



# Workforce Investment Act Eligible Training Program

Provider Name: Cranston Arc Contract #: 4050-51

Address: PO Box 20130  
Cranston, RI 02920

Addresses if program is held at a another site:  
 1. Eleanor Slater Hospital  
600 New London Avenue  
Cranston, RI 02920

2. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Program Name: CERTIFIED NURSING ASSISTANT

Office use only: ONET CODE 31-1012

### CONTACT INFORMATION

Program Contact Person: Marika Isom Phone: 401-727-8002 Fax: 401-727-8411  
 Email: Misom@cranstonarc.org Website: cranstonarc.org

### Course Outline/Topics to be Covered

Infection control; Dietary issues; Adult CPR; Early childhood health and safety; Abuse and rights of residents/patients; Behavior management; Universal Precautions; Body mechanics; Making an occupied and unoccupied bed; Personal care; Measuring intake and output; Feeding; Vital signs; Specimen collection; SS enema-Fleet enema; Range of motion; Transfer and repositioning; Use of bed pans and urinal; Care of external tubes and osmotic; Handling of equipment.

### Required academic grade levels to enter program

Reading Grade Level 5th-7th Min  
 Math Grade Level 5th-7th Min  
 English Proficiency State Exam given in English only

### 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 : Training successfully completed.

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

- 1) Certified Nursing Asst 2) \_\_\_\_\_  
 3) \_\_\_\_\_ 4) \_\_\_\_\_

### Is this program Pell grant eligible?

Yes  No

### PROGRAM COSTS:

TUITION INCLUDES:	These are expenses that <u>MAY</u> be reimbursed after successful completion of training.	Participant is responsible for :
Tuition <u>\$3,200.00</u>	<i>Please indicate Yes, No or enter the amount</i>	Prerequisites _____
Fees <u>\$5.00</u>	<b>YES NO AMOUNT</b>	Memberships _____
Books <u>\$45.00</u>	Books <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____	_____
Licensing <u>\$95.00</u>	Licensing <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____	_____
Certificate fees _____	Tools <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____	_____
Other, provide explanation <u>\$105.00</u>	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 Tuition Cost <u>\$3,450.00</u></b>	<b>Total <u>\$0.00</u></b>	<b>Cost above tuition cap <u>\$0.00</u></b>
		<b>Expenses that <u>MAY</u> be reimbursed <u>\$0.00</u></b>
		<b>Total <u>\$0.00</u></b>

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

**\$3,450.00**

### PROGRAM LENGTH

Weeks and Hours and

### Additional Information

Program is **10 weeks** in duration, Hours are from **9am - 1pm Monday Through Friday.**

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

License from State Of RI and certificate of graduation from PIP.