



# Workforce Investment Act Eligible Training Program

**Provider Name:** Providence Skills Center

**Contract #:** 4050- 22

**Address:**  
Providence Place Mall  
31 Providence Place  
Providence, RI 02903

**Address if program is held at a another site:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Program Name:** Customer Service- National Retail Foundation

Office use only: ONET CODE 41-2031

### CONTACT INFORMATION

Program Contact Person:  
Gary Littlefield

Phone: 401 437 8885 x 318  
Email: [glittlefield@comcap.org](mailto:glittlefield@comcap.org)

Fax: 401 437 8886  
Website: \_\_\_\_\_

**Course Outline/Topics to be Covered**  
Assess Customer Needs, Create Competitive Advantage, Learn about Products and Services, Initiate Customer Contact, Determine Customer Needs, Educate Consumer, Build Customer Relations, Meet Customers Needs, Prepare the Sale, Build the Sale, Gain Customer Commitment, Close the Sale, Develop Follow Up Plan

### Required academic grade levels to enter program

Reading Grade Level 6  
Math Grade Level 6  
English Proficiency Reading at 6th grade level

### 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 : Must be 18 years old

### 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) Retail Customer Service
- 2) \_\_\_\_\_
- 3) Retail Customer Sales
- 4) \_\_\_\_\_

**Is this program Pell grant eligible?**  Yes  No

### PROGRAM COSTS:

TUITION INCLUDES:	
Tuition	\$1,000.00
Fees	
Books	\$65.00
Licensing	
Certificate fees	
Other (Exam)	\$75.00
<b>Total Tuition Cost \$1,140.00</b>	

These are expenses that <u>MAY</u> be reimbursed after successful completion of training.			
<i>Please indicate Yes, No or enter the amount</i>			
	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		
<b>Total</b>			<b>\$0.00</b>

Participant is responsible for :	
Prerequisites	_____
Memberships	_____
_____	_____
_____	_____
_____	_____
<b>Cost above tuition cap</b>	<b>\$0.00</b>
<b>Expenses that <u>MAY</u> be reimbursed</b>	<b>\$0.00</b>
<b>Total \$0.00</b>	

**Maximum ITA Responsibility (Max. \$5500)**  
  
**\$1,140.00**

**PROGRAM LENGTH**  
Weeks and Hours and  
**Additional Information**

**To be announced. Call Program Contact for specific information.**

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

National Retail Foundation Retail Customer Service Certificate