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CERTIFICATION PORTAL ENROLLER USER OVERVIEW

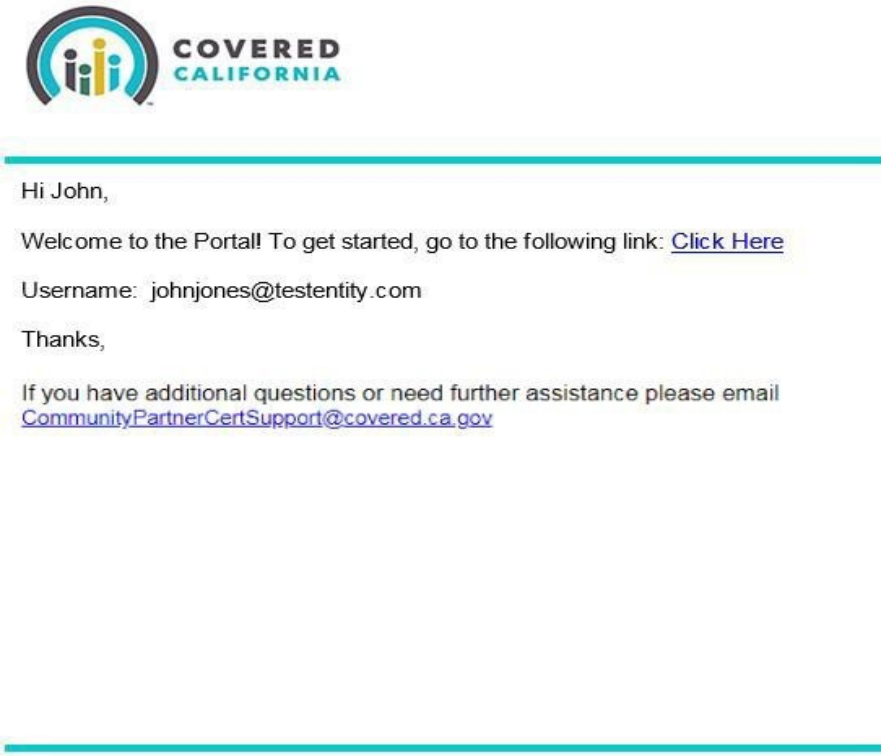
This document outlines all features and functions available to Entity Enrollers in the Certification Portal. It details the functions that you, as an Enroller User, have access to including profile completion, background clearance, and training.

NEW ENROLLER USER

The Primary or Authorized Contact listed on the entity roster is responsible for creating your Enroller user account. You will receive an email from the Certification Portal that looks like the following:

Email Subject: **Welcome to the Certification Portal**

Email Body:

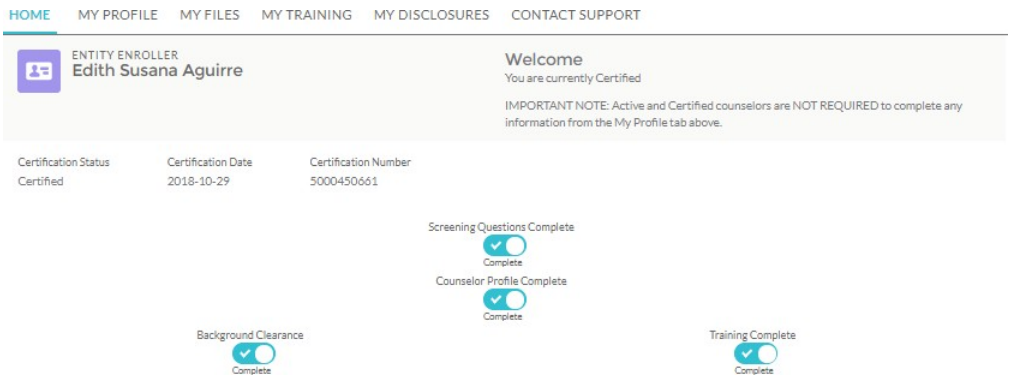


When you click on the hyperlink provided in the email, it will take you to a login screen. There you will be prompted to set a password for your new account. When the **Change Password** button is pressed, you will be logged into the system.

ENROLLER HOMEPAGE

Once you are logged into the system, you will be presented with the **Homepage Welcome Screen**. Here you will find high-level information regarding your Certification Status as well other important information regarding fulfilling your duties as a Certified Enroller.

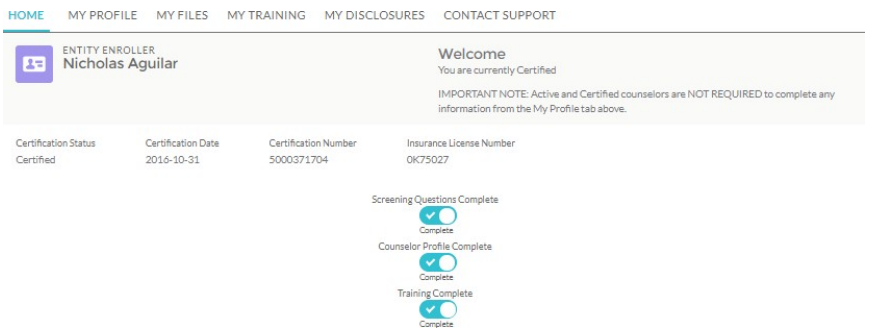
Example of the **Home Page without an Accident and Health Insurance License with the California Department of Insurance (CDI).**



NOTE: New Enrollers will not have any **blue check marks** displayed on their page. Required items will begin to be checked off as the Certification Process steps are completed.

MY PROFILE

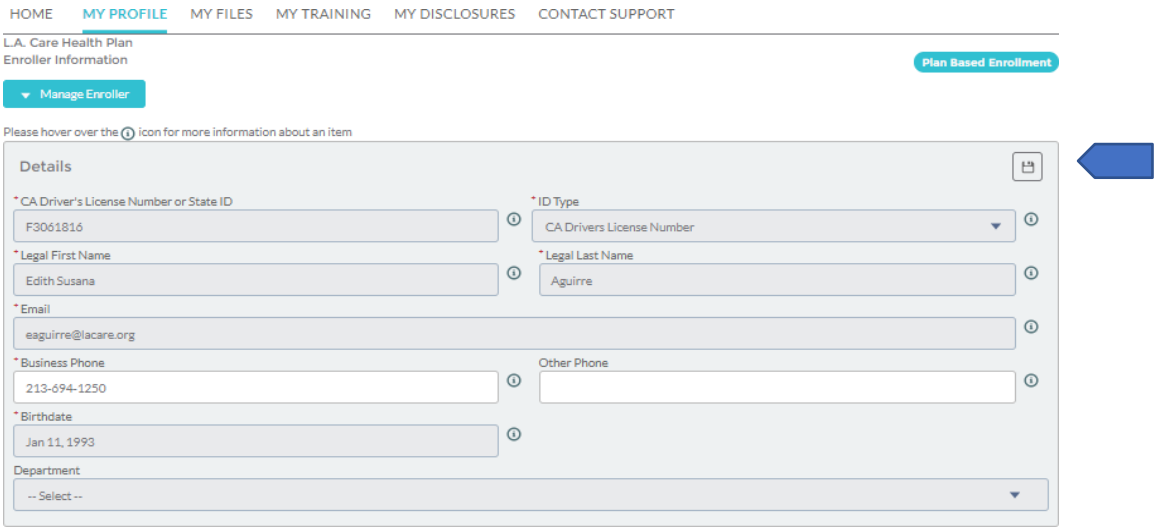
Navigate to the **My Profile** tab to complete the information necessary for the enroller certification process.



IMPORTANT: **Active and Certified Enrollers ARE NOT REQUIRED to complete a NEW application in the Certification Portal.**

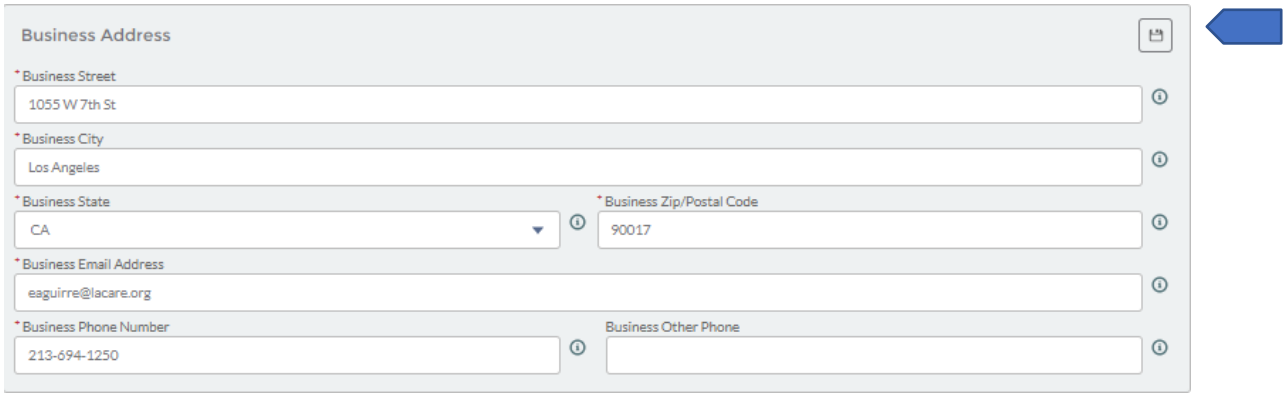
Steps for NEW enrollers requesting to become certified for the first time:

1. The first step is to populate required information in all required fields in the **Details** section (**Note:** the fields in grey are pre-populated by the Primary/Authorized Contact person). Once completed, click on the **Save** icon button located on the top-right corner of the section panel, or by clicking the **Save Details** button at the bottom of the page.

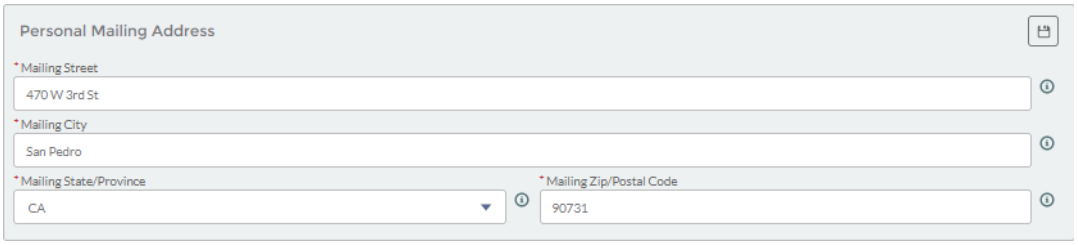


Note: Make sure to fill out all required fields, which are marked with a **red asterisk**, before submitting. Any missing fields will result in a delay of the Certification Process.

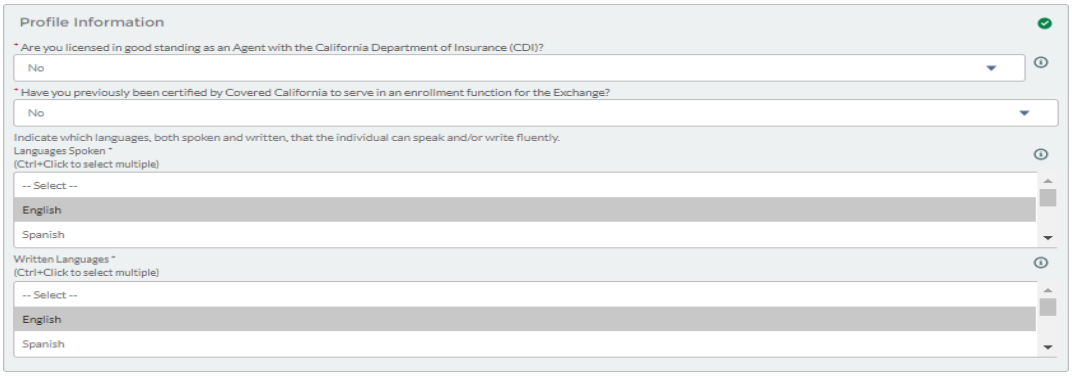
2. Next, fill in the **Business Address** fields.



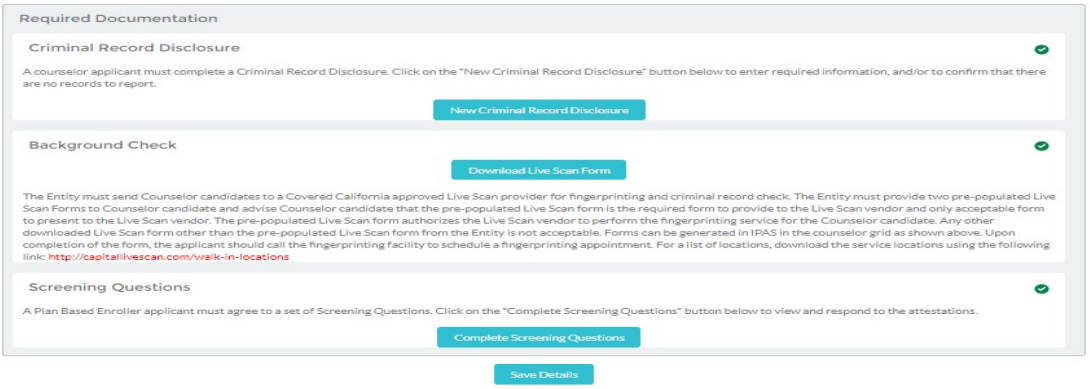
3. Next, fill in the **Personal Mailing Address** fields.



4. Next, fill in the **Profile Information** fields and select your written and spoken language(s).



- The **Required Documentation** section includes documents that need to be submitted for review and are a vital piece to becoming a Certified Enroller. This section includes **Criminal Record Disclosure** and the **Live Scan Forms**. **Note**: Criminal Record Disclosures and Live Scan Forms apply to Enrollers that DO NOT have an active Accident and Health Insurance License with CDI.



BACKGROUND CLEARANCE

Important: If you have an active Accident and Health Insurance license with CDI, scroll to the **Screening Questions** section located on page 15.

Captive Agents MUST be licensed and in good standing with CDI. They are exempt from the Background Clearance Requirements. If the license expires, they must promptly submit to the Background Clearance to maintain an active certification.

The steps below **only** apply to Enrollers that DO NOT have an active Accident and Health Insurance License with CDI.

1. **Enroller** MUST pass a Background Check for Covered California by Completing the following steps:

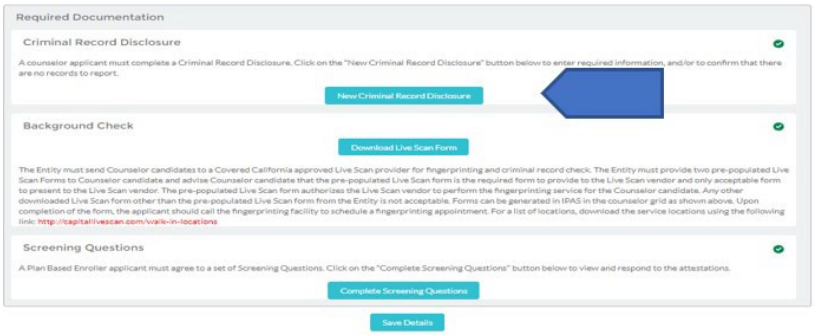
    a. Complete and submit the **Criminal Record Disclosure** on their Certification Portal during the application completion.
    b. Download the **Live Scan Form** and **Privacy Notice documents.**
        I. Complete the **Applicant Information** section on the form.
        II. Print **TWO** copies of the completed **Live Scan Form**.
        III. Review and sign acknowledging receipt of the Privacy Notice documents.
        IV. Upload the completed and signed Live Scan Form within the Certification Portal.
        V. Contact a Live Scan Facility:
            a. Schedule an appointment to submit **Fingerprint Scans**.

NOTE: Entities are responsible for payment of fingerprinting scan fees to the Live Scan vendor for each Enroller. Covered California is not responsible for fingerprinting costs.

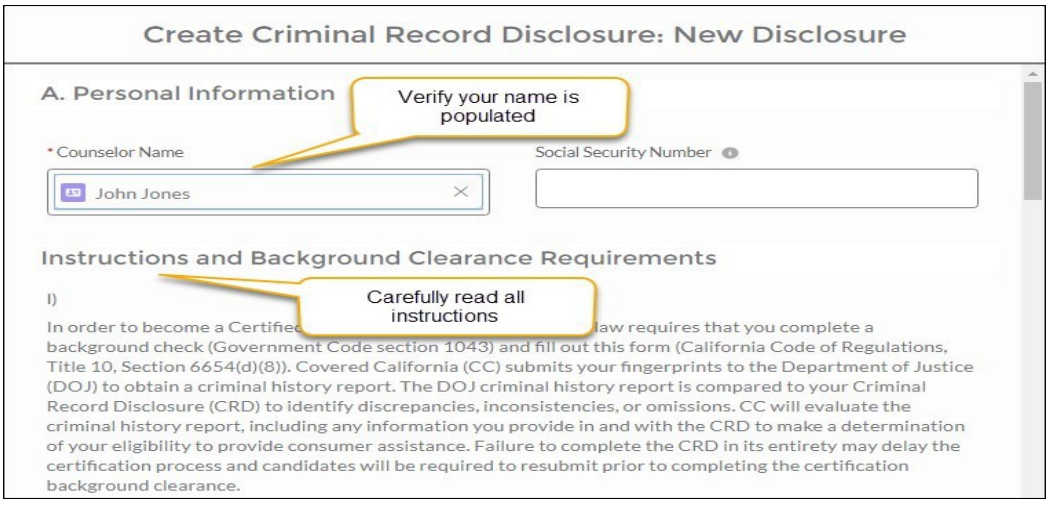
CRIMINAL RECORD DISCLOSURE

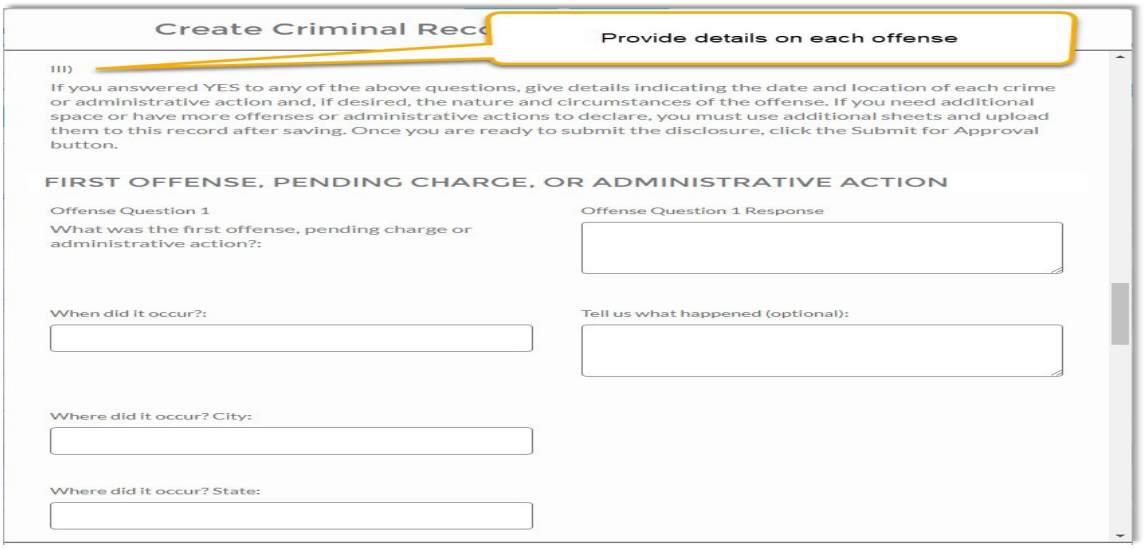
Important: If you have an active Accident and Health Insurance license with CDI, scroll to the **Screening Questions** section located on page 15. Otherwise continue with the following steps:

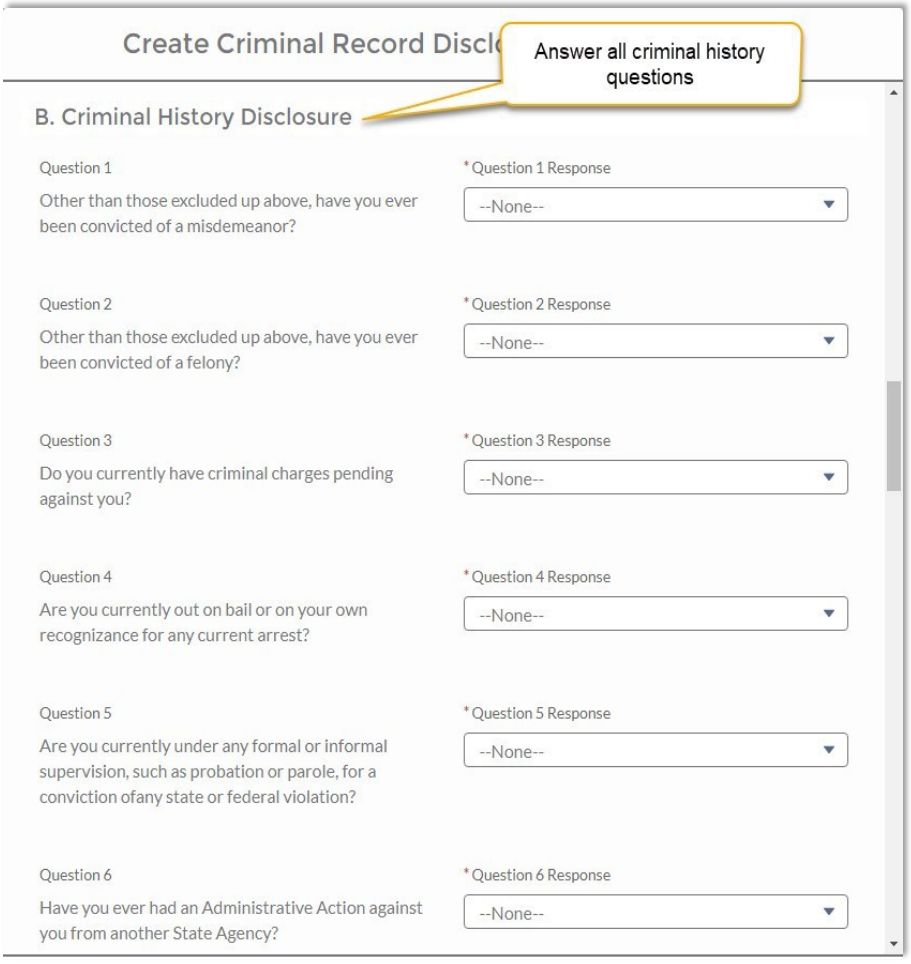
1. Click on the **New Criminal Disclosure** button.

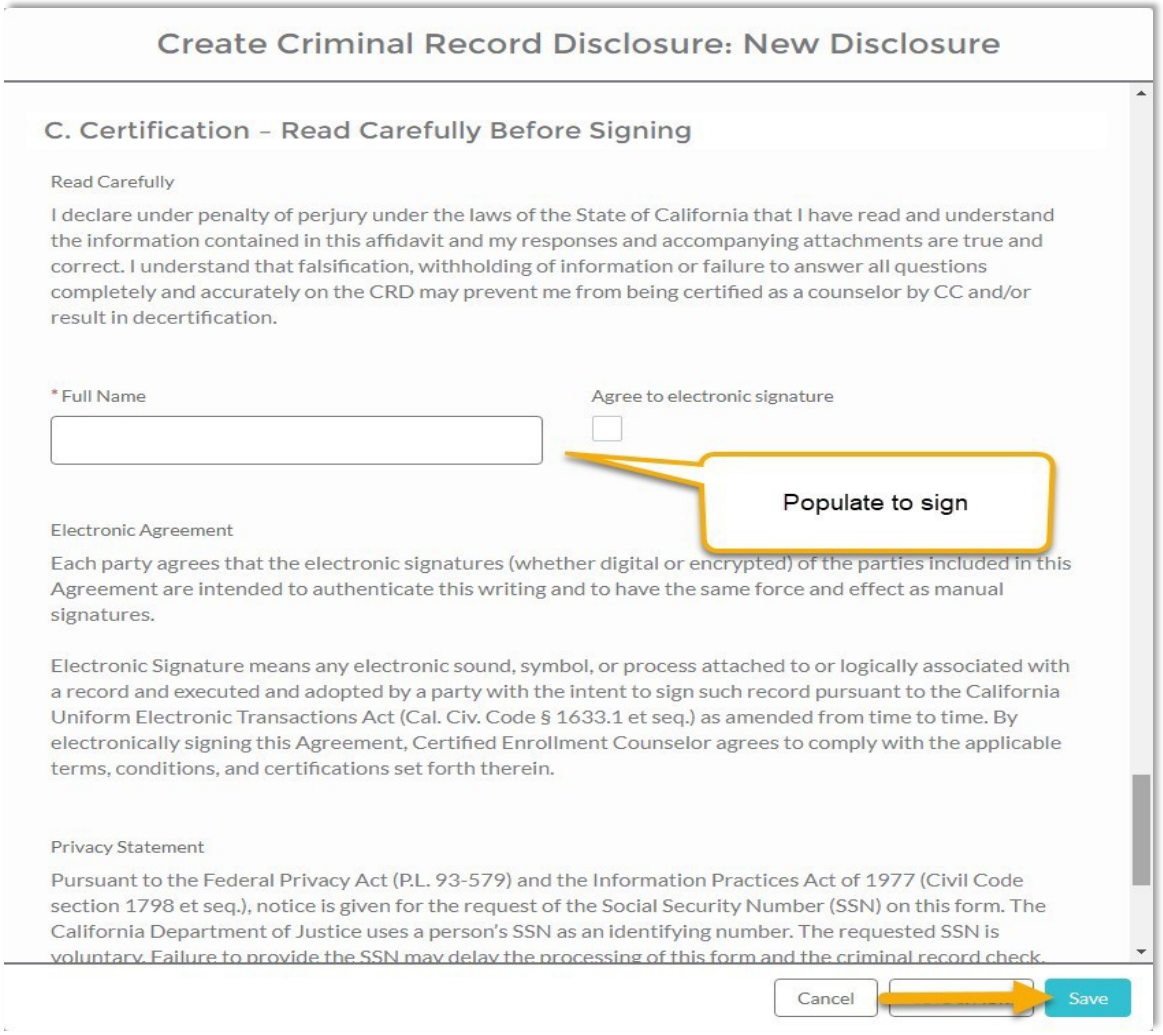


2. When you click on the **New Criminal Disclosure** button**,** a pop-up will appear with a blank electronic copy of the document. The required fields in the form must be filled out and submitted to Covered California for review.

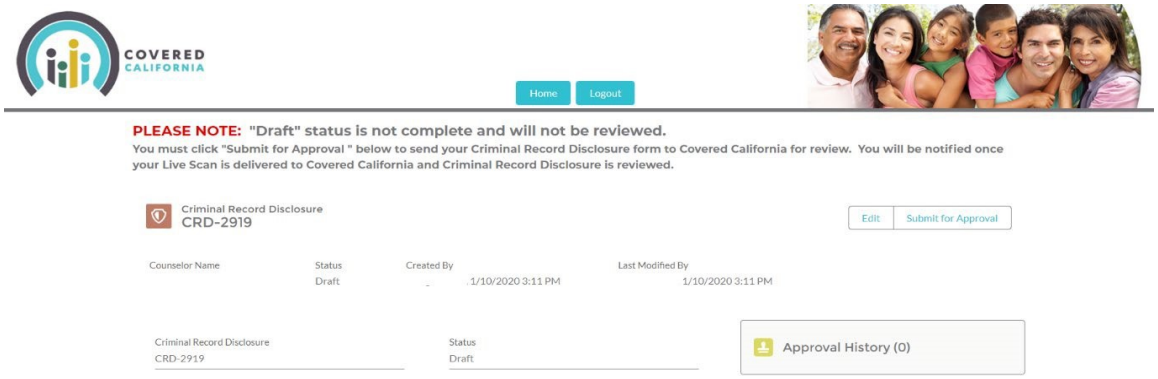



Create Criminal Rec
Provide details on each offense
III)
If you answered YES to any of the above questions, give details indicating the date and location of each crime or administrative action and, if desired, the nature and circumstances of the offense. If you need additional space or have more offenses or administrative actions to declare, you must use additional sheets and upload them to this record after saving. Once you are ready to submit the disclosure, click the Submit for Approval button.
FIRST OFFENSE, PENDING CHARGE, OR ADMINISTRATIVE ACTION
Offense Question 1
What was the first offense, pending charge or administrative action?:
Offense Question 1 Response
When did it occur?:
Tell us what happened (optional):
Where did it occur? City:
Where did it occur? State:

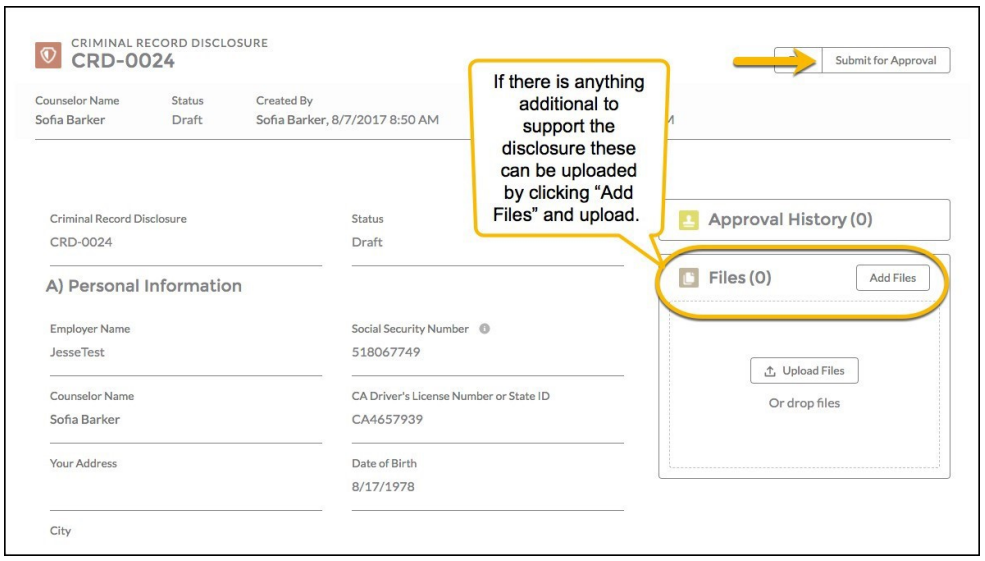

Create Criminal Record Discl
Answer all criminal history questions
B. Criminal History Disclosure
Question 1
Other than those excluded up above, have you ever been convicted of a misdemeanor?
* Question 1 Response
--None--
Question 2
Other than those excluded up above, have you ever been convicted of a felony?
* Question 2 Response
--None--
Question 3
Do you currently have criminal charges pending against you?
* Question 3 Response
--None--
Question 4
Are you currently out on bail or on your own recognizance for any current arrest?
* Question 4 Response
--None--
Question 5
Are you currently under any formal or informal supervision, such as probation or parole, for a conviction ofany state or federal violation?
* Question 5 Response
--None--
Question 6
Have you ever had an Administrative Action against you from another State Agency?
* Question 6 Response
--None--


Create Criminal Record Disclosure: New Disclosure
C. Certification – Read Carefully Before Signing
Read Carefully
I declare under penalty of perjury under the laws of the State of California that I have read and understand the information contained in this affidavit and my responses and accompanying attachments are true and correct. I understand that falsification, withholding of information or failure to answer all questions completely and accurately on the CRD may prevent me from being certified as a counselor by CC and/or result in decertification.
* Full Name
Agree to electronic signature
Populate to sign
Electronic Agreement
Each party agrees that the electronic signatures (whether digital or encrypted) of the parties included in this Agreement are intended to authenticate this writing and to have the same force and effect as manual signatures.
Electronic Signature means any electronic sound, symbol, or process attached to or logically associated with a record and executed and adopted by a party with the intent to sign such record pursuant to the California Uniform Electronic Transactions Act (Cal. Civ. Code § 1633.1 et seq.) as amended from time to time. By electronically signing this Agreement, Certified Enrollment Counselor agrees to comply with the applicable terms, conditions, and certifications set forth therein.
Privacy Statement
Pursuant to the Federal Privacy Act (P.L. 93-579) and the Information Practices Act of 1977 (Civil Code section 1798 et seq.), notice is given for the request of the Social Security Number (SSN) on this form. The California Department of Justice uses a person's SSN as an identifying number. The requested SSN is
Cancel
Save

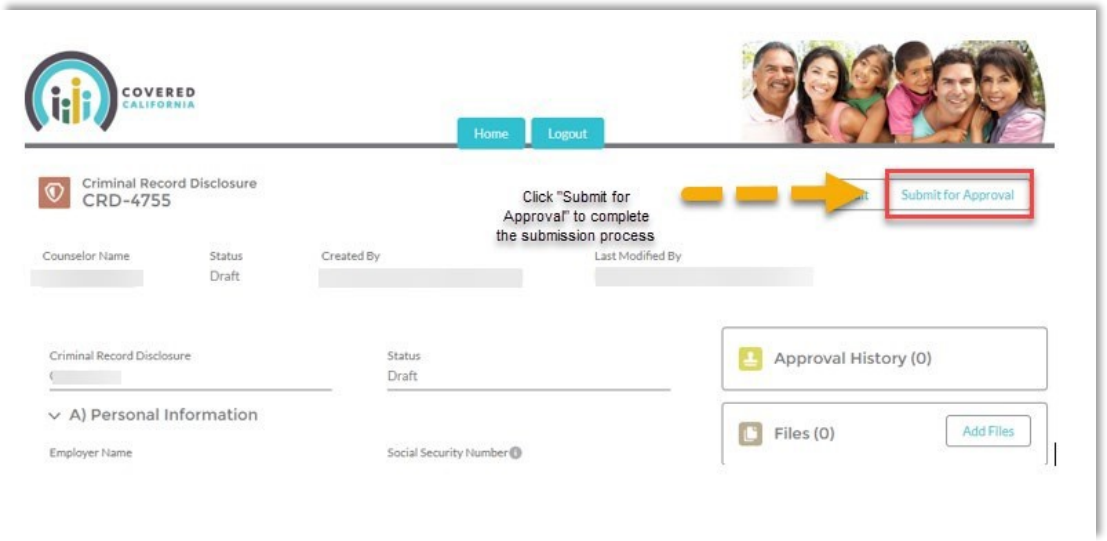
3. Once saved, you will be taken to the **Criminal Disclosure** record to complete the process and submit to Covered California for review.



Note: In order to attach additional information to support your Disclosure, click on the **Add Files** button as illustrated above and upload as required).



4. Click on the **Submit for Approval** button to send your **Criminal Record Disclosure** form to Covered California for review. You will be notified once your **Live Scan** is delivered to Covered California and **Criminal Record Disclosure** is reviewed.



BACKGROUND CHECK

Important: If you have an active Accident and Health Insurance license with CDI scroll to the **Screening Question** section located on page 15. If not, please continue with the Background Check process:

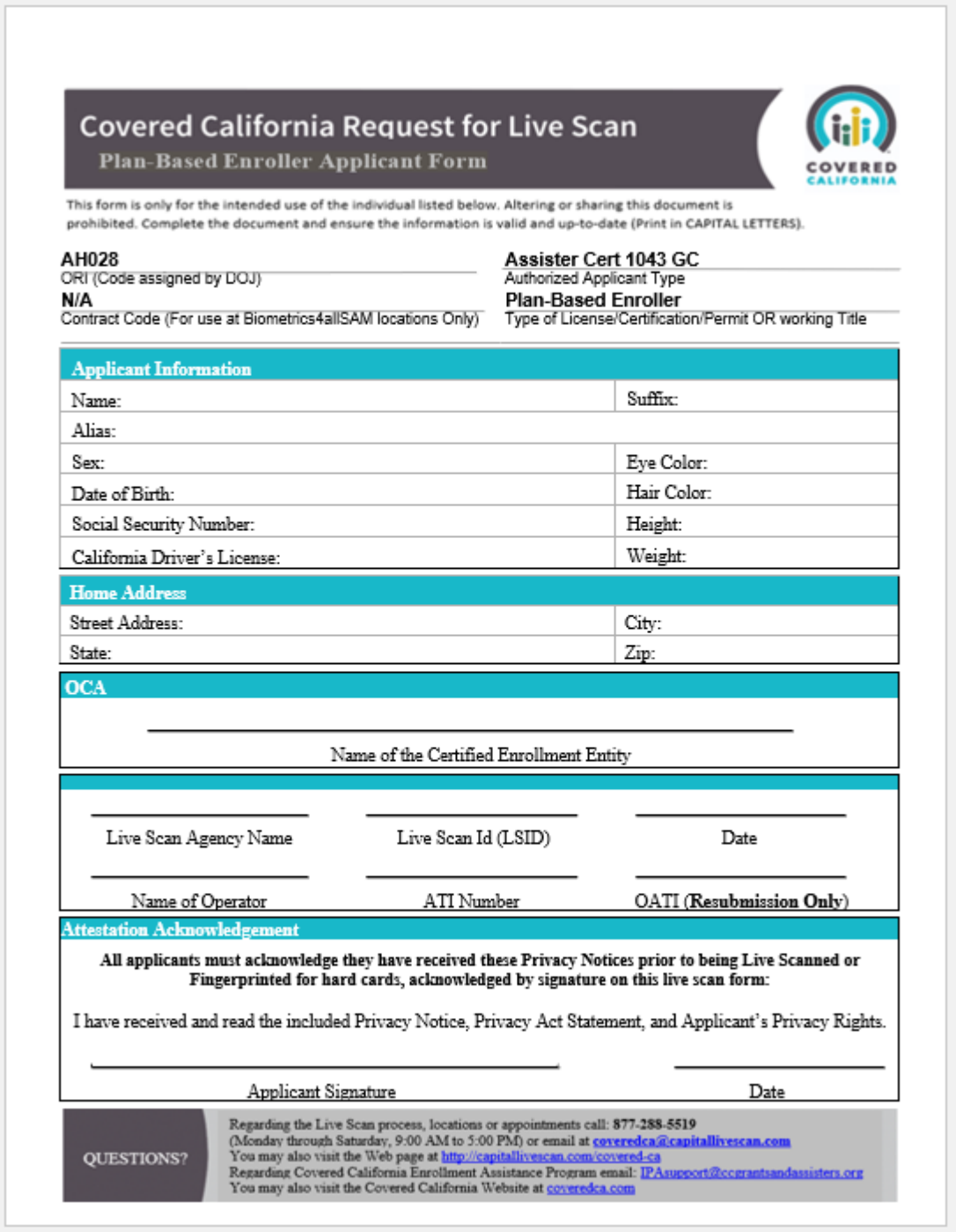
To complete the Background Check process, Enrollers must complete the Live Scan form.

1. Each counselor applicant must download the Live Scan form and print two (2) copies of the pre-populated Live Scan Forms to be provided to the Live Scan facility.

2. Contact the Live Scan facility to schedule a fingerprinting appointment. For a list of locations, download or access the service locations using the following link: http://capitallivescan.com/covered-ca.

Note: For the purposes of this program, the Covered CA Live Scan form is the only acceptable form. Any other Live Scan form is unacceptable.

3. Print two copies of the pre-populated Live Scan Forms to be provided to the Live Scan facility.



Covered California Request for Live Scan

Plan-Based Enroller Applicant Form

This form is only for the intended use of the individual listed below. Altering or sharing this document is prohibited. Complete the document and ensure the information is valid and up-to-date (Print in CAPITAL LETTERS).

AH028
ORI (Code assigned by DOJ)

N/A
Contract Code (For use at Biometrics4allSAM locations Only)

Assister Cert 1043 GC
Authorized Applicant Type

Plan-Based Enroller
Type of License/Certification/Permit OR working Title

Applicant Information	
Name:	Suffix:
Alias:	
Sex:	Eye Color:
Date of Birth:	Hair Color:
Social Security Number:	Height:
California Driver's License:	Weight:

Home Address	
Street Address:	City:
State:	Zip:

OCA

Name of the Certified Enrollment Entity

Live Scan Agency Name	Live Scan Id (LSID)	Date
Name of Operator	ATI Number	OATI (**Resubmission Only**)

Attestation Acknowledgement

All applicants must acknowledge they have received these Privacy Notices prior to being Live Scanned or Fingerprinted for hard cards, acknowledged by signature on this live scan form:

I have received and read the included Privacy Notice, Privacy Act Statement, and Applicant's Privacy Rights.

Applicant Signature — Date

QUESTIONS?

Regarding the Live Scan process, locations or appointments call: **877-288-5519**
(Monday through Saturday, 9:00 AM to 5:00 PM) or email at coveredca@capitallivescan.com
You may also visit the Web page at http://capitallivescan.com/covered-ca
Regarding Covered California Enrollment Assistance Program email: IPAsupport@ccgrantsandassisters.org
You may also visit the Covered California Website at coveredca.com

4. Review and sign acknowledging receipt of the Privacy Notice documents.

Privacy Notice
As Required by Civil Code § 1798.17

Collection and Use of Personal Information. The California Justice Information Services (CJIS) Division in the Department of Justice (DOJ) collects the information requested on this form as authorized by Business and Professions Code sections 4600-4621, 7574-7574.16, 26050-26059, 11340-11346, and 22440-22449; Penal Code sections 11100-11112, and 11077.1; Health and Safety Code sections 1522, 1416.20-1416.50, 1569.10-1569.24, 1596.80-1596.879, 1725-1742, and 18050-18055; Family Code sections 8700-87200, 8800-8823, and 8900-8925; Financial Code sections 1300-1301, 22100-22112, 17200-17215, and 28122-28124; Education Code sections 44330-44355; Welfare and Institutions Code sections 9710-9719.5, 14043-14045, 4684-4689.8, and 16500-16523.1; and other various state statutes and regulations. The CJIS Division uses this information to process requests of authorized entities that want to obtain information as to the existence and content of a record of state or federal convictions to help determine suitability for employment, or volunteer work with children, elderly, or disabled, or for adoption or purposes of a license, certification, or permit. In addition, any personal information collected by state agencies is subject to the limitations in the Information Practices Act and state policy. The DOJ's general privacy policy is available at http://oag.ca.gov/privacy-policy.

Providing Personal Information. All the personal information requested in the form must be provided. Failure to provide all the necessary information will result in delays and/or the rejection of your request.

Access to Your Information. You may review the records maintained by the CJIS Division in the DOJ that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

Possible Disclosure of Personal Information. In order to process applications pertaining to Live Scan service to help determine the suitability of a person applying for a license, employment, or a volunteer position working with children, the elderly, or the disabled, we may need to share the information you give us with authorized applicant agencies.

The information you provide may also be disclosed in the following circumstances:

- With other persons or agencies where necessary to perform their legal duties, and their use of your information is compatible and complies with state law, such as for investigations or for licensing, certification, or regulatory purposes.
- To another government agency as required by state or federal law.

Contact Information. For questions about this notice or access to your records, you may contact the Associate Governmental Program Analyst at the DOJ's Keeper of Records at (916) 210-3310, by email at keeperofrecords@doj.ca.gov, or by mail at:

Department of Justice
Bureau of Criminal Information & Analysis Keeper of Records
P.O. Box 903417 Sacramento, CA 94203-4170

Privacy Act Statement

Your fingerprints will be used to check the criminal history records of the California Department of Justice (DOJ) and Federal Bureau of Investigation (FBI). You have the opportunity to complete or challenge the accuracy of the information contained in the DOJ and FBI identification records. The procedure for obtaining a change, correction, or updating an FBI identification record are set forth in Title 28, CFR, 16.34. To request a change, correction, or update to a DOJ record, you must request a record review with DOJ in accordance with the process outlined in PC Sections 11126-11127.

Authority. The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose. Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses. During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to: disclosures to: employing, governmental, or authorized non- governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

You have the right to access certain records containing your personal information maintained by the Department (Civil Code section 1798 et seq.).
Additionally, pursuant to the Federal Privacy Act (P.L. 93-579) and the Information Practices Act of 1977 (Civil Code section 1798 et seq.), notice is given for the request of the Social Security Number (SSN) on this form. Your SSN is needed to keep records accurate because other people may have the same name and birth date. The California Department of Justice uses a person's SSN as an identifying number. The requested SSN is voluntary. Failure to provide the SSN may delay the processing of this form and the criminal record check. Covered California will create a file concerning your criminal background check that will contain certain documents, including information that you provide.

California Public Records Act (CPRA): Under the CPRA, Covered California may have to provide copies of some of the records in your file to members of the public who ask for them, including newspaper and television reporters.

Noncriminal Justice Applicant's Privacy Rights

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification1 that your fingerprints will be used to check the criminal history records of the FBI.
- You must be provided, and acknowledge receipt of, an adequate Privacy Act Statement when you submit your fingerprints and associated personal information. This Privacy Act Statement should explain the authority for collecting your information and how your information will be used, retained, and shared.2
- If you have a criminal history record, the officials making a determination of your suitability for the employment, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or update of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the criminal history record.3

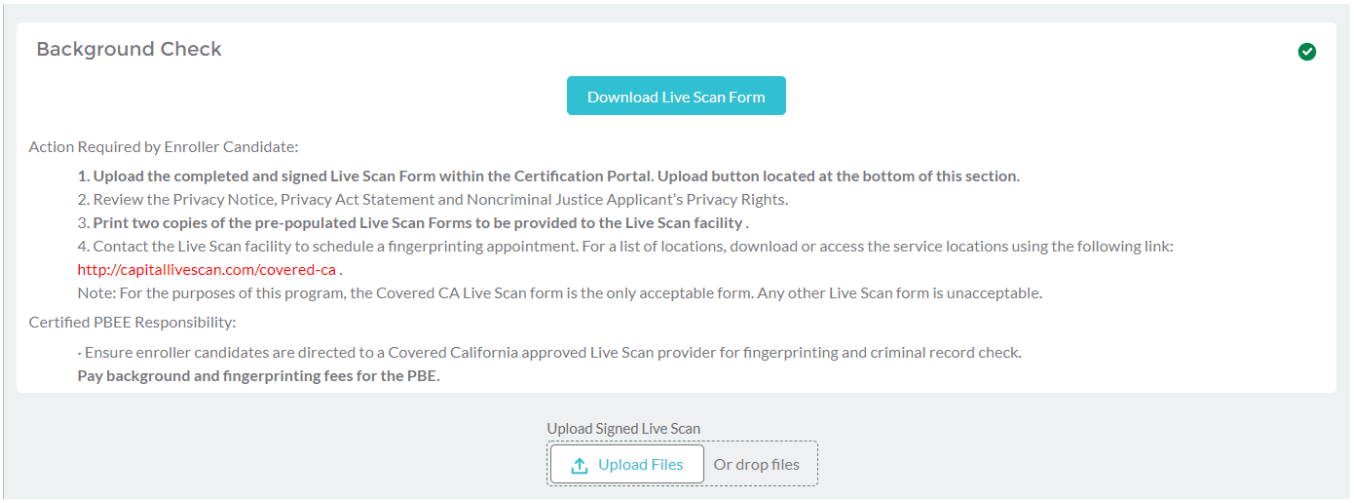
You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.4

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at https://www.fbi.gov/services/cjis/identity-history-summary-checks.

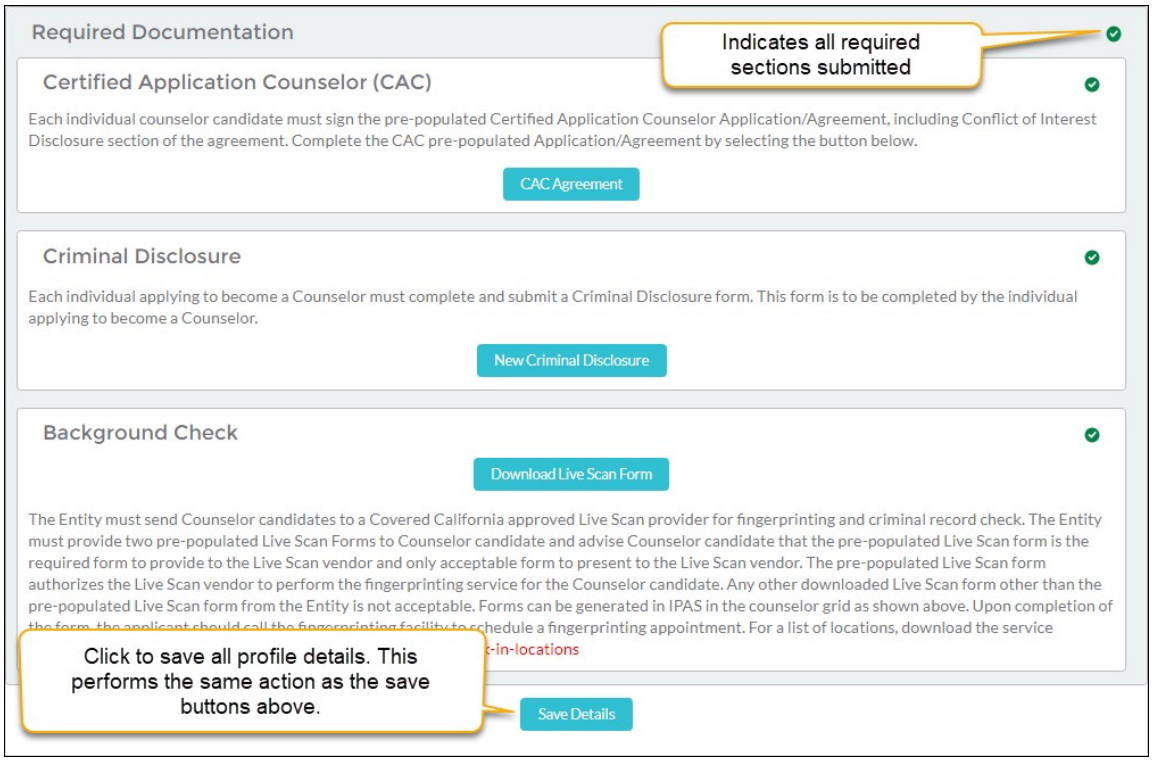
If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.) *You can find additional information on the FBI website at* https://www.fbi.gov/about-us/cjis/background-checks.

1 Written notification includes electronic notification, but excludes oral notification.
2 https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement
3 See 28 CFR 50.12(b)
4 See U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (formerly cited as 42 U.S.C. § 14616), Article IV(c)

5. Upload the completed and signed Live Scan Form within the Certification Portal. Upload button located at the bottom of this section.

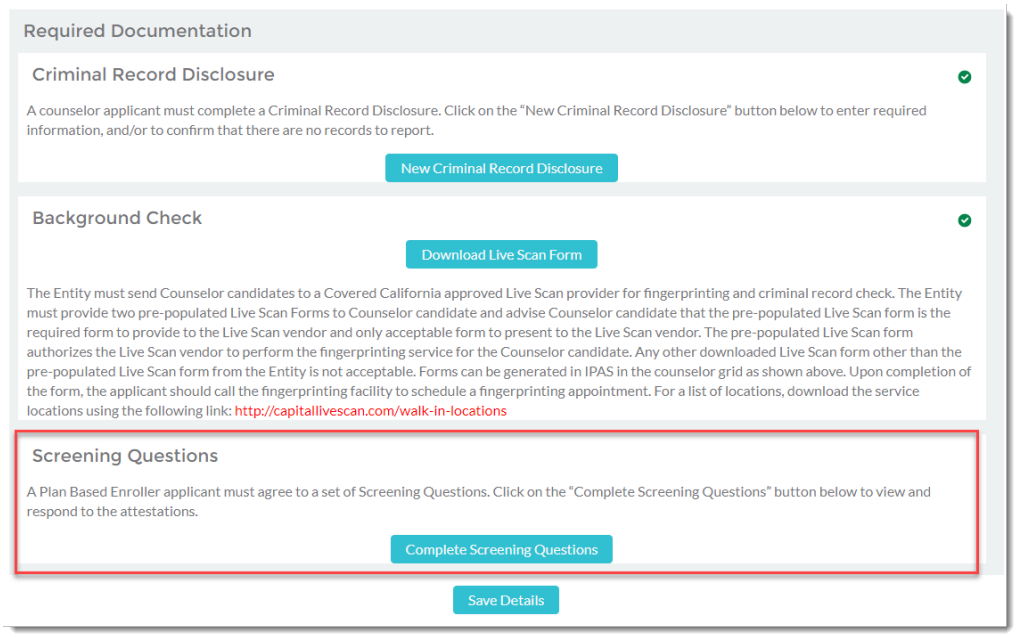


Note: When all documents have been completed and submitted in the Required Documentation you will see a green check mark on the upper right-hand corner.

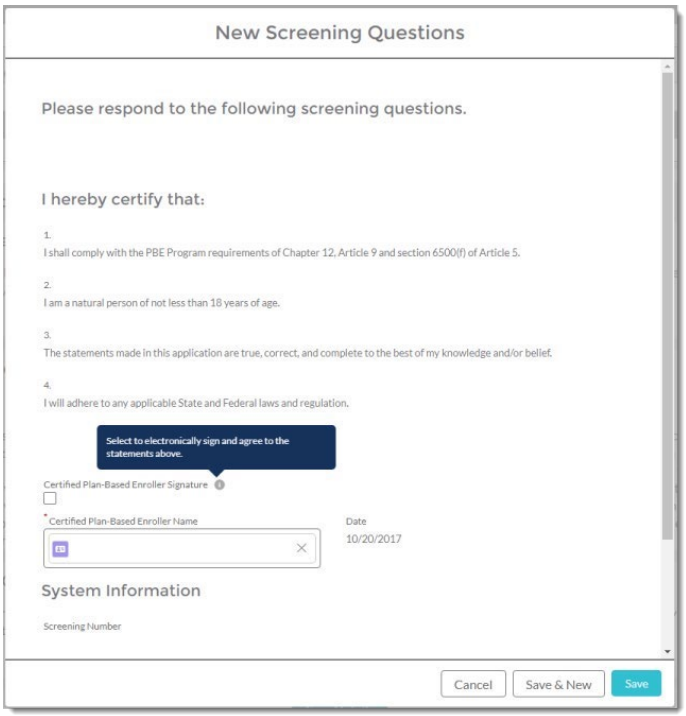


SCREENING QUESTIONS

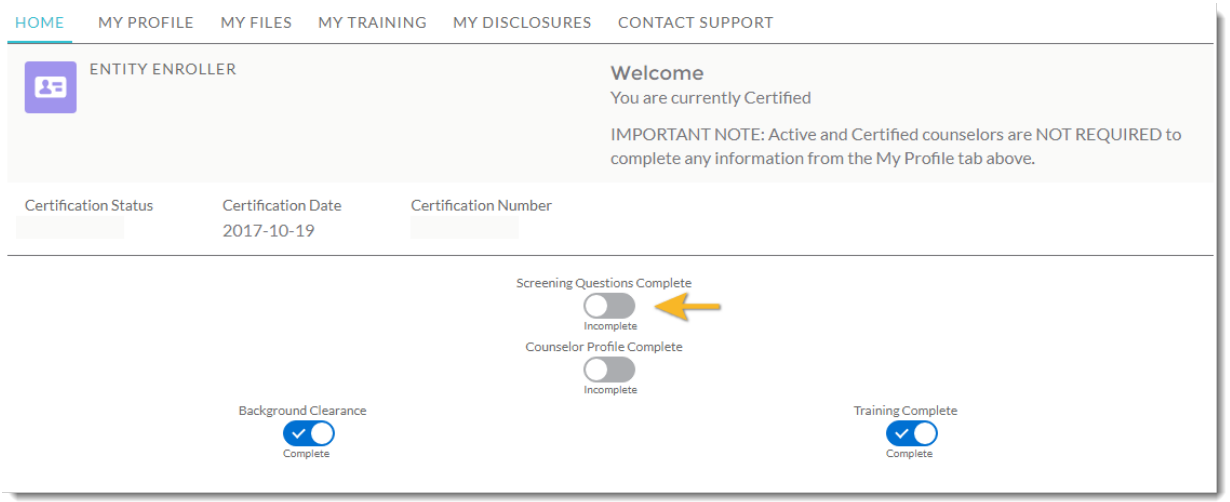
An Enroller applicant must agree to a set of Screening Questions.



Click on the Complete Screening Questions button to view and respond to the attestations.



Once this section is completed by the Enroller, a **Screening Questions Completed** checkbox will be checked in the Contact Record:

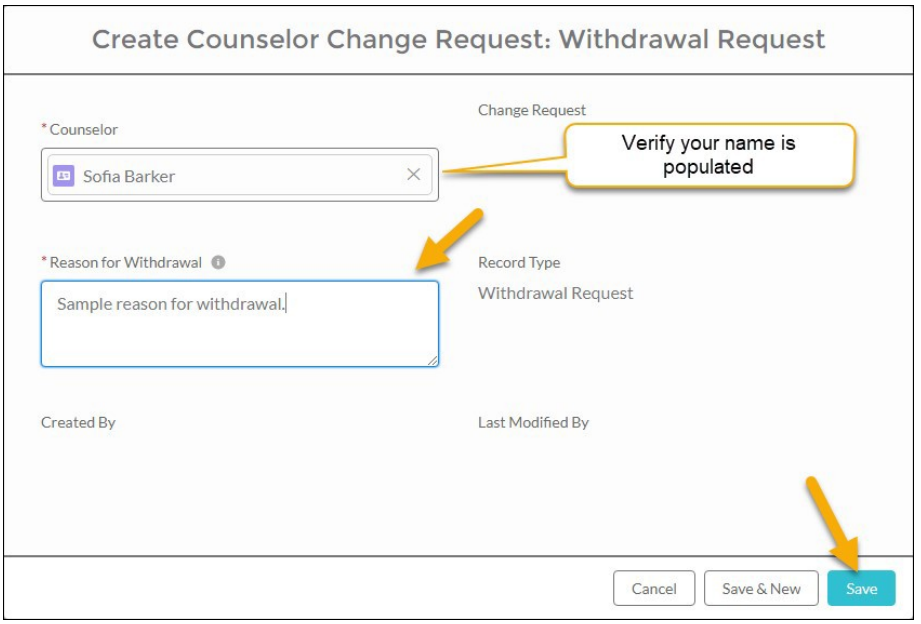


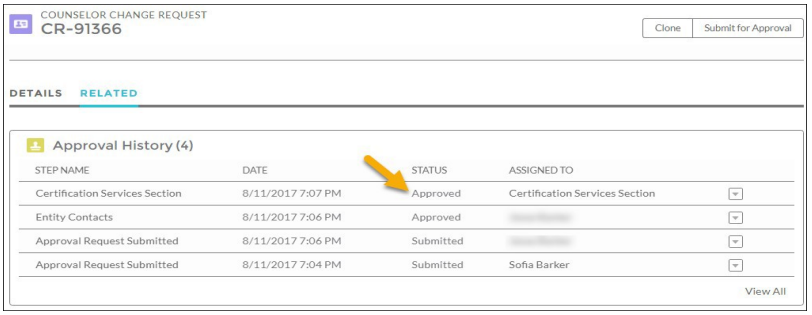
WITHDRAWAL REQUESTS

1. You can submit a withdrawal request to your Entity if you would like to withdraw from the program. Click on the **Manage Counselor** drop-down menu **and then select Counselor Withdrawal Request** tab. This function can only be done if you are an active Enroller and affiliated with an active Entity.

2. Upon completion of the **Reason for Withdrawal** field, select the **Save** button to be directed to the **Withdrawal Request Record**.

3. Provide your reason for requesting to withdraw from the program in the **Reason for Withdrawal** field. Click on the **Save** button to be directed to the **Withdrawal Request Record**.



4. The system will take you to the **Withdrawal Request Record** which will automatically transmit to the Entity Contacts for approval.

5. When both the Entity Contacts and Covered California have approved your withdrawal request, your status will be updated to **Withdrawn - Entity Request** within the system. No further action is required.