

TO: WIB

DATE: 9/28/04

FROM: Program Planning & Development

For Action

For Information

For Discussion

SUBJECT: Eligible Training Providers 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 Education (BPPVE) and approved by the California Department of Education. Cost of the program is \$995.

The Program Planning & Development Committee approved the addition of this course during their September 22, 2004 meeting.

ATTACHMENT(S): Application

01. Provider Code (FEIN) 68-0444480	For Internal Office Use Only
02. CIP Code	
03. Subgrantee Code	
04. Agency Code	
05. Date Received By LWIB	
06. Local Program Code	

WORKFORCE INVESTMENT ACT TRAINING PROGRAM APPLICATION

RECEIVED
JUL 26 2004
ACCOUNTING/MIS

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.
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09. Training Site Address Merced Adult School 50 East 20th Street	City, State Merced	10. ZIP 95344	11. County Merced
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12. Listed On Other State's ETPL <input type="checkbox"/> 1-Yes <input checked="" type="checkbox"/> 2-No	13. ADA Compliant <input checked="" type="checkbox"/> 1-Yes <input type="checkbox"/> 2-No	14. Total Hours Of Instruction 120 plus 160 hours externship	15. Credits NA	16. Non-Credit <input checked="" type="checkbox"/> 1-Yes <input type="checkbox"/> 2-No	17. Credit Time <input type="checkbox"/> 1-Semester <input type="checkbox"/> 2-Quarter
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Total Program Cost 18. Tuition \$ _____ 19. Fees \$995 20. Expenses \$ _____ Total \$995.00	21. Mode Of Delivery <input checked="" type="checkbox"/> 1-Classroom <input type="checkbox"/> 2-Internet <input type="checkbox"/> 3-Correspondence <input type="checkbox"/> 4-Broadcast <input type="checkbox"/> 5-Computer Based Instruction	When Program Is Offered 22. Days <input type="checkbox"/> 1-Yes <input checked="" type="checkbox"/> 2-No 23. Evenings <input checked="" type="checkbox"/> 1-Yes <input type="checkbox"/> 2-No 24. Weekends <input checked="" type="checkbox"/> 1-Yes <input type="checkbox"/> 2-No	25. Frequency of Offering <input type="checkbox"/> 1-Weekly <input type="checkbox"/> 2-Monthly <input type="checkbox"/> 3-Quarter <input checked="" type="checkbox"/> 4-Semester <input type="checkbox"/> 5-Other	26. BPPVE Approval Status <input type="checkbox"/> 1-Approved <input type="checkbox"/> 2-Temporary Approval <input checked="" type="checkbox"/> 3-Registered <input type="checkbox"/> 4-Exempt <input type="checkbox"/> 9-Not Applicable 27. BPPVE Approval Expiration Date
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28. Other BPPVE Approved Programs <input checked="" type="checkbox"/> 1-Yes <input type="checkbox"/> 2-No	29. Registered Apprenticeship <input type="checkbox"/> 1-Yes <input checked="" type="checkbox"/> 2-No	30. Registered Date NA	Other List Criteria: 31. CDE Approved <input checked="" type="checkbox"/> 1-Yes <input type="checkbox"/> 2-No 32. COCCC Approved <input type="checkbox"/> 1-Yes <input type="checkbox"/> 2-No 33. Proven Effectiveness <i>No longer used</i> 34. Employer Support <i>No longer used</i> 35. Industry Authorized <i>No longer used</i>
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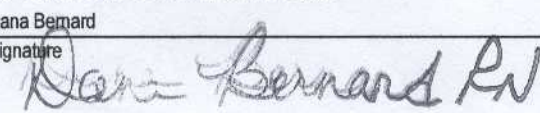
36. Continuing Education Units (CEU) Certified Nursing Assistants earn 48 CEUs	37. CEU Granting Institution Nursing board
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38. Resources Required <input type="checkbox"/> 1-Yes <input checked="" type="checkbox"/> 2-No	39. Program Goal <input checked="" type="checkbox"/> 1-Skill Attainment <input type="checkbox"/> 2-Certificate <input type="checkbox"/> 3-Registration <input type="checkbox"/> 4-License <input type="checkbox"/> 5-Associate Degree <input type="checkbox"/> 6-Baccalaureate Degree <input type="checkbox"/> 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
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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)

44. Curriculum		45. Relevant Occupations (Soc/O*Net Code)	
Course Code	Course Title	Code	Title
06.079.362	Clinical Medical Assistant	31-9092.00	Medical Assistant
		079-362.010	Medical Assistant
		46. Relevant Occupation Recommendation	
		Soc/O*Net Category	Description
		43-6013.00	Medical Secretary
		43-9041.01	Insurance Claims clerk
Accessibility 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		53. Target Audience Persons wishing to enter or advance in the healthcare industry 54. Average Class Size 20 55. Equipment to be Used Vital sign observation equipment, sterile clinical materials, (disposable and durable); EKG testing equipment.	
INITIAL PERFORMANCE INFORMATION			
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