



Workforce Investment Act Eligible Training Program

Provider Name: The Genesis Center

Contract #: 4050- 49

Address: 620 Potters Ave
Providence, RI 02907

Address if program is held at a another site:

Program Name: Health Care Exploration

Office use only: ONET CODE 31-9099

CONTACT INFORMATION

Program Contact Person: Cherilyn Dyer

Phone: 401-781-6110
Email: cherilyn@gcenter.org

Fax: 401-461-8788
Website: www.gcenter.org

Course Outline/Topics to be Covered

Workforce readiness training in pre-CNA, dietary assistant, personal patient care, patient transport, direct support; medical terminology, hygiene procedures, patient rights, legal and ethical issues, team building and conflict resolution. Full support of onsite Support Services staff--Social Case Worker, Job Developer (soft skills, mock interviews, resume building, job placement assistance), Transition Specialist (assistance with access to further trainings and higher education), and Health Coordinator. Five week Internships at employer partner hospitals (RI Hospital, Women & Infants), Re-Focus, Homestead Group and Family Services RI (direct support). Part of the Stepping Up initiative.

Required academic grade levels to enter program

Reading Grade Level 5th

Math Grade Level 4th

English Proficiency Intermediate Proficiency

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) Direct Patient Support 2) Dietary Assistant/Food Servi
- 3) Patient Transport 4) Personal Care

Is this program Pell grant eligible?

Yes No

PROGRAM COSTS:

TUITION INCLUDES:

Tuition \$3,482.00
Fees _____
Books _____
Licensing _____
Certificate fees _____
Other, provide explanation _____

Total Tuition Cost \$3,482.00

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)

\$3,482.00

PROGRAM LENGTH

Weeks and Hours and

Additional Information

13 weeks 350 hours (course plus internship)

What type of certificate will be awarded and by whom?

First Aid/CPR, Bloodborne Pathogens, Alzheimer's Care