Attachment B, Page 1

State of Iowa Iowa Workforce Development Workforce Center Administration 150 Des Moines Street Des Moines, 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

Date Of Application	4-21-16			
Name of Institution	Kirkwood Community College			
Address	6301 Kirkwood Blud. SW, Cedar Rapido, ITA 52404			
Telephone Number	319-398-5525 Fax			
Location of Training Facility	6301 Kirkwood Blvd. SW, adar Rapido, IA 52404			
Name of Chief Executive Officer	Kim Becicka			
Program Contact Information	Kim Becicka			
Telephone Number	39-398-5525 Email Address Kim. becicka @ Kirkwood. edu			
Is your organization a post-secon Act. (NAA)? Yes No	dary educational institution eligible under the Higher Education Act (HEA) or registered under the National Apprenticeship			
	PART II (a) - PROGRAM INFORMATION			
Please provide a brief description	of <u>each</u> program for which you are applying, including:			
A. Program Name	CBCS medical Billing + Coding			
B. A <u>brief</u> program description	See attachment			
	CBCS = Cirtified Billing + Coding Specialist			
	J ,			
C. Length of Program	12 months Total Credit Hours Required			
68-0779 (07-15)	1			

D. What is the method of delivery?			Attachment B, Page 2
Classroom Computer-Based CD-Rom	Distance (TV/Satellite/Cable)	Self-Study (Correspon	dence)
Web-Based (Internet) URL Address Su M	tachment (of	icial site provi	ded of poid tuition)
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	\$1995		
6. Total cost to complete this program	\$1995		
Please use additional pages if necessary.			
expiration of this initial certification, you will receive instruction of this initial certification, you will receive instruction of this initial certification, you will receive instruction. Post-Secondary Educational Institution registered Registered under the National Apprenticeship Active Company (No. 1).	under HEA	t engionity.	
CERTIFICATION I Solution Name Institution named herein and further certify that the inform	certify that I am the	Vice Preside Title	
Signature If you are a Training Institution applying for program cert Non-RWIB approved applications received directly from	D	ate 21/10 ate Workforce	Investment Board for consideration.
	FOR RWIB USI		,
Date Received by RWIB	2016 Date	Approved by RWIB	
Application Date April 21,	2016 Date 2016 Date	RWIB Submitted to IWD	
	Reg	ion #:	10
Authorized RWIB Signature		-	
The RWIB-approved form must be se	nt to: Michaela Rotert, lowa Workfo	rce 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:

 $\underline{\text{http://www.ed2go.com/career/training-programs/medical-coding-billing-course-plus-medical-terminology}}$