



Workforce Investment Act Eligible Training Program

Provider Name: Health Care Connections

Contract #: 4050- 34

Address:
425 Willett Ave
Riverside, RI 02915

Address if program is held at a another site:

Program Name: Certified Nursing assistant

Office use only: ONET CODE 31-1012

CONTACT INFORMATION

Program Contact Person:
Doreen Braz, RN

Phone: 401-437-3515
Email: DCRN38@aol.com

Fax: 401-437-0635
Website: healthcareconnections.biz

Course Outline/Topics to be Covered

The student will learn all aspects of caring for the elderly or disabled person. This includes infection control, body mechanics, measuring vital signs, nutrition, elimination and safety. All while maintaining dignity, and privacy. The student will be able to provide personal hygiene, recognize common health problems and report any abnormal findings.

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 :

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) Certified Nursing Assist.
- 2) Orderly
- 3) Home Health Aide
- 4) _____

Is this program Pell grant eligible?

Yes No

PROGRAM COSTS:

TUITION INCLUDES:

Tuition	\$300.00
Fees	\$50.00
Books	\$65.00
Licensing	\$139.00
Certificate l fees (CPR)	\$25.00
Other, provide explanation	\$35.00
gait belt, bp cuff, stethoscope	
Uniform***	\$25.00
*** This cost can vary	

Total Tuition Cost \$639.00

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

\$639.00

PROGRAM LENGTH

Weeks and Hours and

Additional Information

80 hours of classroom training and 20 hours of clinical training usually about 10 weeks in duration.

What type of certificate will be awarded and by whom?

Licensed by the Rhode Island Dept. of Health