

**RADIOGRAPHY DAY & EVENING/WEEKEND PROGRAM APPLICATION (FORM A)**

**Application Deadline:** Applications accepted between **January 31, 2011 – January 27, 2012**

**Program Start:** **October 1, 2012** (Day Program); **July 2, 2012** (Evening/Weekend Program)

**Program Overview:**

The Kaiser Permanente School of Allied Health Sciences (KPSAHS) Radiography Day Program is 24-months (8 quarters) while the Radiography Evening/Weekend Program is 27-months (9 quarters) in length consisting of classroom and clinical education training. The Radiographer is responsible for producing diagnostic images using various types of x-ray producing equipment and image-processing and recording devices. Obtaining high-quality diagnostic images requires conscientious selection of exposure factors, optimal positioning of anatomy and diligent application of safety measures. KPSAHS' Radiography Day and Weekend/Evening Programs are accredited by the State of California and the Joint Review Committee on Education in Radiologic Technology (JRCERT).

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

- A. 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.
    - 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.
  - \$25.00 **non-refundable** handling fee for each program. (cash will not be accepted.)
  
- B. Submit the Completed Application Packet** – Deliver your completed Application Packet (either by mail or hand carried) to:
 

**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 not accept separately mailed transcripts or letters of recommendation.
  - **KPSAHS is closed to the public Dec. 19, 2011-Jan. 2, 2012. During this time applications will not be accepted.**
  
- C. Assessment Test** – After submission of a completed Application Packet., all applicants are required to take and achieve a passing score on the Wonderlic Scholastic Level Exam.
  - Testing is only administered at the KPSAHS main campus during the application period and must be completed by the specified deadline.
  - *It is the applicant's responsibility to meet the testing requirement. The program will not contact applicants regarding this test. There are NO exceptions.*
  
- D. Application Evaluation** - KPSAHS evaluates the submitted Application Packet and all program requirements. 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 Selection Schedule**

Completed Application Packets and Assessment Examination	January 31, 2011 – January 27, 2012 <i>Applications will not be accepted during inter-quarter break, December 19, 2011 – January 2, 2012</i>
Panel Interviews*	Feb. 6, 2012 – April 27, 2012 for Radiography Eve/Weekend Program February 27, 2012 to May 31, 2012 for Radiography Day Program
Selection of Classes	No later than May 4, 2012 for Radiography Evn/Weekend Program No later than June 8, 2012 Radiography Day Program

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



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**7. Required Coursework: Please provide prerequisite information.**

Course work must be college level, completed and documented on an officially sealed transcript and consist of a minimum of 3 semester units or 4.5 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)
<b>A. Human Anatomy with Lab*</b>						
<b>B. Human Physiology with Lab*</b>						
<b>C. Human Anatomy &amp; Physiology with Lab* (Combined course)</b>						
<b>Intermediate Algebra</b>						
<b>Written Communication (Comprehension/Composition)</b>						
<b>Oral Communication (Speech)</b>						
<b>Introduction to Computers</b>						

**8. Suggested/Recommended Coursework: Please provide additional suggested course work.**

Course work must be college level, completed and documented on an officially sealed transcript and consist of a minimum of 3 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)
<b>Medical Terminology</b>						
<b>Biology** (Related to the human body only; plant, animal, marine biology not accepted)</b>						
<b>Social Sciences</b>						
<b>Arts/Humanities</b>						

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

\*\* Biology must be related to the human body only ( plant, animal, or marine Biology is not accepted).

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**9. 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		
<b>Dates Employed</b> From _____ To _____	<b>Employer Name (Present or most recent)</b> _____ _____	<b>Your Job Title:</b> _____ _____
<b>Your Job Duties and Responsibilities</b> _____ _____ _____		
Previous Employer / Volunteer Work		
<b>Dates Employed</b> From _____ To _____	<b>Employer Name</b> _____ _____	<b>Your Job Title:</b> _____ _____
<b>Your Job Duties and Responsibilities</b> _____ _____ _____		
Previous Employer / Volunteer Work		
<b>Dates Employed</b> From _____ To _____	<b>Employer Name</b> _____ _____	<b>Your Job Title:</b> _____ _____
<b>Your Job Duties and Responsibilities</b> _____ _____ _____		

**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)
<input type="checkbox"/>	<b>Radiography Day Program</b>	
<input type="checkbox"/>	<b>Radiography Evening/Weekend Program</b>	
<input type="checkbox"/>	<b>Diagnostic Medical Sonography Program – General</b>	
<input type="checkbox"/>	<b>Diagnostic Medical Sonography Program – Cardiac</b>	
<input type="checkbox"/>	<b>Radiation Therapy Program</b>	
<input type="checkbox"/>	<b>Nuclear Medicine Program</b>	

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 All applicants must sign and date application:

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_