

**PLEASE READ CAREFULLY AND FOLLOW ALL INSTRUCTIONS
THE APPLICATION PROCESS HAS CHANGED SIGNIFICANTLY**

To maintain eligibility, applicants must submit a **completed application packet** by the stated deadline. Failure to meet deadlines will result in the loss of applicant eligibility. **No exceptions** will be made.

Requirements: Only completed application packets will be accepted. A completed application packet includes the following (NO EXCEPTIONS WILL BE MADE):

- Current, completed, signed, and dated application
- Two (2) letters of reference** (original signature and dated within 6 months of the application period)
- Note: All prerequisite course work must be completed and documented on an official sealed transcript prior to submitting an application. See page “B” for additional information.**
- \$25.00 **non-refundable** application fee for each program (Cash will not be accepted)

Please note the following dates:

Completed Application Packets Accepted Assessment Examination Deadline	Mar 31, 2008 – Oct 30, 2009 For Nuclear Medicine Program beginning April 5, 2010	<i>Applications <u>will not be</u> accepted during inter-quarter break, Dec 22, 2008-Jan 3, 2009</i>
Panel Interviews	November 2, 2009 to November 30, 2009	
Selection of Classes	Week of November 30, 2009	
Acceptance Packets Sent to Incoming Students	Nov 30 – December 4, 2009	
Mandatory Orientation Week	March 29 – April 2, 2010	
First week of class	April 5, 2010	

***Dates and hours are subject to change, all Holidays are observed**

***KPSAHS will not accept applications during the inter-quarter break of Dec. 22, 2008-Jan. 2, 2009**

***Interviews for the Nuclear Medicine Program will be conducted during the regular business hours (Monday through Friday 9:00 a.m. – 5:00 p.m.) Please note: Due to the large quantity of applications received for the Nuclear Medicine Program, only the higher ranked applications will be interviewed. Applicants selected for panel interviews will be contacted by phone.**

Application packets may be mailed or hand carried to: **Kaiser Permanente School of Allied Health Sciences
938 Marina Way South
Richmond, CA 94804**

- KPSAHS will not assume responsibility for mailed applications**
- Faxed/E-mailed applications are NOT accepted**
- All required transcripts and letters of reference must be included with the completed application**

For additional information, please contact KPSAHS: (510) 231-5000 / 1-888-299-0077

Please include a separate packet of official and sealed transcripts with each application if applying to one or more KPSAHS programs.

Transcripts

TO VERIFY COMPLETION OF PREREQUISITES, ALL EDUCATIONAL INFORMATION PROVIDED MUST BE VALIDATED BY OFFICIAL SEALED ACADEMIC TRANSCRIPTS. ANY DISCREPANCIES WILL TERMINATE APPLICANT'S ELIGIBILITY.

College Transcripts

College transcripts documenting completion of prerequisite course work are required. College transcripts must be **officially sealed** and accompany the application packet.

Foreign Transcripts

To verify completion of prerequisites, all foreign diplomas and documents must include an official notarized translation in English and be evaluated by a foreign transcript evaluating agency prior to submission. Foreign transcripts must be **officially sealed** and accompany the application packet.

Military Transcripts

To verify completion of prerequisites, all course work from the military must be documented on official transcript(s) from the institution(s) providing the course(s), as some military transcripts do not provide the name of the institution, course name, number of units, or grades. Military transcripts must be **officially sealed** and accompany the application packet.

High School Transcripts

KPSAHS **will not** accept high school course work or high school transcripts. All courses must be college level.

Mandatory Testing

CANDIDATES THAT ARE SELECTED INTO THE NUCLEAR MEDICINE PROGRAM ARE REQUIRED TO COMPLETE AND PASS A CRIMINAL BACKGROUND CHECK AND DRUG SCREENING FROM THE DESIGNATED AGENCY AS A REQUIREMENT FOR ENROLLMENT INTO THE PROGRAM. STUDENTS WILL BE RESPONSIBLE FOR ALL FEES ASSOCIATED WITH THESE PROCEDURES.

CONVICTION OF A CRIME IS NOT AN AUTOMATIC BAR TO ADMISSION TO A PROGRAM. ALL CIRCUMSTANCES WILL BE CONSIDERED. HOWEVER, FAILURE TO FULLY DISCLOSE IS FALSIFICATION AND GROUNDS FOR IMMEDIATE CANCELLATION OF STUDENT ELIGIBILITY.

Background Check/Screening

- Prior employment verification
- Criminal history of felony and misdemeanor search
- Medicare/Medi-Cal fraud OIG (Office of the Inspector General) sanctions list verification
- Licensure/Certification verification
- Social Security Number Verification
- National sexual offender database search

Drug Testing

All prospective students to the Nuclear Medicine Program and its clinical affiliates must complete and pass pre-enrollment drug testing demonstrating the absence of illegal drugs or inappropriate use of legal drugs. KPSAHS is committed to take appropriate action designed to ensure a safe environment for students, employees, members, patients, and the community, and to protect financial resources and assets.

Nuclear Medicine Technology Certification Board

All license and registry agencies have eligibility standards for their applicants that are independent of and may differ from Kaiser Permanente or KPSAHS. These standards address the question of an applicant's conviction of a felony or misdemeanor. KPSAHS assumes no responsibility for such eligibility standards. It is the applicant's/student's responsibility for ensuring their license / registry eligibility. If you have questions regarding your eligibility, contact: Nuclear Medicine Technology Certification Board - www.nmtcb.org.

Student Support Services:

- Financial aid is available through the Kaiser Permanente Student Financial Aid Program. Information can be found on the Student Financial Aid Website: <http://financialaid.kp.org>

or by calling 1-866-232-2934.

- Eligible students may also qualify for assistance through various Workforce Investment Agencies. Information can be found online: www.eastbayworks.org, www.richmondworks.org, http://www.pitraining.com/one_stop_shops.htm.

Fees:

Application Fee: **A \$25.00 non-refundable fee is required for each program application.** This fee is **non-refundable** regardless if the application is incomplete or if the applicant does not meet program prerequisites.

Registration Fee: Applicants that are accepted into a program are required to pay a **non-refundable** Registration Fee of \$100.00 upon accepting admission.

All applicants must complete the assessment examination by the stated deadline. KPSAHS WILL NOT NOTIFY APPLICANTS TO TAKE THE ASSESSMENT EXAMINATION

Completed Application Packets Accepted Assessment Examination Deadline	Mar 31, 2008 – Oct 30, 2009 For Nuclear Medicine Program beginning April 5, 2010	<i>Applications <u>will not</u> be accepted during inter-quarter break, Dec 22, 2008-Jan 2, 2009</i>
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Assessment Test:

All individuals applying for any KPSAHS program(s) must present a valid photo ID prior to taking the Assessment Test.

KPSAHS is required to administer a standardized cognitive assessment test to all individuals who apply to our programs. This cognitive test is approved by the American Council on Education as a valid predictor of vocational training outcomes. To maintain eligibility in the application process, all applicants must sit for and achieve a passing score on the assessment test.

KPSAHS utilizes the Wonderlic Company Scholastic Level Exam as the assessment test to be taken by all applicants.

Applicants may sit for the test after submission of a completed application during testing hours in the identified application period. Testing is only administered at the main campus during the application period. ***There are NO exceptions. It is the applicant’s responsibility to meet this requirement; the program will not contact applicants regarding this test.***

Applicants are allowed three (3) attempts during the application process to successfully complete the assessment test. There is no charge for the first two (2) attempts. **There is a \$20.00 additional charge for the third attempt. The State of California requires a one week resting period between retesting.**

Reasonable accommodations will be made for individuals with appropriate ADA documentation.

“The Bureau of Private Postsecondary and Vocational Education (BPPVE) became inoperative as of July 1, 2007. However, KPSAHS has entered into a voluntary agreement with the Director of Consumer Affairs pursuant to paragraph (3) of subdivision (b) of Section 1 of the Private Postsecondary and Vocational Education Reform Act of 1989. The Bureau has determined that this institution’s operational plan satisfies the minimum standards listed in Education Code Section 94915 (b).”

Many Colleges differ in terminology regarding course name and number; however, course descriptions and curriculum share similar components. The following information is provided to assist applicants in selecting college level courses that parallel KPSAHS prerequisites. Please consult your Counselor at the college you attend to determine which courses meet KPSAHS prerequisites.

Prerequisite Requirements

- **Prerequisites must be completed and documented on an official sealed transcript prior to submitting an application**
- **Courses must be documented on transcript(s) with a grade of “C” or higher**
- **All courses must be college level with a minimum of 3 units**

ANATOMY AND PHYSIOLOGY WITH LAB

To fulfill the KPSAHS prerequisite Anatomy and Physiology must have a lab and cover all major body systems. Anatomy and Physiology may be taken as a combined course with a lab or as separate courses with labs. Both courses must be completed to fulfill the requirement. Colleges may offer A&P as three consecutive courses with labs. All 3 courses with labs must be completed to fulfill the requirement.

INTERMEDIATE ALGEBRA (or higher level course, i.e. Calculus, Statistics)

To fulfill the KPSAHS prerequisite Intermediate Algebra must include the following mathematical components: the real numbering system, solving and graphing linear equations and inequalities, polynomials, exponents and radicals, quadratic equations; second-degree equations and inequalities, functions, conic sections, systems of equations, and exponential and logarithmic functions.

GENERAL CHEMISTRY with Lab (or higher level Chemistry course)

To fulfill the KPSAHS prerequisite General Chemistry must present principles of General Chemistry for students studying science, engineering, or medical professions. Topics must include atomic structure and theory, the periodic table, bonding, gas laws, liquids and solids, oxidation-reduction, chemical equations, stoichiometry, matter and energy, solutions, ionization, thermochemistry and equilibrium concepts. Laboratory must include quantitative and qualitative experiments.

BIOLOGY (Biology related to the human body only; **plant, animal, or marine Biology will not be accepted**)

To fulfill the KPSAHS prerequisite Biology must be structured with emphasis on the human model and include the following components: general introduction to cell structure/cycle and function, basic concepts of living organisms, metabolism, human evolution, genetics, and human impact on the environment. Colleges may offer Biology as a separate course or as continuation courses (i.e. Bio 1A and Bio 1B). The appropriate lab for the course is also required. All components of the course including lab (if offered) must be completed to fulfill the requirement.

WRITTEN COMMUNICATION (English Composition and Comprehension)

To fulfill the KPSAHS prerequisite Written Communication must contain curriculum that involves intensive training in critical reading, expository and argumentative writing, and library research. Components such as effective writing, evaluation of written work, and methods of clearly communicating and supporting ideas in organized and coherent essays and/or research papers must be included. Additionally, the course must include reading and understanding extensive and difficult texts from diverse perspectives and developing a command of rhetorical strategies that enable presentation of ideas cogently and persuasively. (i.e. English 1A, Freshman English, English Second Language (ESL) or equivalent English courses that fulfill college level graduation requirements at the college you attend).

Suggested Courses: Course must be documented on transcript(s) with a grade of “C” or higher
All courses must be college level with a minimum of 3 units
Please **do not** include “in progress courses”

 **All applicants must complete pages 1 – 5, page 6 is optional.**



School of Allied Health Sciences

Program Application
Nuclear Medicine Program
 Applications Accepted March 31, 2008 – October 30, 2009
 Program Beginning April 5, 2010
 Tel: (510) 231-5000 / Toll Free: 1-888-299-0077

Have you previously applied to the Nuclear Medicine Program? No Yes year(s): _____

A \$25.00 non-refundable fee is required for each program selection

- All applicants must pass a standardized cognitive assessment examination**
- Applications must include two (2) Letters of Reference (Original letters signed and dated within six (6) months of the application period)**
- Official sealed transcripts must be included with the application documenting completion of all prerequisites**

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.

PLEASE ANSWER ALL QUESTIONS AND PRINT CLEARLY

1. Legal Name

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Last Name Suffix (e.g., Jr., Sr.)

--	--	--

First Name Middle Name

Other Name(s) that may appear on your academic records

--

Last Name

--

First Name Middle Name

2. Social Security Number

	-		-	
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3. Current Mailing Address

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Street Address Apartment

--	--	--

City State Zip Code

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Country, if not USA International Postal Code

4. Day Telephone

	-		-	
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Area Code Number Extension

Home Telephone

	-		-	
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Area Code Number Extension

E-Mail _____

Name: _____

Nuclear Medicine Program applicants must meet #5 or #6. Applicants must also complete #7.

5. If applicable, please provide the following information on your 18-24 month Allied Health Degree program and certificate/license number:

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

6. If applicable, please provide the following information on your post-secondary education: (60 college credits 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

7. Please provide prerequisite information. To satisfy Anatomy & Physiology prerequisite, students must have completed #A AND #B, or #C (combination course). *Anatomy & Physiology must have a lab and cover all major body systems. **Biology must be related to the human body only (plant, animal, or marine Biology is not accepted). Courses must be college level and a minimum of 3 units with a grade of "C" or higher.

Course	Name of College	Course Number	Number of Units	Date Completed	Grade Received	Verified by
A. Human Anatomy with Lab*						
B. Human Physiology with Lab*						
C. Human Anatomy & Physiology with Lab* (Combined course)						
Intermediate Algebra						
General Chemistry with Lab						
Biology**						
Written Communication (Comprehension/Composition)						

Suggested Courses:

8. Please provide additional suggested course information. Courses must be college level and a minimum of 3 units with a grade of "C" or higher. Please do not list "in progress" courses.

Course	Name of College	Course Number	Number of Units	Date Completed	Grade Received	Verified by
Oral Communication (Speech)						
Computer Science						
Medical Terminology						

Name: _____

9. Highest Degree Earned (check one)

- | | |
|---|--|
| <input type="checkbox"/> Received Associate Degree | <input type="checkbox"/> Received Master's Degree |
| <input type="checkbox"/> Received Bachelor's Degree | <input type="checkbox"/> Received Doctorate Degree |

10. Highest Level of Secondary Education (check one)

- | | |
|---|--|
| <input type="checkbox"/> Received High School Diploma | <input type="checkbox"/> Passed GED/Certificate of Equivalency |
| <input type="checkbox"/> Certificate of Proficiency | <input type="checkbox"/> Foreign Secondary School Diploma |

11. Are you currently employed in the field of health care delivery?

No		
Yes		What was your previous experience?

12. Would this program re-train you to re-enter the health care field?

No		
Yes		What was your previous experience?

13. How did you hear about this program? (Please check all that apply)

Friend		
Kaiser Employee		
Advertisement		
KPSAHS Information Session		
Job / Career Faire		
Website / Internet		
Other Educational Facility		
Other (please identify)		

Name: _____

Employment / Volunteer Work / Other Work History
A resume will not be accepted in place of information required on this form.

Current Employer		
Dates Employed From _____ To _____	Employer Name (Present or most recent) _____ _____	Your Job Title: _____ _____

Your Job Duties and Responsibilities

Previous Employer		
Dates Employed From _____ To _____	Employer Name _____ _____	Your Job Title: _____ _____

Your Job Duties and Responsibilities

Previous Employer		
Dates Employed From _____ To _____	Employer Name _____ _____	Your Job Title: _____ _____

Your Job Duties and Responsibilities

Previous Employer		
Dates Employed From _____ To _____	Employer Name _____ _____	Your Job Title: _____ _____

Your Job Duties and Responsibilities

Name: _____

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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.

All applicants must sign and date application:

Signature

Date

Office Use Only:

Received Date:		By:				Mailed In: <input type="checkbox"/>	
LOR		Prerequisites		Form B		Official Transcripts	
A.T. 1st Attempt		A.T. 2nd Attempt		A.T. 3rd Attempt		Check # M/O# CC Conf #	
Terminal		Terminal		Terminal		Fee for 3rd A.T. Attempt	
Photo ID		Photo ID		Photo ID			
Date		Date		Date			
Verified by:		Verified by:		Verified by:		Verified by:	

Race / Ethnic / Gender Designation

Information obtained 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 program.

Instructions: Please check appropriate category.

Race/Ethnic designations as used by the Federal Government do not denote scientific definitions of anthropological origins. For the purposes 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 America, 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 subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the 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 who 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

Language Proficiency (other than English)			
Language	Reads	Writes	Speaks
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
American Sign Language	<input type="checkbox"/>	Yes	<input type="checkbox"/> No