



Workforce Investment Act Eligible Training Program

Provider Name: Comprehensive Educational Services

Contract #:5050-69

Address:

Address if program is held at a another site:

101 Main Street
Suite 202
Pawtucket, RI 02860

Program Name: Phlebotomy

Office use only: ONET CODE 31-9097

CONTACT INFORMATION

Program Contact Person:
Rachel M. Bloe

Phone: 401-723-1254
Email: ceshealth@gmail.com

Fax: 401-723-1235
Website: www.ces-health.com

Course Outline/Topics to be Covered

Ethical, legal and regulatory issues; basic anatomy and physiology; cardiovascular system; infection control; safety and first aid; specimen handling and transportation; venipuncture procedures; pediatric procedures; intravenous (IV), edery care; home and long-term care and collections; forensic toxicology; workplace testing and sports testing.

Required academic grade levels to enter program

Reading Grade Level HS Diploma or GED or 8th
Math Grade Level HS Diploma or GED or 8th
English Proficiency Fair

Required to enter training program

Physical Yes No
Vaccinations Yes No
Drug test Yes No
BCI Yes No
License Yes No
Tools Yes No
Experience Yes No
Other :

MAY be required for employment

Physical Yes No
Vaccinations Yes No
Drug test Yes No
BCI Yes No
Certification Yes No
License Yes No
Tools Yes No
Experience Yes No
Other :

Participants will be qualified to seek employment in the following occupations:

- 1) Phlebotomist 2) _____
3) _____ 4) _____

Is this program Pell grant eligible?

Yes No

PROGRAM COSTS:

TUITION INCLUDES:

Tuition \$3,800.00
Fees _____
Books _____
Licensing _____
Certificate fees _____
Other, provide explanation _____
CPR / First Aid Training _____
Uniform _____

Total Tuition Cost \$3,800.00

These are expenses that MAY be reimbursed after successful completion of training.

Please indicate Yes, No or enter the amount

	YES	NO	AMOUNT
Books	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	_____
Licensing	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	_____
Tools	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	_____
Uniforms	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	_____
Travel	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	_____
Miscellaneous	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	_____

Total \$0.00

Participant is responsible for :

Prerequisites _____
Memberships _____

Cost above tuition cap **\$0.00**

Expenses that MAY be reimbursed **\$0.00**

Total \$0.00

Maximum ITA Responsibility (Max. \$5500)

\$3,800.00

PROGRAM LENGTH

Weeks and Hours and Additional Information

Ten week program, 13 hours a week.

What type of certificate will be awarded and by whom?

Certificate of completion & NHA license