

### VENIPUNCTURE TRAINING COURSE APPLICATION

**Course Description:**

This course will provide participants with training and certification in the techniques required to start an IV for contrast injection. The course provides information on Anatomy and Physiology of the vasculature of the upper extremity, venipuncture techniques, response to anaphylactic reactions, fluid balance and management, Universal Precautions, and care of the puncture site (both pre and post injection). **Course participants may attend an optional lab immediately after lecture to perform up to 2 successful venipunctures.** Ten (10) successful venipunctures must be performed under the direct supervision of a nurse or physician for final proficiency sign-off. Documentation of ten (10) successful venipunctures must be submitted within 30 days of didactic training to receive a certificate of completion. A certificate of completion will not be issued to students who fail to submit documentation of ten (10) successful venipunctures. In the event of a hardship the instructor may grant an extension of no more than 60 days for submission of documentation. If documentation is not submitted within 90 days of didactic training, the course must be repeated at full cost without exception.

**ASRT Approved Category “A” Credit:**

This course has been approved by the American Society of Radiologic Technologist (ASRT) for **9 CE Category “A” Credits** and meets the American Registry of Radiologic Technologists (ARRT) criteria for Category “A” continuing education credit. This course is in compliance with California Health and Safety Code § 106985 (a-f).

<b>Course Duration:</b>	9 Contact Hours, One Day Course 9:00AM – 5:00 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. <i>(Not included with fees)</i>
<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"/> \$137.50 Kaiser Technologist <input type="checkbox"/> \$152.50 Non Kaiser Technologist		*Fee includes books and supplies

**Prerequisite:**

This course is open to Certified Radiologic Technologists. Applicants must provide copies of CRT license and current CPR card with registration form. Class is limited to 12 participants.

**Dress Code:** Students who will be attending Venipuncture lab must wear or bring closed leather shoes. Canvas shoes, flip flops, sandals, or other open footwear will not be permitted to be worn in the lab.

Please write your preferred course dates**:			
Name (Please Print)	Last Four SS #	Facility	
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Address	City	State	Zip
E-mail Address	Telephone Number		
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\*\* 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 - Venipuncture 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> FAX: (510) 231-5001
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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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