



Workforce Investment Act Eligible Training Program

School Name: Coastal Career Academy

Contract #: 5050-76

Address: 288 Plymouth Ave
Fall River, MA 02721

Address if program is held at a another site:

Program Name: Nursing Assistant Training/Home Health Aide

CONTACT INFORMATION		
Program Contact Person: Debra L. Gomes RN	Phone: (508)536-5366 Email: debgomes@comcast.net	Fax: (508)762-1470

Course Outline/Topics to be Covered
 Total Course hours 100. Nursing Assistant 76 hours, Home Health Aide 12 hours, CPR 8 hours. Monday through Thursday from 8:30-2:30. Course Instruction: Intro to Healthcare, Work Ethics and Residents' Rights, Communication with Healthcare Team, Safety and Infection Control, Basic Technical Skills, Personal Care Skills, Optional CPR Certificateation.

Required academic grade levels to enter program	
Reading Grade Level	8th Grade Level
Math Grade Level	8th Grade Level
English Proficiency	8th Grade Level

Required to enter training program		
Physical	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Vaccinations	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Drug test	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
BCI	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
License	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Tools	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Experience	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Other :		

MAY be required for employment		
Physical	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Vaccinations	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Drug test	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
BCI	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Certification	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
License	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Tools	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Experience	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Other :		

Participants will be qualified to seek employment in the following occupations:	
1) Nursing Assistant	2) Home Health Aide
3) Personal Care Assistant	4)

Is this program Pell grant eligible? Yes No

PROGRAM COSTS:																																						
TUITION INCLUDES: Tuition \$575.00 Fees \$50.00 Books \$45.00 Licensing \$93.00 Certificate fees Other, provide explanation \$200.00 Uniforms \$100.00 Other: Lab Fees Total Tuition Cost \$1,063.00	These are expenses that MAY be reimbursed after successful completion of training. <i>Please indicate Yes, No or enter the amount</i> <table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>AMOUNT</th> </tr> </thead> <tbody> <tr> <td>Books**</td> <td><input type="checkbox"/> Yes</td> <td><input checked="" type="checkbox"/> No</td> <td></td> </tr> <tr> <td>Licensing**</td> <td><input type="checkbox"/> Yes</td> <td><input checked="" type="checkbox"/> No</td> <td></td> </tr> <tr> <td>Tools</td> <td><input type="checkbox"/> Yes</td> <td><input checked="" type="checkbox"/> No</td> <td></td> </tr> <tr> <td>Uniforms</td> <td><input type="checkbox"/> Yes</td> <td><input checked="" type="checkbox"/> No</td> <td></td> </tr> <tr> <td>Travel</td> <td><input type="checkbox"/> Yes</td> <td><input checked="" type="checkbox"/> No</td> <td></td> </tr> <tr> <td>Miscellaneous</td> <td><input type="checkbox"/> Yes</td> <td><input checked="" type="checkbox"/> No</td> <td></td> </tr> <tr> <td colspan="4">** if not covered by tuition</td> </tr> <tr> <td>Total</td> <td></td> <td></td> <td>\$0.00</td> </tr> </tbody> </table>		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		** if not covered by tuition				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
	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																																				
** if not covered by tuition																																						
Total			\$0.00																																			

Maximum ITA Responsibility (Max. \$5500)
\$1,063.00

Additional Information Class hours Monday through Thursday 8:30am-2:30 pm

What type of certificate will be awarded and by whom? Certificate of Completion by CCA and Licensing in from MA DPH