVNPT vocational nursing program, and Registered Nurses for remediation only. Only licensed LVNs will qualify for continuing education contact hours. Pre-licensure VN graduates will receive a certificate once licensure is obtained and documented. Class is limited to 12 participants.

Please Indicate Course Dates:	<input type="checkbox"/> April 13, 20, 27 – May 4, 11 & 18, 2010 Completion of <u>all 36 hours</u> is required to receive certification. No partial credit will be given.		
xxx-xx-			
Name (Please Print)	SS #	Facility	
		()	-
Address	City	State	Zip Telephone

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. **Please make checks payable to: KPSAHS**

Send Registration forms and fees to:	KPSAHS - IVT & BW 938 Marina Way South Richmond, CA 94804	For Additional Information:	(510) 231-5000 / (510) 231-5064 http:// www.kpsahs.kp.org
--------------------------------------	---	-----------------------------	---

Cancellation Policy: If written cancellation is received 10 working days prior to the start of the course, a full refund less a \$10.00 administration fee will be made. 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:	Check #:	Amount:	Date Received:
------------	----------	---------	----------------