

**TO: Program Planning & Development**

**DATE: 9/22/04**

**FROM: WIB Staff**

**For Action**

**For Information**

**For Discussion**

**SUBJECT: Eligible Training Provider List (ETPL) Addition**

**PROPOSED MOTION(S): Approve the Merced Adult School's Boston Reed College Clinical Medical Assistant course for addition to the state ETPL.**

**DISCUSSION: The Workforce Investment Board approved an ETPL policy on June 20, 2000. The Workforce Investment Act requires that training providers who wish to access WIA funds must submit applications to be placed on the state training list. Providers must meet all local and state criteria; agree to provide approved training to WIA-enrolled participants; supply required client data for long-term follow-up and they must agree to abide by all WIA-required regulations and/or laws.**

**The application from Merced Adult School for its Boston Reed College Clinical Medical Assistant course is complete, and meets the requirements for inclusion in the ETPL. The program is registered by the Bureau for Private Post-Secondary and Vocational Educational (BPPVE), and approved by the California Department of Education. Cost of the program is \$995.**

**ATTACHMENT(S):  
Application**

01. Provider Code (FEIN)

68-0444480

02. CIP Code

For Internal Office Use Only

Program Code

03. Subgrantee Code

04. Agency Code

05. Date Received By LWIB

06. Local Program Code

**WORKFORCE INVESTMENT ACT  
TRAINING PROGRAM APPLICATION**



Provider Name

Boston Reed College

07. Program Name

Clinical Medical Assistant

08. Program Description

120 hours in 17 weeks, plus a 160-hour externship, coordinated by Boston Reed. Topics are covered through a combination of lecture and practical skill training.

09. Training Site Address

Merced Adult School 50 East 20th Street

City, State

Merced

10. ZIP

95344

11. County

Merced

12. Listed On Other State's ETPL

1-Yes

2-No

13. ADA Compliant

1-Yes

2-No

14. Total Hours Of Instruction

120 plus 160 hours externship

15. Credits

NA

16. Non-Credit

1-Yes

2-No

17. Credit Time

1-Semester

2-Quarter

Total Program Cost

18. Tuition \$ \_\_\_\_\_

19. Fees \$995

20. Expenses \$ \_\_\_\_\_

Total \$995.00

21. Mode Of Delivery

1-Classroom

2-Internet

3-Correspondence

4-Broadcast

5-Computer Based Instruction

When Program Is Offered

22. Days  1-Yes  2-No

23. Evenings  1-Yes  2-No

24. Weekends  1-Yes  2-No

25. Frequency of Offering

1-Weekly

2-Monthly

3-Quarter

4-Semester

5-Other

26. BPPVE Approval Status

1-Approved

2-Temporary Approval

3-Registered

4-Exempt

9-Not Applicable

27. BPPVE Approval Expiration Date

28. Other BPPVE Approved Programs

1-Yes

2-No

29. Registered Apprenticeship

1-Yes

2-No

30. Registered Date

NA

Other List Criteria:

31. CDE Approved  1-Yes  2-No

32. COCCC Approved  1-Yes  2-No

33. Proven Effectiveness *No longer used*

34. Employer Support *No longer used*

35. Industry Authorized *No longer used*

36. Continuing Education Units (CEU)

Certified Nursing Assistants earn 48 CEUs

37. CEU Granting Institution

Nursing board

38. Resources Required

1-Yes

2-No

39. Program Goal

1-Skill Attainment

2-Certificate

3-Registration

4-License

5-Associate Degree

6-Baccalaureate Degree

7-Other

40. Credentialing Body

Program meets guidelines of State of California Medical Board and the California Medical Assistant Association (CMAA).

41. Projected Hourly Wage After Program Completion  
\$10-15


42. Prerequisites

Recommended that student be at least 18 years of age and hold a high school diploma or equivalent. Enrollment requires students must pass English and Math assessment exams with 80% or better.

43. Skills Sets

Clinical Skills include vital signs, wound care, collection of specimens, administration of oral and injectable medications, assist physician with examinations, EKG testing.

# WIA Training Program Application (continued)

<b>44. Curriculum</b>		<b>45. Relevant Occupations (Soc/O*Net Code)</b>	
Course Code	Course Title	Code	Title
06.079.362	Clinical Medical Assistant	31-9092.00	Medical Assistant
		079-362.010	Medical Assistant
		<b>46. Relevant Occupation Recommendation</b>	
		Soc/O*Net Category	Description
		43-6013.00	Medical Secretary
		43-9041.01	Insurance Claims clerk
<b>Accessibility</b> 47. On-Site Parking <input checked="" type="checkbox"/> 1-Yes <input type="checkbox"/> 2-No 48. Public Transportation <input checked="" type="checkbox"/> 1-Yes <input type="checkbox"/> 2-No 49. Disabled Student Access <input checked="" type="checkbox"/> 1-Yes <input type="checkbox"/> 2-No 50. Sign Language <input type="checkbox"/> 1-Yes <input checked="" type="checkbox"/> 2-No 51. Other Languages <input type="checkbox"/> 1-Yes <input checked="" type="checkbox"/> 2-No 52. Other <input type="checkbox"/> 1-Yes <input checked="" type="checkbox"/> 2-No		<b>53. Target Audience</b> Persons wishing to enter or advance in the healthcare industry	
		<b>54. Average Class Size</b> 20	
		<b>55. Equipment to be Used</b> Vital sign observation equipment, sterile clinical materials, (disposable and durable); EKG testing equipment.	
<b>INITIAL PERFORMANCE INFORMATION</b>			
56. Period Begin Date	57. Period End Date	58. Participant Universe	59. Average Hourly Wage at Placement
60. Program Completion Rate	61. Entered Employment Rate	62. Skill/Credential Attainment Rate	63. Retention Rate
I certify that the information submitted on this application is true and correct. I also agree to supply the required performance information and seed data on all students in order to calculate performance measures for subsequent eligibility determination. In addition, all performance outcome data shall be made available upon request for audit purposes.			
64. Printed Name of Provider Representative		65. Title	66. Date
Dana Bernard		President	June 7, 2004
Signature			
			

ETPL EPGA