



Workforce Investment Act Eligible Training Program

Provider Name: MedCerts

Contract #: 4050- 80

Address: ONLINE Program
14115 Farmington Road
Livonia, MI 48154

Address if program is held at a another site:
ONLINE Program
14115 Farmington Road
Livonia, MI 48154

Program Name: Medical Front Office Assistant and Administration Specialist HI-1000

Office use only: ONET CODE 43-6013

CONTACT INFORMATION

Program Contact Person: Foy Ann Plohr

Phone: 734 237-3960
Email: fplohr@medcerts.com

Fax: 734 237-3960
Website: www.mecerts.com

Course Outline/Topics to be Covered

Medical Office Procedures and Administration Automated
Medical Office Microsoft Office Specialist Huan
Anatomy, Phsiology and Medical Terminology
Insurance, Bhilling, and Coding Essentials

Required academic grade levels to enter program

Reading Grade Level HS/GED

Math Grade Level HS/GED

English Proficiency HS/GED

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) Medical Receptionist
- 2) Clinical Specialist
- 3) Medical Records
- 4) Medical FrontOffice Assitant

Is this program Pell grant eligible?

Yes No

PROGRAM COSTS:

TUITION INCLUDES:

Tuition \$4,000.00
Fees Included
Books Included
Licensing Included
Certificate fees Included
Other, provide explanation _____

Total Tuition Cost \$4,000.00

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)

\$4,000.00

PROGRAM LENGTH

Weeks and Hours
and

Additional Information

6 months/384 hours

What type of certificate will be awarded and by whom?

(CBCS) (CMAA) (MOS)