MyCAA Education & Training Plan (ETP)

Delaware State University
Testing Services and Programs
1200 N. DuPont Highway
Dover, DE 19901

https://www.desu.edu/academics/mycaa

Student information:	
Student Name:	
School Issued Student ID:	N/A
Program Name:	Adiministrative Assistant with Bookkeeping and QuickBooks Certificate Program with Externship C.2.11
Program Type:	Certificate
Program Duration:	6 Months
Scheduled Start Date:	
Estimated Completion Date:	
Course Delivery Format	Online

Program Overview:

This program takes students through the ins and outs of day-to-day office functions as well as the essential knowledge of bookkeeping and overall record keeping relative to successful small business operations. Additionally, this course takes students through all accounting principles and bookkeeping necessities so that they can keep accurate books and understand why and how these records are kept as well as how these processes and procedures might be improved. A full study of QuickBooks will ensure that students can operate successfully within the most-widely used accounting software application.

Certification/Licensure Eligibility upon Program Completion:

Students should have or be pursuing a high school diploma or GED.

There are no state approval and/or state requirements associated with this program.

There are several National Certification exams that are available to students who successfully complete this program:

- National Association of Certified Professional Bookkeepers (NACPB) Bookkeeper Certification Exam
- National Career Certification Board (NCCB) Certified Administrative Assistant (CAA) Exam
- Intuit QuickBooks Certified User® Exam
- Microsoft Office Specialist (MOS) Certification Exam.

Tuition Cost:

\$3,999

Course Breakdown:

Course/Program Code	Course/Program Title	Course Credits (if applicable)
DESU-B-ADMIN	Adiministrative Assistant with Bookkeeping and QuickBooks Certificate Program with Externship	375 Contact Hours/ 37.5 CEU's
	Ŭ .	
School Official Certifica	ation:	
By my signature below, I ce in this document.	ertify the above information is true, accura	te, complete, and being submitted on behalf of the institution named
Signature/Title of Authorized School Official		Date
		_
School Official Printed Fi	rst and Last Name	School Official E-mail and Phone Number