



# Workforce Investment Act Eligible Training Program

**Provider Name:** Community College of Rhode Island

**Contract #:** 4050- 62

**Address:**  
1762 Louisquisset Pike  
Lincoln, RI 02865  
Attn: Mary Parrillo

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

**Program Name:** Financial Services Certificate

Office use only: ONET CODE 13-2099

### CONTACT INFORMATION

Program Contact Person:  
John Ribezzo

Phone: 401-825-2251  
Email: [jribezzo@ccri.edu](mailto:jribezzo@ccri.edu)

Fax: 401-825-1176  
Website: <http://www.ccri.edu/businessadmin/programs.html>

### Course Outline/Topics to be Covered

Financial Accounting	4 Credits
Managerial Accounting	4 Credits
Introduction to Business	3 Credits
Personal Income Taxes	3 Credits
Principles of Management	3 Credits
Sales	3 Credits
Personal Finance	3 Credits
Money and Banking	3 Credits
Investments	3 Credits

### Required academic grade levels to enter program

Reading Grade Level	<u>Placement Exam</u>
Math Grade Level	<u>Placement Exam</u>
English Proficiency	<u>Placement Exam</u>

### Required to enter training program

Physical	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Vaccinations	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Drug test	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
BCI	<input type="checkbox"/> Yes	<input type="checkbox"/> No
License	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Tools	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Experience	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Other :		

### MAY be required for employment

Physical	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Vaccinations	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Drug test	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
BCI	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Certification	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
License	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Tools	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Experience	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Other :		

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

- 1) Banking
- 2) Investments
- 3) Insurance
- 4) \_\_\_\_\_

**Is this program Pell grant eligible?**  Yes  No

### PROGRAM COSTS:

TUITION INCLUDES:	
Tuition	<u>\$4,437.00</u>
Fees	<u>\$365.00</u>
Books	<u>\$1,000.00</u>
Licensing	_____
Certificate fees	<u>\$40.00</u>
Other, provide explanation	_____
Total Tuition Cost	<b>\$5,842.00</b>

These are expenses that <u>MAY</u> be reimbursed after successful completion of training.			
<i>Please indicate Yes, No or enter the amount</i>			
	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			<b>\$0.00</b>

Participant is responsible for :	
Prerequisites	_____
Memberships	_____
_____	_____
_____	_____
Cost above tuition cap	<b>\$342.00</b>
Expenses that <u>MAY</u> be reimbursed	<b>\$0.00</b>
Total	<b>\$342.00</b>

**Maximum ITA Responsibility (Max. \$5500)**  
  
**\$5,500.00**

**PROGRAM LENGTH** 9 MONTHS; total 29 credits  
Weeks and Hours and  
**Additional Information**

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

Certificate of Completion CCRI Workf + Comm Education1  
VA Approved