



Workforce Investment Act Eligible Training Program

Provider Name: University of Massachusetts Dartmouth

Contract #: 4050-63

Address: 285 Old Westport Road
North Dartmouth, MA 02747-2300

Address if program is held at a another site:
139 South Main St,
Fall River, MA 02721

Program Name: WLS 301-9101 RN - Nursing Refresher Course

Office use only: ONET CODE 29-1111

CONTACT INFORMATION

Program Contact Person:
Dennis Paquette

Phone: 508-910-9067
Email: dpaquette@umassd.edu

Fax: 508-910-9060
Website: umassd.edu

Course Outline/Topics to be Covered

Diabetes, Infection, Pain Management, Cardiac, Respiratory, Psychiatric Mental-Health, Stroke, Neurologic Review, Patient Advocate, GI System

Required academic grade levels to enter program

Reading Grade Level High School

Math Grade Level High School

English Proficiency Yes, High School

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) RN 2) _____
3) _____ 4) _____

Is this program Pell grant eligible?

Yes No

PROGRAM COSTS:

TUITION INCLUDES:

Tuition	\$1,269.00
Fees	\$30.00
Books	
Licensing	
Certificate fees	
Other, provide explanation	
	\$1,299.00

Total Tuition Cost \$1,299.00

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 <u>MAY</u> be reimbursed	\$0.00

Total \$0.00

Maximum ITA Responsibility (Max. \$5500)

\$1,299.00

PROGRAM LENGTH

Weeks and Hours and

Additional Information

48 hours over 8 weeks

What type of certificate will be awarded and by whom?

Certificate of Completion from Umass Dartmouth Nursing Dept.