



# 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 / Nurse Assistant / Home Health Aide

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 820 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 as well as Nurse Assistant Training with Home Health Aide. The program will qualify the participant to sit for state certification as a Nurse Aide.

### 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  
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) Nurse Assistant
- 3) Home Health Aide
- 4) \_\_\_\_\_

### Is this program Pell grant eligible?

Yes  No

### PROGRAM COSTS:

#### TUITION INCLUDES:

Tuition	\$5,183.00
Fees	\$50.00
Books	\$405.00
Licensing	\$93.00
Certificate fees	
Other, provide explanation	
Uniforms	\$100.00
Scholarship	-\$331.00

**Total Tuition Cost \$5,500.00**

#### 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 RI	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	\$40.00
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 \$40.00**

#### Participant is responsible for :

Prerequisites	_____
Memberships	_____
_____	_____
_____	_____

**Cost above tuition cap \$0.00**

**Expenses that MAY be reimbursed \$40.00**

**Total \$40.00**

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

**\$5,500.00**

### PROGRAM LENGTH

Weeks and Hours and Additional Information

Open Enrollment every Monday. Monday - Friday class schedule varies from 8:30-3, 9-3 or 8:30 - 12:30. Students usually complete the program in approx. 9 months. Student may obtain RI Nurse License.

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

Certificate from School, MA Nurse Lic, AHA CPR, CHHA Cert.