



Workforce Investment Act Eligible Training Program

Provider Name: Coastal Career Academy

Contract #: 4050-76

Address:
288 Plymouth Ave
Fall River, MA 02721

Address if program is held at a another site:

Program Name: Medical Assistant

Office use only: ONET CODE 31-9012

CONTACT INFORMATION

Program Contact Person:
Debra Gomes/Tammy Latour

Phone: 508-536-5366
Email: coastalcareer@comcast.net

Fax: 508-762-1470
Website: coastalcareeracademy.com

Course Outline/Topics to be Covered

Students receive 600 classroom and lab training and 160 hours of externship in a Medical Office or Long Term Care Facility. Topics include intro to Billing & Coding, Phlebotomy, EKG, Clinical Procedures, Pharmacology, Computer Skills, Medical Office Procedures. Once classes are complete students will then fo on externship for 160 hours to complete the program. Students will be tested for NHA National Certification to be Nationally certified, and will also receive certification from our school as at Medical Assistant/Nursing Assistant.
National Certification included in tuition

Required academic grade levels to enter program

Reading Grade Level HS/GED

Math Grade Level HS/GED

English Proficiency HS/GED

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) Medical Assistant
- 2) _____
- 3) _____
- 4) _____

Is this program Pell grant eligible?

Yes No

PROGRAM COSTS:

TUITION INCLUDES:

Tuition	\$4,567.00
Fees	\$50.00
Books	\$323.00
Licensing	
Certificate fees	\$149.00
Other, provide explanation	
Uniforms/CPR	\$160.00

Total Tuition Cost \$5,249.00

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 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 checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	\$5.00

* BCI Check

Total \$5.00

Participant is responsible for :

Prerequisites	_____
Memberships	_____
_____	_____
_____	_____
_____	_____

Cost above tuition cap \$0.00

Expenses that MAY be reimbursed \$5.00

Total \$5.00

Maximum ITA Responsibility (Max. \$5500)

\$5,249.00

PROGRAM LENGTH

Weeks and Hours
and

Additional Information

Class hours Monday-Thursday 9am-2pm
600 class hours 160 externship hours

What type of certificate will be awarded and by whom?

NHA(National Healthcare Association) Certification