



Workforce Investment Act Eligible Training Program

Provider Name: **Paul Mitchell the School- Rhode Island**

Contract #: **5050-03**

Address: **30 Chapel View, Suite 100
Cranston, RI 02920**

Address if program is held at a another site:

Program Name: **Cosmetology**

Office use only: ONET CODE | 39-5012

CONTACT INFORMATION

Program Contact Person: **Nicole Oliveira** Phone: **401-946-9920** Fax: **401-946-9881**
Email: **nikkio@rhodeisland.paulmitchell.edu** Website: _____

Course Outline/Topics to be Covered

The course includes extensive instruction and practical experience in cutting, hair coloring, perming, customer service, personal appearance, & hygiene, personal motivation and development, retail skills, client record keeping, business ethics as well as sanitation, state laws and regulations, salon – type administration and job interviewing.

Required academic grade levels to enter program

Reading Grade Level N/A
Math Grade Level N/A
English Proficiency N/A

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) HAIRDRESSER
- 2) _____
- 3) _____
- 4) _____

Is this program Pell grant eligible?

Yes No

PROGRAM COSTS:

TUITION INCLUDES:

Tuition \$15,000.00
Fees \$100.00
Books \$300.00
Licensing _____
Certificate fees _____
Other, provide explanation \$2,910.00
Supplies/Equipment Fees _____

Total Tuition Cost \$18,310.00

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 type="checkbox"/> No	_____
Licensing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Tools	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Uniforms	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Travel	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Miscellaneous	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____

Total \$0.00

Participant is responsible for :

Prerequisites _____
Memberships _____

Cost above tuition cap **\$12,810.00**
Expenses that **MAY** be reimbursed **\$0.00**

Total \$12,810.00

Maximum ITA Responsibility (Max. \$5500)

\$5,500.00

PROGRAM LENGTH

Weeks and Hours and Additional Information

Full time = 42.86 weeks Tues- Sat 9:30-5:00 or Mon-Fri 9:30-5:00 Part time= 75 weeks Mon-Thrus 5:00pm- 10 pm or Mon- Thurs 9:30-2:30

What type of certificate will be awarded and by whom?