



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: Nurse Assistant / Certified Home Health Aide

Office use only: ONET CODE 31-1012

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

Nursing Assistant (formerly CNA)/ Home Health Aide is a course which includes classroom, lab a clinical externship. Your nursing home experience will be fully supervised. This program prepares you to sit for the Massachusetts CNA State Exam which is given in our classrooms for your comfort. Upon obtaining your Massachusetts state certification you can apply for your Rhode Island certification. Career opportunities include, but are not limited to, working in a hospital, nursing home, or Doctor's office. CPR included. Certified Home Health Aide certificate is obtained through classroom training and exam. Student will become CPR Certified by AHA.

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

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) Nurse Assistant
- 2) Home Health Aide
- 3) Personal Care Attendant
- 4) _____

Is this program Pell grant eligible?

Yes No

PROGRAM COSTS:

TUITION INCLUDES:

Tuition	\$695.00
Fees	\$50.00
Books	\$45.00
Licensing	\$133.00
Certificate fees	
Other, provide explanation	
Uniforms	\$100.00
CPR	\$60.00

Total Tuition Cost \$1,083.00

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)

\$1,083.00

PROGRAM LENGTH

Weeks and Hours and

Additional Information

Programs start approx. every 6 weeks and students complete program in 5 weeks. NAT class M-F 8:30 - 3, MA Nurse Exam taken at the school

What type of certificate will be awarded and by whom?

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