



# Workforce Investment Act Eligible Training Program

Provider Name: Family Resources Community Action

Contract #: 4050-20

Address: 55 Main Street  
Woonsocket, RI 02895

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

Program Name: Health Care Career Exploration - Stepping Up

Office use only: ONET CODE 31-9099

### CONTACT INFORMATION

Program Contact Person:  
Carol Hartmann Rabbitt

Phone: 401 235-6074  
Email: chartmannrabbitt@famresri.org

Fax: 401 671-2944  
Website: www.famresri.org

### Course Outline/Topics to be Covered

Career Preparation, Job Club, basic computer skills, medical terminology, patient rights, legal and ethical issues and soft skills for working in healthcare. Job development, case management and an internship with Thundermist Health Center, Landmark Medical Center or Sodexo (food service contractor for Landmark). Total class time 300 Hours. Class meets 5 days a week 9:00-2:00.

### Required academic grade levels to enter program

Reading Grade Level 6th  
Math Grade Level 5th  
English Proficiency Ability to use English effectively

### 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) Healthcare support
- 2) Medical Assistants
- 3) Healthcare Practitioners
- 4) Healthcare Technical Worke

### Is this program Pell grant eligible?

Yes  No

### PROGRAM COSTS:

#### TUITION INCLUDES:

Tuition \$2,800.00  
Fees \_\_\_\_\_  
Books \_\_\_\_\_  
Licensing \_\_\_\_\_  
Certificate fees \_\_\_\_\_  
Other, provide explanation \_\_\_\_\_

**Total Tuition Cost \$2800.00**

#### 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 type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	_____

**Total \$0.00**

#### Participant is responsible for :

Prerequisites \_\_\_\_\_  
Memberships \_\_\_\_\_  
\_\_\_\_\_

**Cost above tuition cap \$0.00**

**Expenses that MAY be reimbursed \$0.00**

**Total \$0.00**

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

**\$0.00**

#### PROGRAM LENGTH

Weeks and Hours and

#### Additional Information

**12 Week Program. 7 weeks of classroom training, 5 weeks internship. Class held Monday - Friday 9:00-2:00. Program total 300 hrs.**

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

CPR certification (RI Red Cross)  
Blood Borne Pathogen Certification (OSHA)  
Certificate of Program Completion (FRCA)