

Training Provider Initial Eligibility Application

April 6, 2026



eligibletrainingproviders@careersourceow.com

109 8th 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 will be 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 first be approved in Employ Florida before they can be approved for the local 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) Eligible Training Providers (ETP) Portal 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 all documents using the e-mail address listed in the header by the suspense date. All programs submitted for approval must be linked to an occupation on the CareerSource Okaloosa Walton's Local Targeted Occupations List (LTOL) (Attached to the email).
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: -Signed copy on file-

Name: _____

Title: _____

Date: _____

Attachments (To be returned with the application)

1. PART II of Application - ETPL Programs and Classifications 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.

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 PERFORMANCE AND OUTCOMES									
DATE SUBMITTED		4/27/26		PROGRAM YEAR: 2026-2027					
SECTION I - PROVIDER INFORMATION									
Program: Destiny Dental Assisting Academy									
LOCATION: 4008 Legendary Drive Suite 210, Destin, FL 32541									
SECTION II - PROGRAM INFORMATION									
CareerSource Okaloosa and Walton Counties  						Identify industry-recognized credential earned by completers	Can credential be stacked with other credentials for a career ladder	Program Duration (Months)	Information on cost of attendance, including tuition, test and lab fees, books, uniforms and supplies
SOC Code	Occupational Title*	CIP	Developed With Business/Industry (If Yes - Enter Name)	Program Title	Post-Secondary Credential				
319091	Dental Assistants	0000510601	Dentistry	Dental Assisting	Certificate	Florida Expanded Functions Dental Assistant with Dental Radiography	Dental Assistants have experience that can serve them well as Dental Hygienists or Office Managers, but the training is different	3	Tuition: \$4600 Books: \$180 Lab Fees: \$0 Uniforms: \$50 Supplies: \$20
SECTION III - PREREQUISITES (Skills and Knowleges)									
*****Please provide a link to a detailed description of each training services program requested above in Part II of the you https://www.destinydentalassistingacademy.com/program-information									
SECTION IV - PREREQUISITES (Skills and Knowlege)									
Students must have completed high school or have a GED and be 18 years of age. *****Please provide a link to a description of the prerequisites or skills and knowledge required prior to commencement of training for each program. https://www.destinydentalassistingacademy.com/program-information									