

**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, Just the Facts</b> <i>Pearl, Olive, McGraw-Hill Medical, 1<sup>st</sup> Edition, ISBN: 0071431209</i> <b>Q &amp; A: Mammography Examination</b> <i>Lange, 2<sup>nd</sup> Edition" ISBN: 0071548351</i>
<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>\$650.50 Technologist</b> <input type="checkbox"/> <b>\$250.50 KPSAHS Student (Class of 2014 only)</b> *Fee does not includes books and supplies		

**Registration:**

Please call to confirm seating availability at (510) 231-5123 (Tie Line 8-414-5123). If space is available, you will be pre-registered. Your registration form and check must be received no later than 10 days after pre-registration; 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 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. 13 <sup>th</sup> – 23 <sup>rd</sup> , 2014 (8 days total)		
Name (Please Print)	SS #	Facility/Employer	
	-	-	
Address	City	State	Zip
E-mail Address	Telephone Number		
	(            )	-	

**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.org">http:// www.kpsahs.org</a> FAX: (510) 231-5155
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**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:
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## MAMMOGRAPHY TRAINING COURSE APPLICATION

### Mammography Payment Instructions

Please complete the **KPSAHS Mammography Course Student Tuition Recovery Fund Form** before remitting payment for the Mammography Course. **Fees do not include books and supplies**

#### Course Fees

Course fee and STRF - \$650.50 Technologist; \$250.50 KPSAHS Student (Class of 2014 only)

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

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

#### Mammography KP - \$650.50

[https://www.paypal.com/cgi-bin/webscr?cmd=\\_s-xclick&hosted\\_button\\_id=XMTQ6UAX7BLHW](https://www.paypal.com/cgi-bin/webscr?cmd=_s-xclick&hosted_button_id=XMTQ6UAX7BLHW)

#### Mammography KPSAHS 2014 Students Only- \$250.50

[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 #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 Mammography 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

Please contact Mary McDonald, Chief Financial Officer at 510-231-4322 or [mary.a.mcdonald@kp.org](mailto:mary.a.mcdonald@kp.org) with any questions.

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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: **Mammography**

**\*This form must be submitted with application\***