



Workforce Investment Act Eligible Training Program

Provider Name: Health Care Training Services, Inc.

Contract #: 4050-45

Address: 657 Quarry Street
Fall River, MA 02723

Addresses if program is held at a another site:
1. _____
2. _____

Program Name: Medical Assistant

Office use only: ONET CODE 31-9092

CONTACT INFORMATION

Program Contact Person: Doug Leigh

Phone: 508-672-6800

Email: dleigh@hctschool.com

Fax: 508-672-2866

Website: www.hctschool.com

Course Outline/Topics to be Covered

This program consists of 715 hours including classroom, lab and clinical experience. Course work includes: Microsoft Office & Computer Basics, Medical Terminology, EKG, Pharmacology & Patient Assessment, Clinical Procedures, Phlebotomy, Medical Office Procedures, Introduction to Keyboarding, Typing, Career Preparation and skills, and an Internship. This program will train the student to assist with direct and supportive patient services in a variety of health care settings.

Required academic grade levels to enter program

Reading Grade Level 8th

Math Grade Level 8th

English Proficiency 8th

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 : HS Diploma / GED Min Age 18

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	\$4,488.00
Fees	\$50.00
Books	\$362.00
Licensing	
Certificate fees	\$149.00
Other, provide explanation	
Uniforms	\$100.00
Total Tuition Cost	\$5,149.00

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 type="checkbox"/> No	
Licensing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Tools	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Uniforms	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Travel	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Miscellaneous	<input type="checkbox"/> Yes	<input 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)

\$5,149.00

PROGRAM LENGTH

Weeks and Hours and

Additional Information

Open Enrollment every Monday. Monday - Friday Classes held 9 - 3 and 9 - 1. Please contact school for details. Typical student completes the program in approx. 8 months.

What type of certificate will be awarded and by whom?

Certificate from school, Certified Clinical Medical Asst. Cert. NHA