

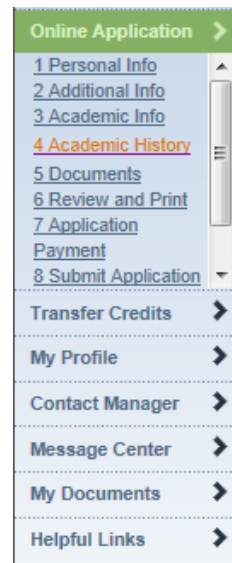
Announcing MyKPSAHS.com!

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 on the far right of the screen.
 - Select your primary campus of interest.
 - Enter your **First and Last Name and Email Address**.
 - You will be given your user name (write it down for future reference) and asked to create/enter your password and a PIN (any four digit number you will easily remember).
 - You will be taken to the first step of the application process.
- If you've already started an application, simply login again using your username and password previously created, 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 to receive text message communications from KPSAHS – a great way to receive important updates from us. (Standard messaging rates may apply.) Click 'Save and Continue' after each step.
- 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 the 'Other Programs' text box.
- In Step 4: Enter your academic history including colleges attended.
- In Step 5: A preliminary list of documents that we require to process your application is shown. You will submit these either by uploading them (via the 'My Documents' folder) or bringing them into the campus.
- In Step 6: You'll be able to review your completed application and make any edits. Once you're satisfied with the information you've entered, you may print a copy for your records. Click 'Submit'.
- After your application has been submitted, a message will display which includes a link to the Payment Processing site. **Please use the payment link provided to pay your application fee.**



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.

DIAGNOSTIC MEDICAL SONOGRAPHY PROGRAM APPLICATION

Application Deadline: Applications accepted between **November 1, 2013 – September 15, 2014**

Program Start: **March 30, 2015**

Program Overview

The Kaiser Permanente School of Allied Health Sciences (KPSAHS) Diagnostic Medical Sonography Program is 18-months (6 quarters) in length consisting of classroom and clinical education in abdominal, obstetrical, and gynecologic specialty areas. Sonographers, also known as Ultrasound Technologists, use high-frequency sound waves to image organs, masses, and fluid accumulations within the body. KPSAHS' Diagnostic Medical Sonography Program is accredited by the Joint Review Committee on Education in Diagnostic Medical Sonography (JRDMS) and the Commission on Accreditation of Allied Health Education Programs (CAAHEP). KPSAHS has received full institutional approval to operate from the Bureau for Private Postsecondary and Vocational Education (BPPE), in accordance with the provisions of California Education Code 94866 or 94890.

Application Procedure - Please refer to the **Application Instructions [pdf]** located on the KPSAHS Sonography Program web page where the Application Procedure outlined below is explained in detail.

1. Application Packet – Applicants must collect all documents required to submit an Application Packet.

A completed application packet includes the following:

- Current application, completed, signed, and dated to be turned in no later than the specified deadline.
- Two (2) letters of reference bearing an original signature and current date. References are to be included in the Application Packet, not mailed in separately. Only two (2) letters will be accepted.
- Documentation of volunteer hours/ job shadowing must be included with the packet.
- To verify completion of prerequisites, all educational information provided must be validated by **officially sealed** (unopened) academic transcripts and accompany the application packet. *While KPSAHS recognizes coursework from Regional Institutional Accrediting Organizations and Professional Accrediting Organizations, KPSAHS does not recognize all Professionally Accredited Organizations.* See Application Instructions for submission of Military and Foreign transcripts.
- \$55.00 **non-refundable** handling fee for each program. (Cash will not be accepted.)

Online Applicants Only – **Must submit pages 3-5 of the paper application with your reference letters and official transcripts.** Please make sure that your full name is printed on the front of your reference letters and official transcripts before mailing or hand delivering to KPSAHS. **Online process only generates your electronic record.**

2. Submit the Completed Application Packet – Deliver your completed Application Packet (either by mail or hand carried) to:

Richmond Main Campus
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.
- KPSAHS will only accept separately mailed transcripts or letters of recommendation from Online Applicants.
- **KPSAHS Admissions is closed to the public during the inter-quarter break: Dec. 23, 2013-Jan. 3, 2014. Applications will not be accepted. Refer to website for KPSAHS observed Holidays.**

3. Application Evaluation – Upon completion of the application evaluation process. Those applicants who are selected for an interview will be contacted by phone. Due to the large quantity of applications received, **KPSAHS does not obligate itself to interview all applicants.**

Tentative Application and Acceptance Schedule

Completed Application Packets and Application Handling Fee	November 1, 2013 – September 15, 2014
Panel Interviews	October 15 - Mid January 2015
Selection of Classes	End of January 2015

*Dates and hours are subject to change due to recognized holidays and KPSAHS events.

DIAGNOSTIC MEDICAL SONOGRAPHY PROGRAM APPLICATION

4. **BS Admission Requirements** - Applicants for the Bachelor of Science degree options must satisfy the following requirements for Admission:
- Submit official transcripts from a USDE-recognized regional accredited institution, to show completion of a minimum of an AA/AS or 60 semester/90 quarter credits and a cumulative minimum grade point average of 2.75, with verification of satisfaction of lower division California Community College/California State University (a) to (e) pattern required as a condition of admission.
 - Coursework must include the following prerequisite courses with a minimum GPA of 2.00:

All prerequisite courses must be a minimum of 3 semester credits or 4 quarter credits, as applicable to the degree program subject:

- Anatomy and Physiology with Lab
- College Algebra (or higher level course, i.e. Calculus, Statistics)
- Written Communication (English Composition and Comprehension)
- Oral Communication (Verbal Communication, Fundamentals of Public Speech)
- Computers and Information Technology (or higher level computer course)
- Medical Terminology
- General Physics (or higher level Physics course)

KPSAHS has BS Degree approval and recognition from:

- Bureau for Private Postsecondary and Vocational Education (BPPE), in accordance with the provisions of California Education Code 94866 or 94890, and
- JRC-DMS CAAHEP (programmatic accreditation).

DIAGNOSTIC MEDICAL SONOGRAPHY PROGRAM APPLICATION

8. Employment / Volunteer Work / Other Work History

A resume will not be accepted in place of information required on this form. Please include an additional page if necessary.

Current Employer		
Dates Employed From _____ To _____	Employer Name (Present or most recent) _____ _____	Your Job Title: _____ _____
Your Job Duties and Responsibilities _____ _____ _____		
Previous Employer / Volunteer Work		
Dates Employed From _____ To _____	Employer Name _____ _____	Your Job Title: _____ _____
Your Job Duties and Responsibilities _____ _____ _____		
Previous Employer / Volunteer Work		
Dates Employed From _____ To _____	Employer Name _____ _____	Your Job Title: _____ _____
Your Job Duties and Responsibilities _____ _____ _____		

NOTE: Applicants must satisfy and fill out requirement #9 OR #10. All applicants must satisfy and fill out requirement #11.

9. If applicable, please provide the following information on your 18-24 month Allied Health Degree Program: Registry/Certificate/License number (examples: RN, RT, PT, LVN, CRT).

Name of Program	Type of Program	Year completed	Registry/License Number	Verified by (Office Use Only)

10. If applicable, please provide the following information on your post-secondary education: 60 semester or 90 quarter college credits or an associate's degree required with a cumulative 2.75 minimum GPA).

List all colleges attended (most recent first)	Degree Earned	Major	Number of Units	GPA	Year completed / Graduation Date	Verified by (Office Use Only)

DIAGNOSTIC MEDICAL SONOGRAPHY PROGRAM APPLICATION
11. Required Coursework: Please provide prerequisite information.

Course work must be college level, completed and documented on an officially sealed transcript from a regionally accredited institution and consist of a minimum of 3 semester units or 4.0 quarter units with a grade of “C” or higher. KPSAHS will not accept separately mailed transcripts.

Do not list “in progress” courses.

Course	Name of College	Course Number	Number of Units	Date Completed	Grade Received	Verified by (Office Use Only)
A. Human Anatomy with Lab*						
B. Human Physiology with Lab*						
C. Human Anatomy & Physiology with Lab* (Combined course)						
College Algebra						
Written Communication (Comprehension/Composition)						
Oral Communication (Speech)						
General Physics**						
Medical Terminology						
Computer Science (Intro to Computers)						

* Anatomy & Physiology must have a lab and cover all major body systems. Students must have completed #A and #B, or #C (combination course).

** Physics must cover heat, sound waves, light, and motion. Course work must be completed and documented on an officially sealed transcript, college level, a minimum of 3 semester units or 4.0 quarter units with a grade of “C” or higher. **KPSAHS does not accept Pass/Fail, Credit/No Credit courses.**

DIAGNOSTIC MEDICAL SONOGRAPHY PROGRAM APPLICATION

NOTE: ONLY COMPLETE #11 IF YOU ARE APPLYING TO THE BACHELOR PROGRAM AND HAVE COMPLETED UPPER DIVISION COURSEWORK.

12. Completed Upper Division Coursework: Please provide course information.

The courses below would have been completed at a four year institution during your junior or senior year.

Course work must be upper division college level coursework, completed and documented on an officially sealed transcript and consist of a minimum of 3 semester units or 4.0 quarter units with a grade of “C” or higher. KPSAHS will not accept separately mailed transcripts.

Do not list “in progress” courses.

The following Upper Division courses are completed through KPSAHS as part of the Bachelor Program.

Course Name & #	Name of Institution	Number of Units (S,Q)	Grade	Year completed / Graduation Date	Verified by (Office Use Only)
Ethics					
Diversity					
Health Services Administration/Management					
Scientific Inquiry/Research Methods*					

***(Scientific Inquiry required, with remaining credit from a minimum of two of the Elective options)**

DIAGNOSTIC MEDICAL SONOGRAPHY PROGRAM APPLICATION

NOTE: ONLY COMPLETE THE FOLLOWING FIVE (5) QUESTIONS IF YOU ARE APPLYING TO THE BACHELOR PROGRAM.

* This information to be completed in discussion with KPSAHS Admissions Representative.

1. 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. _____ initial
2. 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. _____ initial
3. 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. _____ initial
4. I confirm I have received a catalog representing the Bachelor of Science program, and a School Performance Fact Sheet, and I understand Kaiser Permanente School of Allied Health Sciences does not have regional accreditation. _____ initial
5. I will provide information to KPSAHS as requested for employment opportunities available as a result of this program completion, and grant permission to contact my employer. _____ initial.

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

DIAGNOSTIC MEDICAL SONOGRAPHY PROGRAM APPLICATION

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