# State of Iowa <br> Iowa Workforce Development <br> Workforce Center Administration <br> 150 Dis Mines Street <br> Bes Koines, IA 50309 

This is an application for INITIAL approval to participate as an Eligible Training Provider under the Workforce Investment Act (WIA) of 1998, Public Law 105-220, Department of Labor, Employment and Training Administration, 20 CFR Parts 652-671. Approval as an Eligible WIA Training Provider does not represent an endorsement or accreditation of the programs offered by the Eligible Training Provider.

INSTRUCTIONS: After completing and signing the application form below, Training providers should submit it to their regional Workforce Development office. Addresses for regional Workforce Development offices can be found at http://www.iwd.state.ia.us/wia/regioninfo.html.

## PART I - GENERAL INFORMATION

 Is your organization a post-secondary educational institution eligible under the Higher Education Act (HEA) or registered under the National Apprenticeship Act. (NAA)? Xes $\square$ No

## PART II (a) - PROGRAM INFORMATION

Please provide a brief description of each program for which you are applying, including:
A. Program Name
B. A brief program description

## CBCS medical Billing + Coding

See attachment

C. Length of Program


Total Credit Hours Required $\qquad$
D. What is the method of delivery?

## ( Web-bsesed (liemene) URLAddess See attachment (ofticial site provided w/ paid tuition) PROGRAM COSTS:

1a. Tuition (per credit hour)
$\$ 1995$
1b. Tuition (Out-of-State, per credit hour)
2. Supplies, including tools, uniforms, etc.
3. Fees, including laboratory, student rentals, deposits
4. Miscellaneous charges
5. Average cost per year for program
6. Total cost to complete this program


Please use additional pages if necessary.

## PART II (b) - ELIGIBLE TRAINING PROVIDER GENERAL INFORMATION

If you are a post-secondary education institution eligible under the Higher Education Act (HEA) or registered under the National Apprenticeship Act (NAA), please place a checkmark next to the description that applies to your institution and submit only these two (2) pages for initial certification. Prior to the expiration of this initial certification, you will receive instructions regarding subsequent eligibility.

XPost-Secondary Educational Institution registered under HEA
$\square$ Registered under the National Apprenticeship Act (NAA)

## CERTIFICATION



If you are a Training Institution applying for program certification, applications must be forwarded to Regional Workforce Investment Board for consideration. Non-RWIB approved applications received directly from Training Institutions to the address below will not be processed and with no further notification.

| FOR RWIB USE ONLY |  |  |  |
| :---: | :---: | :---: | :---: |
| Date Received by RWIB | April 22,2016 | Date Approved by RWIB |  |
| Application Date | April 21, 2016 | Date RWIB Submitted to IWD |  |
|  |  | Region \#: | 10 |

Authorized RWIB Signature

The RWIB-approved form must be sent to: Michaela Rotert, lowa Workforce Development, 150 Des Moines Street, Des Moines, IA 50309

## CBCS Medical Billing and Coding

Description: You will learn to function as an important member of the healthcare team by providing key skills, such as abstracting from medical records, assigning codes to diagnoses and procedures using the ICD-10-CM, ICD-10-PCS, CPT and HCPCS Level II code books, developing insurance claims according to third-party guidelines, and understanding the legal, ethical, and regulatory concepts that are vital to this field.

Here's the link to the site:
http://www.ed2go.com/career/training-programs/medical-coding-billing-course-plus-medicalterminology

