



# Workforce Investment Act Eligible Training Program

**Provider Name:** Salter School - Fall River

**Contract #:** 4050- 50

**Address:**  
82 Hartwell St.  
Fall River, Ma 02721

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

**Program Name:** Medical Assistant- Professional

Office use only: ONET CODE 31-9092

### CONTACT INFORMATION

Program Contact Person:  
Darlene Nelson - Director of Education

Phone: 508-730-2740  
Email: [dnelson@salterschool.com](mailto:dnelson@salterschool.com)

Fax: 508-730-2812  
Website: [www.salterschool.com](http://www.salterschool.com)

### Course Outline/Topics to be Covered

Medical Terminology, Medical Law & Ethics, Anatomy & Physiology, Electronic Health Records, Office procedures, Clinical Procedures, Billing, Insurance & Coding, Pharmacology, Computerized Billing, Career Development, Psychology, Externship

### Required academic grade levels to enter program

Reading Grade Level High School Diploma or GED; passed MCAS and score 15 on Wonderlic

Math Grade Level High School Diploma or GED; passed MCAS and score 15 on Wonderlic

English Proficiency High School Diploma or GED; passed MCAS and score 15 on Wonderlic

### 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 Assistant
- 2) Medical Receptionist
- 3) Medical Office Assistant
- 4) \_\_\_\_\_

### Is this program Pell grant eligible?

Yes  No

### PROGRAM COSTS:

#### TUITION INCLUDES:

Tuition	\$11,700.00
Fees	\$325.00
Books	\$875.00
Licensing	
Certificate fees	
Other, provide explanation	

**Total Tuition Cost \$12,900.00**

#### 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 \$7,400.00**

**Expenses that **MAY** be reimbursed \$0.00**

**Total \$7,400.00**

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

**\$5,500.00**

#### PROGRAM LENGTH

Weeks and Hours and

#### Additional Information

**37.5 weeks for the day program ( M-Th 8:30 to 2:30) and 56.5 weeks for the evening program; both are 900 hours.**

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

Certificate of Program Completion by Director of Education  
VA Approved Program