

**Kaiser Permanente School of Allied Health Sciences
Vascular-Interventional Radiography Training
Clinical Site Letter of Commitment**

[Insert Date]

Kaiser Permanente School of Allied Health Sciences
938 Marina Way South
Richmond, CA 94804

Attn: Darryl Jones, MD
KPSAHS Medical Director

Re: Vascular-Interventional Radiography Clinical Site Support Agreement

I, _____, _____, Kaiser Permanente
_____, confirm that _____ will be a clinical site for
_____ while he/she is enrolled in the Kaiser Permanente School of Allied Health
Sciences Vascular-Interventional Radiography Certification Exam prep course.

I understand that this clinical site commitment will begin on or about September 28, 2015 and continue up to and including September 28, 2017. As a clinical site we will provide the student with the opportunity to perform vascular-interventional radiography procedures in a primary role and that these procedures will be verified by a certified and registered technologist, supervisor or licensed physician at this facility.

Sincerely,

Signature

Name (Please Print)

Title: _____

Email: _____

Phone: _____ (*Tie line:* 8-____ - ____)

cc: Candra Raynor, KPSAHS Director of Student Services