



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 Office Specialist

Office use only: ONET CODE 43-6013

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

Completion of this 520-hour certificate program will prepare the participant to work in a variety of medical settings. Course work includes Microsoft Office & Computer Basics, Introduction to Keyboarding, Medical Office Procedures, Typing, Medical Terminology, Medical Insurance and Coding by Medisoft, Third Party Billing, Internship and Career preparation skills. Your 80 hrs of clinical will be scheduled by the school and consist of (2) 40 hour weeks.

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) Healthcare Support
- 2) Medical Office Assistant
- 3) Medical Reception
- 4) Medical Secretaries

Is this program Pell grant eligible?

Yes No

PROGRAM COSTS:

TUITION INCLUDES:

Tuition	\$3,650.00
Fees	\$50.00
Books	\$638.00
Licensing	
Certificate fees	\$105.00
Other, provide explanation	
Uniforms	\$100.00
Total Tuition Cost	\$4,543.00

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 <u>MAY</u> be reimbursed	\$0.00
Total	\$0.00

Maximum ITA Responsibility (Max. \$5500)

\$4,543.00

PROGRAM LENGTH

Weeks and Hours and Additional Information

Open Enrollment every Monday. Monday - Friday usually 20 hr/wk. Class Schedule 8:30 - 12:30PM.

What type of certificate will be awarded and by whom?

Certificate from School, Certified Medical Admin Asst. Cert., NHA