



# 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 Office Specialist

Office use only: ONET CODE 29-2071

### CONTACT INFORMATION

Program Contact Person: Debra Gomes/Tammy Latour Phone: 508-536-5366 Fax: 508-762-1470  
Email: coastalcareer@comcast.net Website: coastalcareeracademy.com

### Course Outline/Topics to be Covered

Students receive 560 classroom and lab training hours and 160 hours of externship in a Medical Office. Topics include into to Billing & Coding, Computer Skills, Medical Office Procedures...etc Once classes are complete student will then go on to an externship of 160 hours to complete the program. Students will receive certificates from the school as a Medical Office Specialist. Students will also test with the National Healthcare Association to be Nationally certified as a Medical Office Specialist.

### 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 Office Assistant
- 2) Medical Office Receptionist
- 3) Medical Office Manager
- 4) \_\_\_\_\_

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

### PROGRAM COSTS:

TUITION INCLUDES:	
Tuition	\$3,570.00
Fees	\$50.00
Books	\$470.00
Licensing	
Certificate fees	\$105.00

These are expenses that <u>MAY</u> be reimbursed after successful completion of training.		
Please indicate Yes, No or enter the amount		
	YES	NO
Books	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Licensing	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Tools		
		<b>AMOUNT</b>

Participant is responsible for :	
Prerequisites	_____
Memberships	_____
	_____
	_____