

2014 ANATOMY & PHYSIOLOGY I & II (RICHMOND CAMPUS)
(FORM A)

Program Dates: See program dates and lecture/lab schedule at the end of this form

Program Overview

This course provides instruction on the principles of human anatomy and physiology emphasizing the integration of structure and function. The topics covered in A&P I are terminology, chemistry, cells, histology, articulations, the integumentary, skeletal, muscular, and nervous systems. The topics covered in A&P II are terminology, cardiovascular, lymphatic, respiratory, digestive, urinary, endocrine and reproductive systems. In this course a variety of approaches are taken to master the material including lectures, hands-on laboratory work, computer lab, medical imaging, discussion, and textbook reading. This course is designed to meet prerequisite requirements for KPSAHS programs including radiography, sonography, nuclear medicine, and radiation therapy only. Other programs may not accept this class as part of their entrance requirements.

Course Duration:	12 weeks	Reference Material Needed:	Anatomy and Physiology <i>Thibodeau & Patton, Mosby,</i> <i>8th Edition , ISBN: 978032308357-7</i>
Location:	Kaiser Permanente School of Allied Health Sciences 938 Marina Way South Richmond, CA 94804	Instructor:	Agnes Wright, MA Learning Instructor
Cost*:	<input type="checkbox"/> \$385.50 A&P 1 <input type="checkbox"/> \$385.50 A&P 2		*Fee does not includes books and supplies

Registration:

Please call to confirm seating availability at (510) 231-5123. All applicants must be at least 18 years of age to apply. The application process is outlined below:

1. **Application Packet** – Applicants must collect all documents required to submit an Application Packet. A completed Application Packet includes the following:
 1. \$55 non-refundable handling fee
 2. \$300 Course Tuition
 3. \$30.00 non-refundable fee (course handouts, clinical logbook, lab fees, scantrons)
 4. STRF \$.50 (non-refundable) **Please review form on page 5. Form must be submitted with application packet.**
 5. Registration Form A
 6. Scantron Form B (provided by Admissions)
 7. Student Checklist(provided by Admissions)

2. **Submit the Completed Application Packet** – Deliver your completed Application Packet (must be hand carried) to:

Kaiser Permanente School of Allied Health Sciences
938 Marina Way South, Richmond, CA 94804

- Only completed application packets will be accepted.
- KPSAHS will not assume responsibility for mailed applications.
- Non-payment of all fees by application deadline will disqualify your application.
- **KPSAHS is closed to the public during the inter-quarter break: Dec. 23, 2013-Jan. 3, 2014. Applications will not be accepted.**
- **No mailed applications will be accepted**
- **Cash is not accepted**
- **Checks or money orders must be made payable to KPSAHS.**
- **Pay Pal**

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Student Support Services

- Eligible students may also qualify for assistance through the Workforce Investment Agency
www.edd.cahwnet.gov/wiarep/wialoc.htm
www.eastbayworks.org
www.richmondworks.org,
www.pitraining.com/onestopshops.htm

“This institution has received full institutional approval to operate from the Bureau for Private Postsecondary and Vocational Education (Bureau). The Bureau has determined that this institution’s operational plan satisfies the minimum standards listed in Education Code Section 94915 (b).”

Non-Discrimination Policy: Kaiser Permanente is committed to upholding all federal and state laws that preclude discrimination on the basis of race, gender, age, religion, national origin, marital status, sexual orientation, disabilities or veteran’s status.

I certify to the best of my knowledge the information provided in this application is accurate and complete. I understand that if this information or any other information upon which my admission is based is discovered to be inaccurate or incomplete, the school may rescind my admission. If admitted, I agree to abide by the school’s policies including, but not limited to, those contained in the KPSAHS Catalog and this application. I acknowledge that all submitted official transcripts will become property of the school and will not be forwarded to another institution or returned to me.

Please check all that apply. I have currently or previously applied for the following KPSAHS Programs:

Check		Year(s)
	Radiography Day Program	
	Radiography Evening/Weekend Program	
	Diagnostic Medical Sonography Program – General	
	Diagnostic Medical Sonography Program – Cardiac	
	Radiation Therapy Program	
	Nuclear Medicine Program	

All applicants must sign and date application:

Signature

Date

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Race/Ethnic/Gender Designation

Information contained from this survey is used to develop and identify school diversity statistics. Completion of this survey is voluntary and refusal to provide this information **will not** subject you to rejection of admission to our programs.

Instructions: Please fill-in the appropriate category.

Race/Ethnic Designations as used by the Federal Government do not denote scientific definitions of anthropological origins. For the purpose of this survey, the applicant may be included in the group to which he or she appears to belong, identifies with, or is regarded in the community as belonging. However, no person should be counted in more than one race/ethnic group. The Race/Ethnic/ Gender categories used for this survey are:

- Caucasian (not of Hispanic origin) – a person having origins in any of the original peoples of Europe, North Africa or the Middle East
- African American (not of Hispanic origin) – a person having origins in any of the Black racial groups of Africa.
- Hispanic – a person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin regardless of race.
- Asian – a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Philippine Islands, Thailand, and Vietnam.
- American Indian or Alaskan Native – a person having origins in any of the original peoples of North America and South America (including Central America), and whom maintains tribal affiliation or community attachment.
- Native Hawaiian or Pacific Islander – a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands

Gender

- Male
- Female

Citizenship

- US Citizen
- Non Citizen
- Eligible Non Citizen

Is English your second or third language? Yes No (If yes, indicate your first language) _____

Have you ever served in the U.S. Military or are you a veteran? Yes No

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Anatomy & Physiology Program Dates*

<i>Quarter</i>	<i>Registration Deadline (or class capacity of 40 students.)</i>	<i>AP I & AP II Course Dates</i>	<i>Orientation is on the first day of class</i>
<i>Winter</i>	<i>December 17, 2013</i>	<i>Jan 2 - Mar 21, 2014</i>	<i>Jan 2, 2014 12-1pm</i>
<i>Spring</i>	<i>March 6, 2014</i>	<i>Mar 31 - June 20, 2014</i>	<i>Mar 31, 2014 12-1pm</i>
<i>Summer</i>	<i>June 5, 2014</i>	<i>June 30 - Sept 19, 2014</i>	<i>June 30, 2014 12-1pm</i>
<i>Fall</i>	<i>September 4, 2014</i>	<i>Sept 29 - Dec 19, 2014</i>	<i>Sept 29, 2014 12-1pm</i>

*Orientation is held the first day of class. Attendance is mandatory for course enrollment. Dates and hours are subject to change, all Holidays are observed

Anatomy & Physiology Lecture/Lab Schedule**

QUARTERLY SCHEDULE	LECTURE TUESDAY	TIME	LAB THURSDAY	LAB TIMES Choose One
Winter	AP II	1:00pm – 4:00pm	AP II	12:30pm - 2:30pm or 2:45pm – 4:45pm
Spring	AP I	1:00pm – 4:00pm	AP I	12:30pm - 2:30pm or 2:45pm – 4:45pm
Summer	AP II	1:00pm – 4:00pm	AP II	12:30pm - 2:30pm or 2:45pm – 4:45pm
Fall	AP I	1:00pm – 4:00pm	AP I	12:30pm - 2:30pm or 2:45pm – 4:45pm

A&P Labs are 2 hours in length: **Only one lab is required. Lab sign-ups must be completed at time of registration. Lab sign-ups are limited to 20 students per lab. Depending upon the number of registered students, labs may be consolidated at the instructor's discretion. **KPSAHS is closed to the public during the inter-quarter break: Dec. 24, 2012 – Jan. 1, 2013. Applications will not be accepted. Faxed, e-mailed, or mailed registration forms are not accepted.**

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KPSAHS STUDENT TUITION RECOVERY FEE FORM

The Student Tuition Recovery Fund (STRF) was established by the Legislature to protect any California resident who attends a private Postsecondary institution from losing money if you prepaid tuition and suffered a financial loss as a result of the school closing, failing to live up to its enrollment agreement, or refusing to pay a court judgment.

The State of California requires that a student attending such an institution and who pays his or her tuition to pay a state-imposed assessment for STRF. Therefore, KPSAHS is required to collect a STRF assessment from each eligible student of two dollars and fifty cents (\$.50) per one thousand dollars (\$1,000) of institutional charges, rounded to the nearest thousand dollars. For institutional charges of one thousand dollars (\$1,000) or less, the assessment is two dollars and fifty cents (\$.50). This is a one-time assessment to be paid by the student at the beginning of his or her program of study.

Please check the following statement that applies to you:

- _____ I am a student who is eligible for STRF and understand that I am required to pay the STRF assessment:
- _____ You must be a "California resident" and reside in California at the time the enrollment agreement is signed.
 - _____ You pay your own tuition directly or through a Loan for which you are required to pay back in its entirety.

- _____ I am a student who is not eligible for STRF and am not required to pay the STRF assessment:
- _____ You are a non-California resident at the time the enrollment agreement is signed. Students who are temporarily residing in California for the sole purpose of pursuing an education, specifically those who hold student visas, are not considered a "California resident."
 - _____ Your full institutional charges are paid by a third-party. Unless a student has a separate agreement to repay the third party, a student whose costs are paid to the institution by a third-party payer shall not pay the STRF assessment to the qualifying institution. Examples of third-party payers are: Workforce Investment Act (WIA), Veterans Administration, etc.

My third-party payer is: _____

I understand that KPSAHS is required by the State of California to collect a STRF assessment from all eligible students based on the full institutional charges of the program in which I am enrolled. This is a one-time non-refundable assessment that I am required by the state to pay at the beginning of my program of study.

Student Signature _____ Date _____

Print Name _____

Program _____

This form must be submitted with application

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Anatomy and Physiology I & II Payment Instructions

Please complete the **KPSAHS Anatomy & Physiology Course Student Tuition Recovery Fund Form** before remitting payment for the A & P Course. **Fees do not include books and supplies**

Course Fees

Course fee and STRF - \$385.50

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

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

A/P I

\$385.50

https://www.paypal.com/cgi-bin/webscr?cmd=_s-xclick&hosted_button_id=GYURBZM4TDZTC

A/P II

\$385.50

https://www.paypal.com/cgi-bin/webscr?cmd=_s-xclick&hosted_button_id=X732C4F5F6U6A

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 #5195
P.O. Box 742102
CA9-705-01-03
1000 W Temple St
Los Angeles, CA 90012

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 2013.

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

Note: If another person is paying for your A & P course through PayPal, have that person enter your name in the comments section. Directly under their name and address, there is a small section called "Add special instructions to the seller". Have the payer enter your name in that section