

\* Shows that these fields are required

## Training Program Initial Criteria

### Necessary Requirements for Initial Certification

(For programs to be eligible, one of the following two criteria must be met)

1. Is the provider/program seeking WIOA certification currently approved or accredited under an existing process recognized by the State of Illinois?  
Yes  
**If yes**, please check all types of accreditation and approval that apply.  
☐ North Central Association  
☒ Illinois Community College Board  
☐ Illinois State Board of Education  
☐ Other(Specify)
2. Is the program for which WIOA certification is being sought been recognized as meeting industry approved standards such as Pro Start for food services, A Plus for computers and ASE for auto mechanics?  
No  
**If yes**, identify the standard(s)

## Training Program Basic Information

1. \* Program Name (**For Providers Only**, if you publish a course catalog, this name must match the one used in the catalog)  
Patient Care Technician
2. Program Description
  - a. \*Please provide a short description of your program. **For Providers Only**, this description must be detailed enough so that your program can be identified with a Classification of Instructional Program (CIP) code. If you know the CIP code of your program, please type it in the space provided. If not, leave the data field for the CIP code blank.  
The Patient Care Technician Certificate is a 17-credit hour short-term certificate program designed to equip students with comprehensive skills in electrocardiography(EKG), phlebotomy, and nursing assisting(CNA). The program blends theory instruction, hands-on lab practice, and clinical internships to ensure students are prepared for entry-level positions in healthcare settings such as hospitals, clinics, and long-term facilities. Upon successful completion of the program, students will be eligible to take the National Certified Phlebotomy Technician(NCPT), National Certified ECG Technician(NCET), Illinois Nurse Aide Competency (IDPH CNA) exam, and the National Certified Patient Care Technician(NCPCT) certification exam.
  - b. \* If you know it, what is the 6-digit CIP code?  
513902
  - c. If there is a website that provides more program information, please provide the address.  
www.shawneecc.edu
  - d. \* Training Program Type:  
Vocational
  - d. Registered Apprenticeship Type:
3. Is this a credit hour program?  
Yes  
**If yes**, how many credit hours for program completion?  
17.0  
What is the curriculum code for this program (if one exists)?  
PCT 1127
4. \* How many weeks does it typically take to complete this program?  
16

5. What is the total hours of instruction/classroom/lab time?

355.0

6. \* Other than employment, what is the primary goal of the program?

- ☐ Associates Degree
- ☐ Bachelors Degree
- ☐ Certificate of Completion - Apprenticeship
- ☐ Community College Certificate of Completion
- ☒ Employment
- ☒ Industry Recognized Certification
- ☐ License
- ☐ Measurable Skills Gain (Lead to Credential)
- ☐ Measurable Skills Gain (Lead to Employment)
- ☐ Other
- ☐ Secondary School Diploma or GED

**If other,** specify:

If Certification, License, or Registration, what is the name of the certifying, licensing, or registering body?  
ICCP, NCCT

7. \* **For Providers Only,** please put a check in the box of each O\*Net Occupation code where this training program is offered.

☒ 311131 Nursing Assistants

8. What are the program offerings? (Check all that apply)

- ☐ Full-Time Enrollment
- ☐ Part-Time Enrollment
- ☐ Internships
- ☐ Non-English Instruction
- ☐ Classroom Instruction
- ☐ Labs
- ☐ Weekend Classes
- ☐ Night Classes
- ☒ Day Classes
- ☒ Online/E-Learning Instruction
- ☐ Open Entry/Exit
- ☒ Other(Specify)

**If other,** specify

Hybrid

9. What are the entry level requirements of the program? (Check all that apply and add text to appropriate text boxes)

- ☐ Drug/Alcohol Screening
- ☒ HS Diploma/GED
- ☐ Associate Degree
- ☐ Bachelor Degree
- ☐ Physical Exam
- ☐ Math(Specify)
- ☐ Reading(Specify)
- ☐ Language(Specify)
- ☐ Writing(Specify)
- ☐ Prerequisites(Specify)
- ☐ Other(Specify)

10. \* What is the total cost of this program? (round to the nearest dollar amount)

Tuition :	\$2,510
Books :	\$282
Fees :	\$510
Tests :	\$442
Other Expenses(Materials, Supplies, Tools, Uniforms, etc) :	(Description)
TOTAL COST:	\$3,744

**NOTE:** The costs listed above are for those individuals who live in-district. Costs may be higher for out of district residents.

11. Types of Financial Aid Available (Check all that apply)

- ☒ Pell Grants
- ☐ Illinois Monetary Award Program
- ☐ Federal loans(Stafford, PLUS, etc)
- ☐ Institutional Scholarships
- ☐ Other(Specify)

**If other,** Specify

12. \* What year was the program established?

2025

- 13.** \* Please put a check in the box of each location where this training program is offered.

- ☒ 8364 Shawnee College Rd. Ullin, IL 62992
- ☐ 601 James R. Thompson Blvd. East St. Louis, IL 62201
- ☐ 8364 Shawnee College Road Ullin, IL 62992
- ☐ 412 S. Blanche Mounds, IL 62964
- ☐ 305 23rd Cairo, IL 62914
- ☐ 1150 E. Vienna Anna, IL 62906
- ☐ 2403 Walnut Cairo, IL 62914

- 14.** \* Has the provider given assurance and certifications that their agency fully complied with the nondiscrimination, equal opportunity, and disability provisions of the Workforce Investment Act of 1998? (29 CFR 37.20, 29 CFR 37.42 & 54)

Yes

- 15.** \* Is the facility and programs accessible to all people with disability? (29 CFR 32.3)

Yes

- 16.** Please describe the application procedure for this program. **For Providers Only,** include in this description any documents or materials that the customer should bring when applying for this program.  
Same as provided.
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