



# Workforce Investment Act Eligible Training Program

Provider Name: Bastien Academy Inc.

Contract #: **5050-61**

Address:

120 Amaral Street  
East Providence, RI 02915

Addresses if program is held at a another site:

1. \_\_\_\_\_  
2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Program Name: Certified Nursing Assistant

Office use only: ONET CODE 31-1014

### CONTACT INFORMATION

Program Contact Person: Reginald Bastien

Phone: (401) 369-9174  
Email: reggie@bastienacademy.com

Fax: (401) 709-4302  
Website: www.bastienacademy.com

### Course Outline/Topics to be Covered

The CNA program covers infection control, body mechanics, measuring vital signs, nutrition, elimination and safety. All while maintaining dignity, and privacy. The student will be able to provide personal hygiene, recognize common health problems and report any abnormal findings.

### Required academic grade levels to enter program

Reading Grade Level 8th

Math Grade Level 6th

English Proficiency Must be able to read,write,and speak English Fluently

### 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:

Certified Nursing Assistant 2) Orderlie  
3) Homemaker 4) Home Health Aide

### Is this program Pell grant eligible?

Yes  No

### PROGRAM COSTS:

#### TUITION INCLUDES:

Tuition	\$1,300.00
Fees	\$50.00
Books	\$75.00
Licensing	\$134.00
Certificate fees	
Other, provide explanation	\$20.00
Uniform/Supplies	\$200.00

**Total Tuition Cost \$1,779.00**

#### 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 \$0.00**

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

**Total \$0.00**

### Maximum ITA Responsibility (Max. \$5500)

**\$1,779.00**

### PROGRAM LENGTH

Weeks and Hours and

### Additional Information

**5 week Program including clinical.  
9am-1pm or M-F 5pm -9pm**

**M-F**

### What type of certificate will be awarded and by whom?

NHA Certification, Bastien Academy Certification, RI License