



# Workforce Investment Act Eligible Training Program

Provider Name: Community College of Rhode Island

Contract #: 5050-62

Address: \_\_\_\_\_  
1762 Louisquisset Pike  
Lincoln, RI 02865

Address if program is held at a another site: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Program Name: Certified Nursing Assistant Program

Office use only: ONET CODE 31-1012

### CONTACT INFORMATION

Program Contact Person: Kerri Giguere Phone: 401-333-7283 Fax: 401-333-7237  
Email: kpimentel14@ccri.edu Website: http://www.ccri.edu/cwce

### Administrative Questions:

#### Course Outline/Topics to be Covered

The program consists of 124 hours of training - 68 hours of classroom, 24 hours of laboratory learning as well as 32 hours of clinical training in a nursing facility. Topics covered include basic nursing skills, resident's rights, vital signs, social services, basic rehabilitative services, personal care skills, and safety and emergency procedures.

#### Required academic grade levels to enter program

Reading Grade Level 7.9  
Math Grade Level Not provided  
English Proficiency Not Provided

#### 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) CNA 2) \_\_\_\_\_  
3) \_\_\_\_\_ 4) \_\_\_\_\_

#### Is this program Pell grant eligible?

Yes  No

### PROGRAM COSTS:

#### TUITION INCLUDES:

Tuition	\$855.00
Fees	
Books	\$18.00
Licensing	
Certificate fees	\$35.00
Other, provide explanation	
Certification/License Test	\$99.00
CPR	\$45.00
Pre-Test Fee	\$25.00
<b>Total Tuition Cost</b>	<b>\$1,077.00</b>

#### 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	
<b>Total</b>			<b>\$0.00</b>

#### Participant is responsible for :

Prerequisites	
Membership	
<b>Cost above tuition cap</b>	<b>\$0.00</b>
<b>Expenses that <u>MAY</u> be reimbursed</b>	<b>\$0.00</b>
<b>Total</b>	<b>\$0.00</b>

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

**\$1,077.00**

#### PROGRAM LENGTH

Weeks and Hours and

#### Additional Information

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

Certified Nursing Assistant Certification by CCRI and State Licensure by DOH