

**Training Provider  
Initial Eligibility Application**  
May 6, 2025



[eligibletrainingproviders@careersourceow.com](mailto:eligibletrainingproviders@careersourceow.com)

109 8<sup>th</sup> Avenue Shalimar FL 32579

Ph: 850.651.2315 F: 850.651.3165



**Deadline for submitting application no later than:**

1. Thank you for requesting an Eligible Training Provider's Initial Eligibility Application. As an approved training provider, your institution is eligible to receive referrals for training from the CareerSource Okaloosa Walton's career centers located in Fort Walton Beach and DeFuniak Springs, Florida. ALL PROGRAMS MUST BE ENTERED IN EMPLOY FLORIDA to be approved. All approved programs will be added to the region's Eligible Training Providers List (ETPL) and posted on the CareerSource Okaloosa Walton's website. The programs will also be listed on The Florida Department of Commerce's (FloridaCommerce) ETPL website at <https://www.employflorida.com/vosnet/Default.aspx>. Select <Education and Training> at the bottom of the page, then select <ETPL Approved Programs>.
2. Please complete all items in Parts IA and IB below. Next, complete Part II attached to this application and return both documents using the e-mail address listed in the header by the suspense date. All programs submitted must be linked to an occupation on the CareerSource Okaloosa Walton's Local Targeted Occupations List (LTOL).
3. All Providers are required to submit outcome information to FETPIP or Florida's Commission for Independent Education (CIE), as appropriate, and an annual performance report as prescribed by FloridaCommerce. Performance reports are normally required during the first quarter of the Program Year (July through September).
4. If you have any questions, please do not hesitate to let us know.

\*\*\*\*\*

**PART IA – Provider Demographics**

**Applicant's Institution:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Location Address:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Email:** \_\_\_\_\_

\*\*\*\*\*

**PART IB – Provider Authorization and Accessibility Statements**

1. Is your training institution licensed, certified or otherwise authorized under Florida law to provide **training** or **apprenticeship** programs? YES \_\_\_\_\_ NO \_\_\_\_\_
2. Describe how your institution will ensure access to training programs throughout the State and your service areas, including rural areas; and using technology (If applicable).

**Comments:**

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americanjobcenter

3. Describe how your institution's training programs will serve employed individuals or individuals with barriers to employment.

**Comments:**

4. Does your institution provide reasonable accommodations for access to individuals with disabilities, limited English proficiency, and other barriers?

**Comments:**

**Note: Please update changes to the cost of programs at least semi-annually in December.**

**Authorized Representative Signature**

By: JANNE MATHERSHED

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**Attachments (To be returned with the application)**

1. PART II of Application - ETPL Programs and Credentials Form

Attached ( completed Part II of Application - ETPL Programs and Credentials Form )

This project is supported by the Employment and Training Administration of the U.S. Department of Labor as part of awards totaling \$1,117,316 with 0% financing from non-governmental sources.

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An equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. All voice telephone numbers on this document may be reached by persons using TTY/TDD equipment via the Florida Relay Service at 711.

**PART II of APPLICATION - ETPL PROGRAMS AND CREDENTIALS**

DATE SUBMITTED: 5/06/2025

PROGRAM YEAR: 2025-2026

**SECTION I - PROVIDER INFORMATION****INSTITUTION: CODING CLARIFIED ACADEMY****LOCATION: 101 N Monroe St Suite 800, Tallahassee, FL 32301****SECTION II - PROGRAM INFORMATION**

| SOC Code | Occupational Title                             |  | Program Title                          | Post-Secondary Credential (Yes or No) | Name of Industry- recognized Credential Earned | Total Cost |
|----------|--|--|--|---------------------------------------|--|------------|
| 292072   | Medical Records Specialists                    |  | Professional Medical Coding Curriculum | Yes                                   | CPC ( Certified Professional Coder )           | \$4,999.00 |
| 292099   | Health Technologist and Technicians, All other |  | Professional Medical Coding Curriculum | Yes                                   | CPC ( Certified Professional Coder )           | \$4,999.00 |

**SECTION III - PREREQUISITES (Skills and Knowleges)**

\*\*\*\*\*Please provide a link to the training program requested above.

LINK: <https://codingclarified.com/>**SECTION IV - PREREQUISITES (Skills and Knowlege)**

\*\*\*\*\*Please provide a link to the description of the prerequisites, or skills and knowledge, required prior to commencing training.

LINK: <https://codingclarified.com/wp-content/uploads/2024/07/Coding-Clarified-Program-Outline-2024.pdf> ( Prerequisites: None )

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