

### 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).

<b>Course Duration:</b>	36 Hours One day a week for Six Weeks 9:00AM – 4:30 PM	<b>Reference Material:</b>	Phillips, L. (2010). <i>Manual of IV Therapeutics</i> (5 <sup>th</sup> ed.). F.A. Davis Company: Philadelphia, PA. (Included with fees)
<b>Location:</b>	Kaiser Permanente School of Allied Health Sciences 938 Marina Way South Richmond, CA 94804	<b>Instructor:</b>	Christine Lush, MSN, RN
<b>Cost*:</b>	<input type="checkbox"/> \$302.50 Kaiser Employee <input type="checkbox"/> \$327.50 Non Kaiser		

\*Fee includes books and supplies

**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	xxx-xx-	City                      State                      Zip
E-mail Address	Telephone Number	
	(       )                      -	

\*\* For course dates and availability please visit our website at: [www.KPSAHS.org](http://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. **Please make checks payable to: KPSAHS**

Send Registration forms and fees to:	KPSAHS - IVT & BW 938 Marina Way South Richmond, CA 94804	For Additional Information:	(510) 231-5000 / (510) 231-5064 <a href="http://www.kpsahs.org">http:// www.kpsahs.org</a>
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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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