



Workforce Investment Act Eligible Training Program

Provider Name: Bastien Academy Inc.

Contract #: 4050-61

Address: 120 Amara Street
East Providence, RI 02915

Addresses if program is held at a another site:
1. _____
2. _____

Program Name: Patient Care Technician

Office use only: ONET CODE 31-1012

CONTACT INFORMATION

Program Contact Person:
Jenny In or Reginald

Phone: (401) 369-9174

Email: eggie@bastienacademy.com

Fax: (401) 709-4302

Website: www.bastienacademy.com

Course Outline/Topics to be Covered

The Patient care Technician Program, Which consists of both classroom and clinical education, prepares you to work in a hospital environment under direct supervision of a registered nurse. Students are trained to perform clinical skills such as blood collection, EKG's, Catheterization, recording vital signs and patient treatments, and other tasks related to patient care. patient Care Technician graduates can expect to find employment opportunities in hospitals, rehabilitation centers, and placement agencies.

Required academic grade levels to enter program

Reading Grade Level HS Diploma or GED or 8th grade

Math Grade Level HS Diploma or GED or 8th grade

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) Home Health Aide
- 3) EKG Tech 4) Phlebotomist

Is this program Pell grant eligible?

Yes No

PROGRAM COSTS:

TUITION INCLUDES:

Tuition	\$4,900.00
Fees	\$50.00
Books	\$70.00
Licensing	\$350.00
Certificate fees	
Other, provide explanation	
Total Tuition Cost	\$5,370.00

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 <u>MAY</u> be reimbursed	\$0.00
Total	\$0.00

Maximum ITA Responsibility (Max. \$5500)

\$5,370.00

PROGRAM LENGTH

Weeks and Hours and

Additional Information

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

M-

What type of certificate will be awarded and by whom?

NHA Certifications, RI CAN Lincense, Bastien Academy Certification