



# 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: Professional Administrative Assistant

Office use only: ONET CODE 43-6014

### 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 676 hours of classroom, lab and clinical experience. The course work includes Microsoft Office & Computer Basics Book 1, Microsoft Office & Computer Basics Book 2, Introduction to Keyboarding, Typing, Business Writing, Office Procedures, Telephone Communications, Business Math, MS Power Point, Career Preparations Skills, and an Internship. This course prepares the student for a large variety of office positions, by and adding additional training in financial and computer applications.

### 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) Secretary 2) Data Entry
- 3) Receptionist 4) Office Assistant

### Is this program Pell grant eligible?

Yes  No

### PROGRAM COSTS:

#### TUITION INCLUDES:

|                            |                   |
|----------------------------|-------------------|
| Tuition                    | \$4,444.00        |
| Fees                       | \$50.00           |
| Books                      | \$479.00          |
| Licensing                  |                   |
| Certificate fees           |                   |
| Other, provide explanation |                   |
| <b>Total Tuition Cost</b>  | <b>\$4,973.00</b> |

#### 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 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 |    |        |
| <b>Total</b>  |                                                          |    |        |

#### Participant is responsible for :

|                                        |               |
|----------------------------------------|---------------|
| Prerequisites                          |               |
| Memberships                            |               |
| Cost above tuition cap                 | <b>\$0.00</b> |
| Expenses that <u>MAY</u> be reimbursed | <b>\$0.00</b> |
| <b>Total</b>                           | <b>\$0.00</b> |

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

**\$4,973.00**

### PROGRAM LENGTH

Weeks and Hours and  
Additional Information

Open Enrollment every Monday. Monday - Friday class 8:30 - 12:30. Students usually complete the program in approx. 7 - 8 months.

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

Certificate from School