



HEMODIALYSIS, INC.

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Mail Reply preferred

Monday • August 29, 2002 • 08:40 AM

RE: Practicum, "hands-on," formal hemodialysis training program for registered nurses (RN) and Licensed Vocational Nurses (LVN) presently licensed in California. Beginning the third week of January 2003.

Dear Colleague:

We have trained physicians, nurses, and technicians in Nephrology since 1966. Our health-care corporation, Hemodialysis, Inc (**Hi**) is offering a training program, which is tentatively scheduled to begin on January 17, 2003. The outline of the program is:

- 1 Length: twelve (12) weeks.
- 2 Days per week: two (2) days per week, Fridays and Saturdays.
- 3 Hours per day: eight (8) hours a day.
- 4 Total instruction time: one hundred and ninety-two (192) hours.
- 5 Didactic education: all students will be required to purchase these two (2) monographs and one (1) book:
 - a) Principles of Dialysis - Monograph \$ 75.00
 - b) Blood and Uremia - Monograph \$ 85.00
 - c) Hemodialysis Nursing Syllabus \$ 145.00
 - d) They will be required to read and successfully pass the written examinations in each of these two (2) monographs before the end of the practicum.
 - e) Each monograph contains thirty (30) contact hours (CH) which will entitle the RN & LVN a total of sixty- (60) hours continuing education.
- 6 All practicum education will take place in a **Hi** dialysis facility.
- 7 All instructions will be under the direct supervision of a highly trained Hemodialysis RN educator with no other responsibility except to supervise and train the RN and LVN students under his/her instruction.
- 8 The course supervisor is Ms Joanne D Pittard MS, RN; Professor of Allied Health; Glendale Community College. Professor Pittard is the chair person of the most outstanding college level Hemodialysis training program in California if not of all of the USA.
- 9 Practicum fees are three thousand and five hundred dollars (\$3,500.00); payable prior to the first day of training. The cost of the books is an additional three-hundred and five dollars (\$305.00).

- 10 A –refundable– five hundred-dollar (\$500.00) deposit is required if you sign and return this letter.
- 11 A written and full report of a medical history and physical performed within the past twelve months which indicates that the potential student has no physical nor other limitations which would prevent the applicant from working in a Hemodialysis facility. And that that student can be in an environment that contains hazardous chemicals as defined by California Occupational Safety and Health Administration (OSHA) regulations. The report must indicate that the laboratory tests indicated in this letter were both taken and reviewed to determine if the student has evidence of a contagious or communicable disease, which requires special circumstances or treatment.
- 12 Screening laboratory tests within the last three (3) months to include:
 - a) CBC and Immunochemistry
 - b) Liver enzyme studies including: SGPT or ALT to rule out active hepatitis.
 - c) Urinalysis
- 13 Screening laboratory tests within the last twelve (12) months:
 - a) TB skin test or Chest X-ray if prior skin test for tuberculosis was positive.
- 14 Completion of work history form, which we will provide.
- 15 Personal interview at **Hi**'s offices.
- 16 One or more screening aptitude tests at **Hi**'s offices.
- 17 Valid California RN or LVN license.
- 18 Malpractice insurance for this course. We will provide the contact information and source of this insurance. The usual fee for this type of student insurance is about eighty-nine dollars (\$89.00).

How to Start Your Application

If this program interests you, please return this letter signed by you with a check for \$500.00. We will then begin to process your application. Since we believe this is a premium course at a minimum fee, we expect to have many applicants. Those students who are not accepted will have their \$500.00 check refunded to them.

With regards,



John R De Palma, MD
CEO, Hemodialysis, Inc

Yes, I wish to Apply

I wish to be considered for the above training program. I have enclosed a –refundable– check for five-hundred dollars (\$500.00) which will serve as an indication of my serious intent to complete this application for this program and to attend the program as outlined above in this letter. I understand if I am not accepted to the training program the full amount of the deposit will be refunded to me.

Signature: _____

Full Name: _____
(Please print)

Street Address: _____
(Please print)

City: _____
(Please print)

Zip Code: _____
(Please print)

Phone: _____
(Please print)

Please mail this form and your refundable check to:

**Hemodialysis, Inc.
710 West Wilson Avenue
Glendale, CA 91203-2409
Telephone: (818) 500-8736
Facsimile: (818) 500-9452
Attention: Personnel Department**