



Workforce Investment Act Eligible Training Program

Provider Name: Nursing Placement, Inc.

Contract #: 5050-108

Address: 334 EAST AVENUE
PAWTUCKET, RI 02860

Address if program is held at a another site:

Program Name: CNA TRAINING PROGRAM

Office use only: ONET CODE 31-1014

CONTACT INFORMATION

Program Contact Person: LISA FINK, RN

Phone: 401-728-6500

Email: l.fink@nursingplacement.com

Fax: 401-728-6509

Website: www.nursingplacement.com

Course Outline/Topics to be Covered

DISEASE PROCESS, VITAL SIGNS, PERSONAL CARE, ACTIVITIES OF DAILY LIVING, NUTRITION AND MEAL PREPARATION, ALZHEIMER'S DISEASE AND CARE OF THE ALZHEIMER'S PATIENT

Required academic grade levels to enter program

Reading Grade Level 7th Grade

Math Grade Level 7th Grade

English Proficiency 7th Grade

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) Home Health Care
- 2) Skilled Nursing Facilities
- 3) Assisted Living Facilities
- 4) Hospitals

Is this program Pell grant eligible?

Yes No

PROGRAM COSTS:

TUITION INCLUDES:

Tuition	\$700.00
Fees	
Books	
Licensing	\$369.00
Certificate fees	
Other, provide explanation	
Total Tuition Cost	\$1,069.00

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)

\$1,069.00

PROGRAM LENGTH

Weeks and Hours and

Additional Information

Minimum of 80 Classroom Hours and 20 Clinical Hours

What type of certificate will be awarded and by whom?

Nursing Assistant License Is Awarded By the State of RI Upon Passing