For Office Use Only Approval Date: 11/21/2011

Rhode Island Department of Labor and Training

# Workforce Investment Act Eligible Training Program

**Provider Name:** MedCerts

Contract #:4050- -80

**Address:**
ONLINE Program
14115 Farmington Road
Livonia, MI 48154

**Address if program is held at a another site:**
ONLINE Program
14115 Farmington Road
Livonia, MI 48154

**Program Name:** Electronic Health Records Specialist HI-3100

Office use only: ONET CODE 29-2071

**CONTACT INFORMATION**

Program Contact Person: Foy Ann Plohr
Phone: 734 237-3960
Email: fplohr@medcerts.com
Fax: 734 237-3960
Website: www.mecerts.com

**Course Outline/Topics to be Covered**

Human Anatomy,Phsiology and Medical Terminology
Insurance, Billing, and Coding Essentials

**Required academic grade levels to enter program**

| | |
|---|---|
| Reading Grade Level | HS/GED |
| Math Grade Level | HS/GED |
| English Proficiency | HS/GED |

**Required to enter training program**

| | | |
|---|---|---|
| Physical | ☐ Yes | ☑ No |
| Vaccinations | ☐ Yes | ☑ No |
| Drug test | ☐ Yes | ☑ No |
| BCI | ☐ Yes | ☑ No |
| License | ☐ Yes | ☑ No |
| Tools | ☐ Yes | ☑ No |
| Experience | ☐ Yes | ☑ No |
| Other : | | |

**MAY be required for employment**

| | | |
|---|---|---|
| Physical | ☑ Yes | ☐ No |
| Vaccinations | ☑ Yes | ☐ No |
| Drug test | ☑ Yes | ☐ No |
| BCI | ☑ Yes | ☐ No |
| Certification | ☑ Yes | ☐ No |
| License | ☑ Yes | ☐ No |
| Tools | ☐ Yes | ☐ No |
| Experience | ☐ Yes | ☐ No |
| Other : | | |

**Participants will be qualified to seek employment in the following occupations:**

1) HIPAA Compliance
2) Medical Records Technician
3) Medical Records
4) Electronic Health Records S

**Is this program Pell grant eligible?** ☐ Yes ☑ No

**PROGRAM COSTS:**

**TUITION INCLUDES:**

| | |
|---|---|
| Tuition | $2,700.00 |
| Fees | Included |
| Books | Included |
| Licensing | Included |
| Certificate fees | Included |
| Other, provide explanation | |

**Total Tuition Cost $2,700.00**

**These are expenses that *MAY* be reimbursed after successful completion of training.**

*Please indicate Yes, No or enter the amount*

| | YES | NO | AMOUNT |
|---|---|---|---|
| Books | ☐ Yes | ☑ No | |
| Licensing | ☐ Yes | ☑ No | |
| Tools | ☐ Yes | ☑ No | |
| Uniforms | ☐ Yes | ☑ No | |
| Travel | ☐ Yes | ☑ No | |
| Miscellaneous | ☐ Yes | ☑ No | |

**Total $0.00**

**Participant is responsible for :**

| | |
|---|---|
| Prerequisites | |
| Memberships | |
| | |
| | |
| | |
| **Cost above tuition cap** | **$0.00** |
| **Expenses that MAY be reimbursed** | **$0.00** |

**Total $0.00**

**Maximum ITA Responsibility (Max. $5500)**

**$2,700.00**

**PROGRAM LENGTH**
**Weeks and Hours and Additional Information**

**4 Months/256 Hours**

**What type of certificate will be awarded and by whom?** (CEHRS) Certified Electronic Health Records Specialist

DLT is an equal opportunity employer/program. Auxiliary aids & services are available upon request to individuals with disabilities. TDD (401) 462-8006