

**Fluoroscopy Permit Course  
Registration Form**

**Course Description:**

This course prepares the student to take the State of California Department of Public Health – Radiologic Health Fluoroscopy Permit examination. The course covers radiation safety issues consistent with Title 17 and regulatory provisions. Included in the course topics is an overview of Anatomy and Physiology, biologic effects of radiation on human tissue, image intensification, image recording systems, radiation protection materials and procedures, personnel monitoring, quality control, equipment maintenance, registration and regulations.

**NOTE:** KPSAHS students shall perform all laboratory experiments at a clinical site with a current clinical affiliation approval by the State of California Department of Public Health – Radiologic Health Branch and KPSAHS.

**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>	40 Contact Hours - One Week Course Monday – Friday 9:00 AM – 6:00 PM	<b>Reference Material Included:</b>	Radiation Protection in Medical Radiography, <i>S.Scherer, P.Visconti, E.Ritenour, CV Mosby Company, St. Louis 2006</i> California State Syllabus on Fluoroscopy Radiation Protection, <i>6<sup>th</sup> Edition</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>	\$ 350 Kaiser Technologist, \$ 400 Non Kaiser (includes books and supplies)		

**Prerequisite:**

This course is open to Certified Radiologic Technologists licensed by the State of California. Applicants must provide a copy of CRT license. **Limited to 20 participants.**

Please indicate course dates you would like to attend:					
<input type="checkbox"/> February 22 - 26, 2010		<input type="checkbox"/> August 2 -6, 2010			
Name (Please Print)			Last 4 digits SSN#		
XXX – XX -					
Address	City	State	Zip	Telephone	Facility
( ) -					

**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. **Please make checks payable to: KPSAHS**

Send Registration forms, copy of CRT, and fees to:	<b>KPSAHS - Fluoroscopy</b> <b>938 Marina Way South</b> <b>Richmond, CA 94804</b>	For Additional Information:	(510) 231-5000 / (510) 231-5027 <a href="http://www.kpsahs.org">http:// www.kpsahs.org</a> Fax: (510) 231-5002
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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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