

IV THERAPY & BLOOD WITHDRAWAL CERTIFICATION COURSE APPLICATION

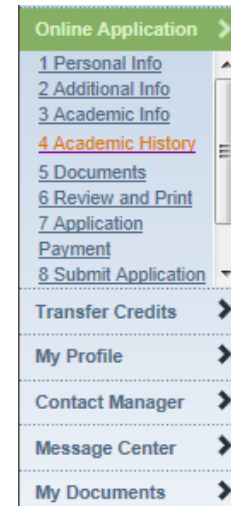
Announcing MyKPSAHS.com!

Attn: KPSAHS Applicants

You can now apply to KPSAHS programs online! This is an easy way for you to provide all of the information we need about you, your program(s) of interest, your academic history, documents required for admission, and even a link to pay the application fee online.

To get started:

- Visit https://www.mykpsahs.com/Applicant/ApplyOnline_Login.aspx.
- If it's your first visit, click on the **Create Account** button.
 - Select your primary campus of interest.
 - Enter your **First and Last Name and Email Address**.
 - You will be given your user name and asked to enter your password and a PIN (enter the last four digits of your SSN).
 - You will be taken to the first step of the application process.
- If you've already started an application, simply login again, and you'll be taken to the step in the application process where you left off.
- In Step 1: Enter all required personal information. Note that you can also opt-in text messaging communications from KPSAHS – a great way to receive important updates from us. (Standard messaging rates may apply.)
- In Step 2: Enter additional information as required.
- In Step 3: Enter the degree, program and start date in which you are interested. Please also enter whether you are interested in another campus or other program(s).
- In Step 4: Enter your academic history including colleges attended.
- In Step 5: You'll notice any documents that we require to process your application. **Please print and send pages 2&4 to Admissions**
- In Step 6: You'll be able to review your completed application and make any required changes. Once you're satisfied with the information you've entered, you may print a copy for your records.
- Note that you'll next be taken to Step 8 where you can submit your application. **Please use the payment link provided below.**



Your application was successfully submitted. You are now able to log into the Applicant Portal to access additional options. However, please remember that your application will not be accepted until you pay the required application fee. You may pay online at [here](#).

Be sure to follow the link and pay your fee. Applications will not be considered until the fee is paid and all required supporting documentation has been received by the KPSAHS Admissions Office.

Please contact Admissions and Records at (510) 231-5123 with any questions.

IV THERAPY & BLOOD WITHDRAWAL CERTIFICATION COURSE APPLICATION

**IV Therapy & Blood Withdrawal Certification Course
Registration Form**

Course Description:

This program combines two courses that 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 IV Therapy course provides information on fluid and electrolyte balance, puncture techniques, equipment, management and care of the site, anatomy and physiology, and appropriate care after procedure. The Blood Withdrawal class teaches 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 a minimum of three (3) successful IV starts and three (3) successful blood withdrawals. Certificates will not be issued to students who fail to successfully complete all laboratory practices.

BVNPT approval

Each course has been approved by the Board of Vocational Nursing and Psychiatric Technicians (BVNPT). LVNs will receive **36 CE Contact Hours** for both courses which meets the BVNPT criteria for continuing education credit for California licensed vocational nurses. This is in compliance with California Health and Safety Code § 2547.3 (a).

Program Duration:	36 Hours One day a week for 6 weeks 9:00AM – 4:30 PM	Reference Material:	Phillips, L. & Gorski, L. (2014). <i>Manual of IV Therapeutics</i> (6 th ed.). F.A. Davis Company: Philadelphia, PA. (Included)
Location:	KP School of Allied Health Sciences 938 Marina Way South Richmond, CA 94804	Instructor:	Christine Lush, BSN, RN
Cost: *Fee includes books and supplies	<input type="checkbox"/> \$375.50 IV & BW <input type="checkbox"/> \$275.50 IV Only <input type="checkbox"/> \$100.50 BW Only		

Prerequisite:

This course is open to California Licensed Vocational Nurses, graduates of a California vocational nursing program, Registered Nurses for update/refresher and any other role where IV are within scope of practice. Only licensed LVNs will qualify for continuing education contact hours. Pre-licensure VN graduates will receive a certificate once licensure is obtained and documented. **Completion of all 36 hours is required to receive certification.** No partial credit will be given. Class is limited to 10 participants.*

Write your preferred course start date. (* If this course is full, you will be notified to select another date.)

Both IV & BW
 BW Only
 IV Only

Name (Please Print) _____ SS # _____ Facility _____

Address _____ City _____ State _____ Zip _____

E-mail address _____ Daytime 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. **See page 2 for payment instructions.**

Send Registration forms and fees to:	KPSAHS - IVT & BW Admissions Department 938 Marina Way South Richmond, CA 94804	For Additional Information:	(510) 231-5123 (Admissions & Records) http:// www.kpsahs.kp.org Fax: (510) 231-5155
--------------------------------------	--	-----------------------------	--

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:	Date Received:	Payment Validated:
------------	----------------	--------------------

IV THERAPY & BLOOD WITHDRAWAL CERTIFICATION COURSE APPLICATION

IV Therapy & Blood Withdrawal Certification Course

Payment Instructions

Please complete the [KPSAHS Student Tuition Recovery Fund Form](#) for IV Therapy before remitting payment of the IV course.
Course Fees (including STRF fee)
IV & BW - \$375.50
IV Only - \$275.50
BW Only - \$100.50

There are two payment options – **PayPal** or **Check**

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

IV Therapy & Blood Withdrawal

https://www.paypal.com/cgi-bin/webscr?cmd=_s-xclick&hosted_button_id=9FCTU37DU4KZ2

IV Therapy Only

https://www.paypal.com/cgi-bin/webscr?cmd=_s-xclick&hosted_button_id=WK8JW7QEEM36J

Blood Withdrawal Only

https://www.paypal.com/cgi-bin/webscr?cmd=_s-xclick&hosted_button_id=9L884KE4FL2EL

Note: If another person is paying for your course through PayPal, have that person enter your name in the connect section. Directly under their name and address, there is a small section called “Add special instruction to the seller”. Have the payer enter your name in that section.

Payment by Check – Checks are to be made 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., UPC, FedEx, etc.)

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 the envelope along with your check.
In the memo section of the check include the applicant’s name, name of the course, and the date of the course. For example:
“Jane Doe, IVT April 2014”

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

IV THERAPY & BLOOD WITHDRAWAL CERTIFICATION COURSE APPLICATION

KPSAHS STUDENT TUITION RECOVERY FUND 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 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 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 fee collected by KPSAHS and payable to the state at the beginning of my program of study.

Student Signature _____ Date _____

Print Name _____

Course Name: **IVT & BW**

This Form Must Be Submitted with the Application