



IV THERAPY & BLOOD WITHDRAWAL CERTIFICATION COURSE APPLICATION

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 IVT course provides information on fluid and electrolyte balance, puncture techniques, management and care of the site (both pre and post insertion), anatomy and physiology, and Universal Precautions. IV Therapy venipuncture skills include: site selection and preparation, equipment, order of draw and appropriate care after procedure. In addition, the Blood Withdrawal course 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 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 program (2 courses) has been approved by the Board of Vocational Nursing and Psychiatric Technicians (BVNPT) for **36 CE Contact Hours** and 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).

Course Duration:	36 Hours One day a week for Six Weeks 9:00AM – 4:30 PM	Reference Material:	Phillips, L. (2010). <i>Manual of IV Therapeutics</i> (5 th ed.). F.A. Davis Company: Philadelphia, PA. <i>(Included with fees)</i>
Location:	Kaiser Permanente School of Allied Health Sciences 938 Marina Way South Richmond, CA 94804	Instructor:	Christine Lush, MSN, RN
Cost*: *Fee includes books and supplies	<input type="checkbox"/> \$300.50 Kaiser Employee <input type="checkbox"/> \$325.50 Non-Kaiser Employee <input type="checkbox"/> \$325.00 Non-Kaiser Employee and Non-California Resident/Third Party Payer		

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 10 participants. Completion of all 36 hours is required to receive certification. No partial credit will be given.**

Please write your preferred course dates**:	<input type="checkbox"/> IVT & Blood Withdrawal (Both) <input type="checkbox"/> IV only
Name (Please Print)	Last Four SS # Facility
Address	City State Zip
E-mail Address	Telephone Number
() -	

** For course dates and availability please visit our website at: www.KPSAHS.org. If your preferred course is full, you will be notified to select another date

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. **Payment info see page 2.**

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



IV THERAPY & BLOOD WITHDRAWAL CERTIFICATION COURSE APPLICATION

**IVT & BW
Payment Instructions**

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

Course Fees

Course fee and STRF - \$300.50 Kaiser Employee; \$325.50 Non-Kaiser Employee

Course fee without STRF - \$325.00 Non-Kaiser Employee and Non-California Resident/Third Party Payer

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

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.

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

KAISER EMPLOYEE \$300.50

https://www.paypal.com/cgi-bin/webscr?cmd=s-xclick&hosted_button_id=WJUDK6H85CRMS

NON-KAISER EMPLOYEE \$325.50

https://www.paypal.com/cgi-bin/webscr?cmd=s-xclick&hosted_button_id=8PLXWWLPTZK4G

NON-KAISER EMPLOYEE AND NON-CALIFORNIA RESIDENT \$325.00

https://www.paypal.com/cgi-bin/webscr?cmd=s-xclick&hosted_button_id=CB5XTKKUJ5K92

Note: If another person is paying for your CT 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 with any questions.



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