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CERTIFICATION PORTAL COUNSELOR USER OVERVIEW

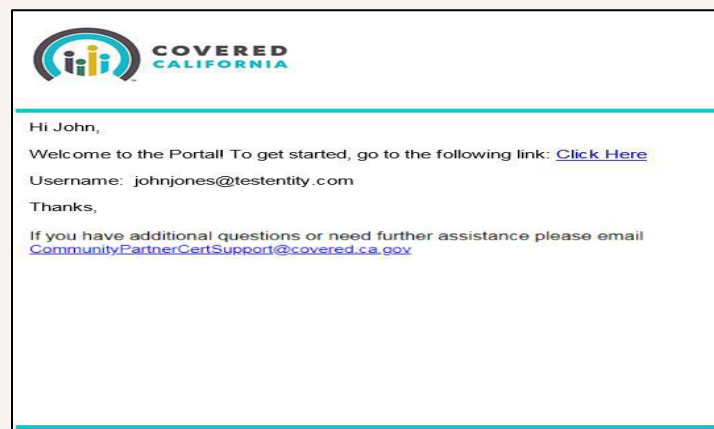
This document outlines all features and functions available to Entity Counselors in the Certification Portal. It details the functions that you, as a Counselor User, have including profile completion, background clearance, and training.

NEW COUNSELOR USER

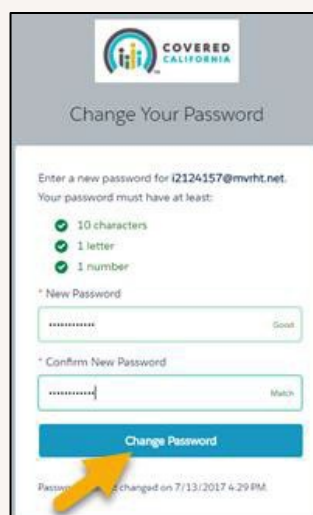
The Primary or Authorized Contact listed on the entity roster will create your Counselor user account. You will receive an email from the Certification Portal that looks like the following:

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

Email Body:

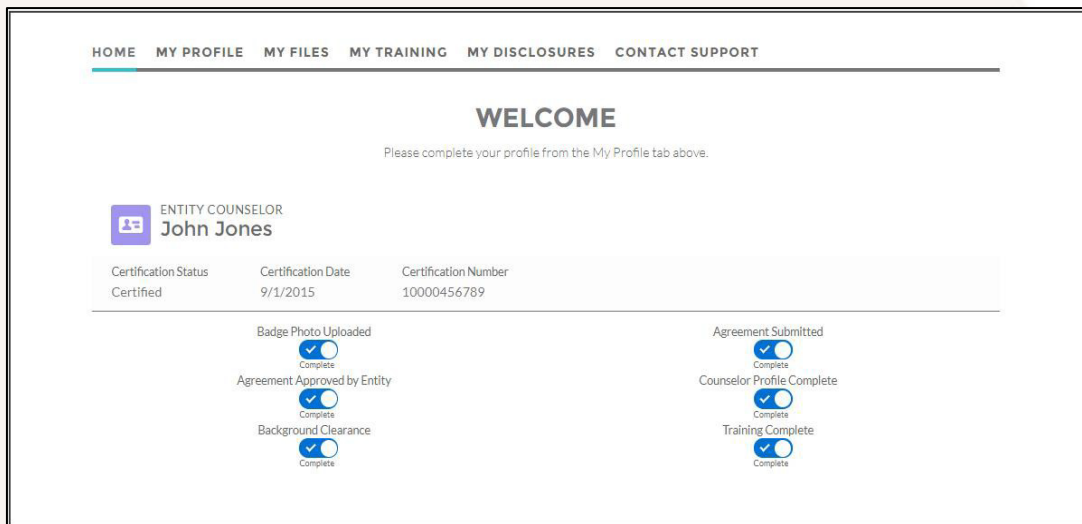


When you click on the hyperlink provided in the email it will take you to a login screen. There you will be prompted to set a password for your new account. When the Change Password button is pressed, you will be logged into the system.



COUNSELOR HOMEPAGE

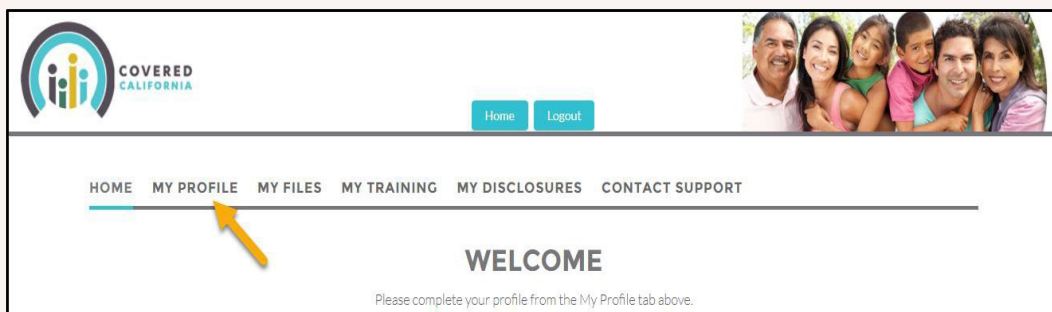
Once logged into the system you will be presented with the homepage welcome screen. Here you will find high-level information regarding your certification status as well other important information related to fulfilling your duties as a certified counselor.



NOTE: New counselors will have no blue check marks on their page. Required items will begin to be checked off as the certification process steps are completed.

COUNSELOR MY PROFILE

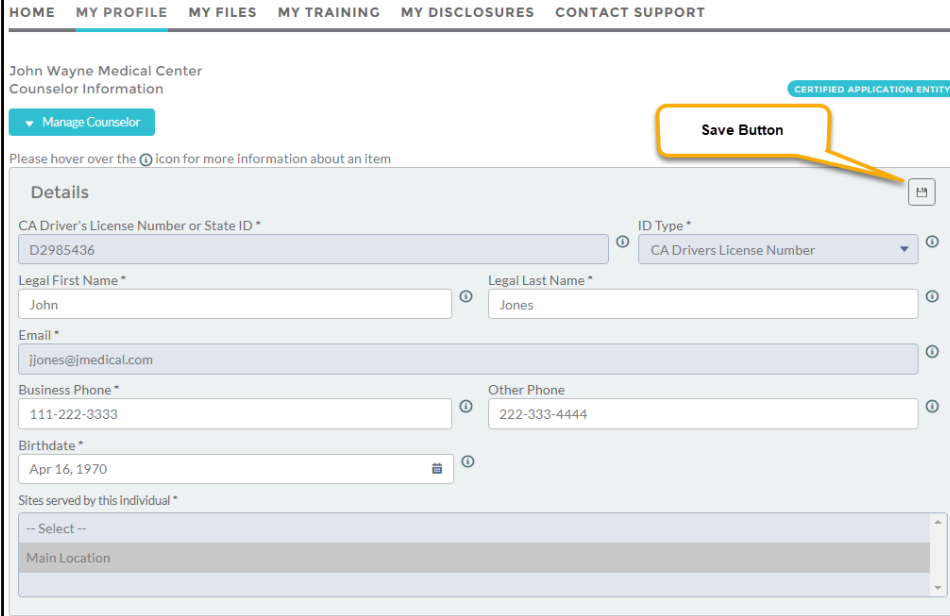
Navigate to the “**My Profile**” tab to complete the information necessary for the counselor certification process.



IMPORTANT: Active and Certified counselors ARE NOT REQUIRED to complete a NEW application in the Certification Portal. Please skip to page 20 to view an example of the email sent to access the Certification portal and training.

NEW Counselors looking to become certified for the first time:

1. The first step is to populate 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.



HOME MY PROFILE MY FILES MY TRAINING MY DISCLOSURES CONTACT SUPPORT

John Wayne Medical Center
Counselor Information

[Manage Counselor](#)

CERTIFIED APPLICATION ENTITY

Please hover over the ⓘ icon for more information about an item

Details

CA Driver's License Number or State ID *
D2985436 ⓘ

ID Type *
CA Drivers License Number ⓘ

Legal First Name *
John ⓘ

Legal Last Name *
Jones ⓘ

Email *
jjones@jmedical.com ⓘ

Business Phone *
111-222-3333 ⓘ

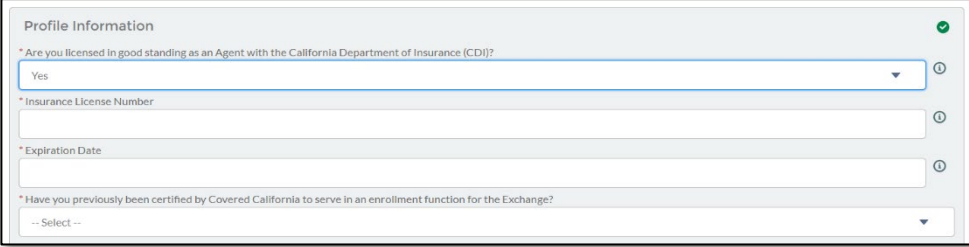
Other Phone
222-333-4444 ⓘ

Birthdate *
Apr 16, 1970 ⓘ

Sites served by this individual *

-- Select --

Main Location



Profile Information

* Are you licensed in good standing as an Agent with the California Department of Insurance (CDI)?
Yes ⓘ

* Insurance License Number
ⓘ

* Expiration Date
ⓘ

* Have you previously been certified by Covered California to serve in an enrollment function for the Exchange?
-- Select -- ⓘ

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 in the certification process.

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



Personal Mailing Address

Mailing Street *
1234 Council Blvd

Mailing City *
El Doardo Hills

Mailing State/Province *
CA

Mailing Zip/Postal Code *
96873

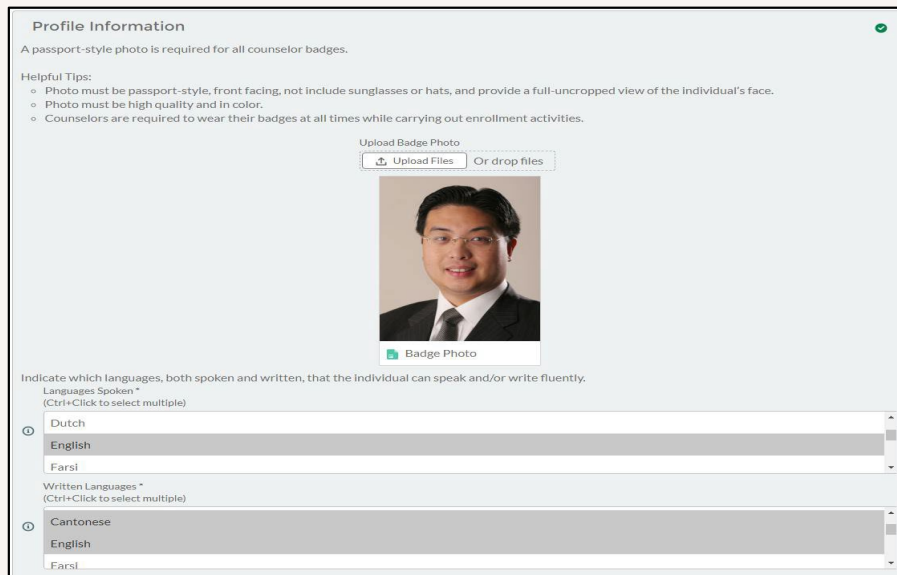
Save Button

3. The next step is to complete the Profile Information section. You must upload your badge photo and select your written and spoken language(s).

BADGE PHOTO

Follow these guidelines below when uploading your badge photo and select your written and spoken language(s):

- Photo must be a passport-style, front facing photograph, which does not include sunglasses or hats, and provides a full-uncropped view of the individual's face.
- Photo must be high quality and in color.



Profile Information


A passport-style photo is required for all counselor badges.

Helpful Tips:

- Photo must be passport-style, front facing, not include sunglasses or hats, and provide a full-uncropped view of the individual's face.
- Photo must be high quality and in color.
- Counselors are required to wear their badges at all times while carrying out enrollment activities.

Upload Badge Photo

Upload Files Or drop files



Badge Photo

Indicate which languages, both spoken and written, that the individual can speak and/or write fluently.

Languages Spoken *
(Ctrl+Click to select multiple)

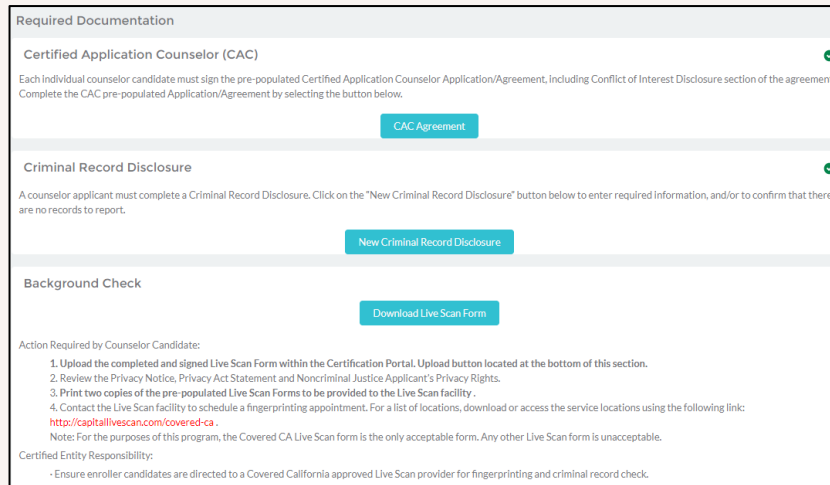
☒ Dutch
☒ English
☐ Farsi

Written Languages *
(Ctrl+Click to select multiple)


☒ Cantonese
☒ English
☐ Farsi

Note: Counselors are always required to wear their badges while carrying out enrollment activities.

The Required Documentation section includes the Counselor Agreement, Criminal Record Disclosure, and the Live Scan Forms. These documents must be reviewed and submitted prior to becoming a certified counselor.




Required Documentation

Certified Application Counselor (CAC) 

Each individual counselor candidate must sign the pre-populated Certified Application Counselor Application/Agreement, including Conflict of Interest Disclosure section of the agreement. Complete the CAC pre-populated Application/Agreement by selecting the button below.

[CAC Agreement](#)

Criminal Record Disclosure 

A counselor applicant must complete a Criminal Record Disclosure. Click on the "New Criminal Record Disclosure" button below to enter required information, and/or to confirm that there are no records to report.

[New Criminal Record Disclosure](#)

Background Check

[Download Live Scan Form](#)

Action Required by Counselor Candidate:

1. Upload the completed and signed Live Scan Form within the Certification Portal. Upload button located at the bottom of this section.
2. Review the Privacy Notice, Privacy Act Statement and Noncriminal Justice Applicant's Privacy Rights.
3. Print two copies of the pre-populated Live Scan Forms to be provided to the Live Scan facility.
4. 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.

Certified Entity Responsibility:

- Ensure enroller candidates are directed to a Covered California approved Live Scan provider for fingerprinting and criminal record check.

In the upcoming pages we will provide a walkthrough for how to upload and submit the documents. If these documents are not completed within 30 days your profile will not be reviewed.

COUNSELOR AGREEMENT

If your entity requires a Counselor Agreement, click on the Certified Application Counselor Agreement as shown below.

1. Click on the "CAC Agreement" button to access the Counselor Agreement and submit the document for review.



Certified Application Counselor (CAC)

Each individual counselor candidate must sign the pre-populated Certified Application Counselor Application/Agreement, including Conflict of Interest Disclosure section of the agreement. Complete the CAC pre-populated Application/Agreement by selecting the button below.

 [CAC Agreement](#)

2. Ensure that you review and read the full agreement before electronically signing and filling out the disclosure statements. When you are ready to sign the agreement, populate the required fields at the bottom of the document. Once saved you will be directed back to your profile.

By electronically signing this Agreement, each party agrees to comply with the applicable terms, conditions, and certifications set forth therein.

Certified Application Entity Name:	John Wayne Medical Center
Certified Application Entity ID:	001r000007UBUAA2
Certified Application Counselor Name (print):	John Jones
Certified Application Counselor Initials:	<input type="text"/>
Signature Date:	8/14/2017 8:20 AM

Attachment 1

Compliance with Conflict of Interest Standards California Code of Regulations, Title 10, Section 6866

1. Disclose any lines of insurance business not covered by the restrictions on participation and prohibitions on conduct contained in Section F which you intend to sell while carrying out consumer assistance functions. If you do not have anything to disclose you must state that below.

2. Disclose any existing employment relationships, or any former employment relationships within the last five years, with any health insurance issuers or issuers of stop loss insurance, or subsidiaries of health insurance issuers or issuers of stop loss insurance, including any existing employment relationships between a spouse or domestic partner and any health insurance issuers or issuers of stop loss insurance, or subsidiaries of health insurance issuers or issuers of stop loss insurance. If you do not have anything to disclose you must state that below.

3. Disclose any existing or anticipated financial, business, or contractual relationships with one or more health insurance issuers or issuers of stop loss insurance, or subsidiaries of health insurance issuers or issuers of stop loss insurance. If you do not have anything to disclose you must state that below.

If you have nothing to disclose, you must type **“I have nothing to disclose”** in the appropriate disclosure fields and “Save”. Entering N/A or None will cause us to reject the agreement.

Note: If you are submitting a new Agreement after the initial one, make sure to click the “Submit for Approval” button in the upper right corner of the page that comes up after saving the new Agreement.

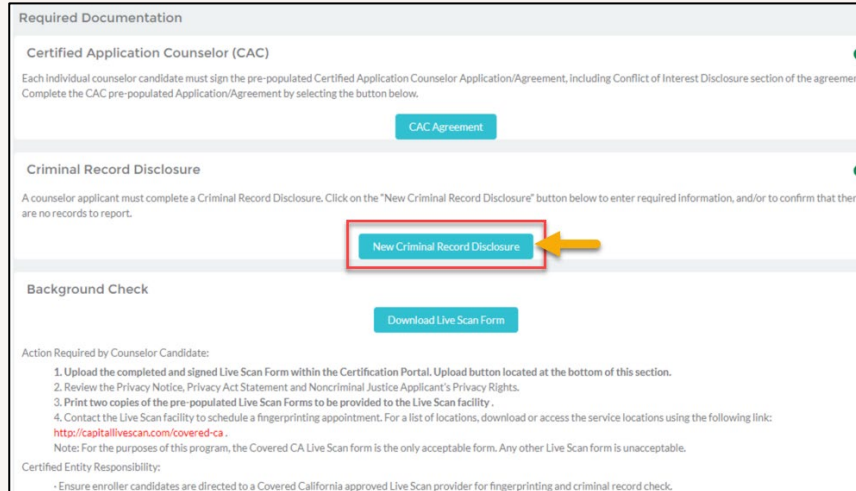
BACKGROUND CLEARANCE

The Counselor background clearance process consists of two documents that are located on the Counselor profile in the Certification Portal.

These items must be submitted to Covered California to be reviewed and approved as part of the Counselor certification process. A Candidate cannot qualify to become certified until they submit the Background Clearance documents.

CRIMINAL DISCLOSURE

1. Click on the “New Criminal Disclosure” button. See screenshot below.



Required Documentation

Certified Application Counselor (CAC) ✓
Each individual counselor candidate must sign the pre-populated Certified Application Counselor Application/Agreement, including Conflict of Interest Disclosure section of the agreement. Complete the CAC pre-populated Application/Agreement by selecting the button below.
[CAC Agreement](#)

Criminal Record Disclosure ✓
A counselor applicant must complete a Criminal Record Disclosure. Click on the “New Criminal Record Disclosure” button below to enter required information, and/or to confirm that there are no records to report.
[New Criminal Record Disclosure](#)

Background Check
[Download Live Scan Form](#)

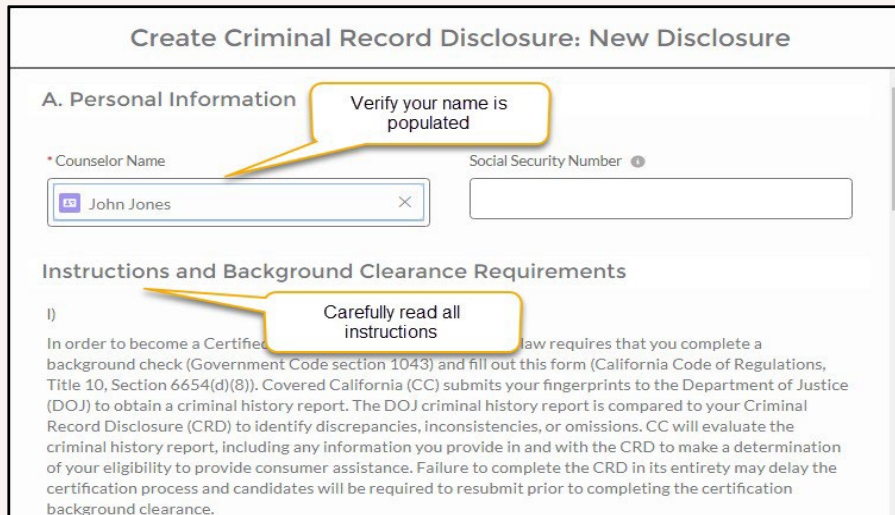
Action Required by Counselor Candidate:

1. Upload the completed and signed Live Scan Form within the Certification Portal. Upload button located at the bottom of this section.
2. Review the Privacy Notice, Privacy Act Statement and Noncriminal Justice Applicant's Privacy Rights.
3. Print two copies of the pre-populated Live Scan Forms to be provided to the Live Scan facility.
4. 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://capitalivescan.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.

Certified Entity Responsibility:
- Ensure enroller candidates are directed to a Covered California approved Live Scan provider for fingerprinting and criminal record check.

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



Create Criminal Record Disclosure: New Disclosure

A. Personal Information

Verify your name is populated

* Counselor Name Social Security Number

Instructions and Background Clearance Requirements

1) Carefully read all instructions

In order to become a Certified Application Counselor, California law requires that you complete a background check (Government Code section 1043) and fill out this form (California Code of Regulations, Title 10, Section 6654(d)(8)). Covered California (CC) submits your fingerprints to the Department of Justice (DOJ) to obtain a criminal history report. The DOJ criminal history report is compared to your Criminal Record Disclosure (CRD) to identify discrepancies, inconsistencies, or omissions. CC will evaluate the criminal history report, including any information you provide in and with the CRD to make a determination of your eligibility to provide consumer assistance. Failure to complete the CRD in its entirety may delay the certification process and candidates will be required to resubmit prior to completing the certification background clearance.

Create Criminal Record Disclosure

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 of any 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 voluntary. Failure to provide the SSN may delay the processing of this form and the criminal record check.

Cancel Save

Create Criminal Record

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 <div style="border: 1px solid #ccc; height: 30px;"></div>
When did it occur?: <div style="border: 1px solid #ccc; height: 20px;"></div>	Tell us what happened (optional): <div style="border: 1px solid #ccc; height: 30px;"></div>
Where did it occur? City: <div style="border: 1px solid #ccc; height: 20px;"></div>	
Where did it occur? State: <div style="border: 1px solid #ccc; height: 20px;"></div>	

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

Note: To attach additional information to support your disclosure, click on the 'Add Files' button as illustrated below and upload as required).


CRIMINAL RECORD DISCLOSURE
CRD-0024

Submit for Approval

Counselor Name Sofia Barker	Status Draft	Created By Sofia Barker, 8/7/2017 8:50 AM
--------------------------------	-----------------	--


Criminal Record Disclosure
 CRD-0024

Status
 Draft


A) Personal Information

Employer Name JesseTest	Social Security Number ⓘ 518067749
Counselor Name Sofia Barker	CA Driver's License Number or State ID CA4657939
Your Address	Date of Birth 8/17/1978
City	

If there is anything additional to support the disclosure these can be uploaded by clicking "Add Files" and upload.

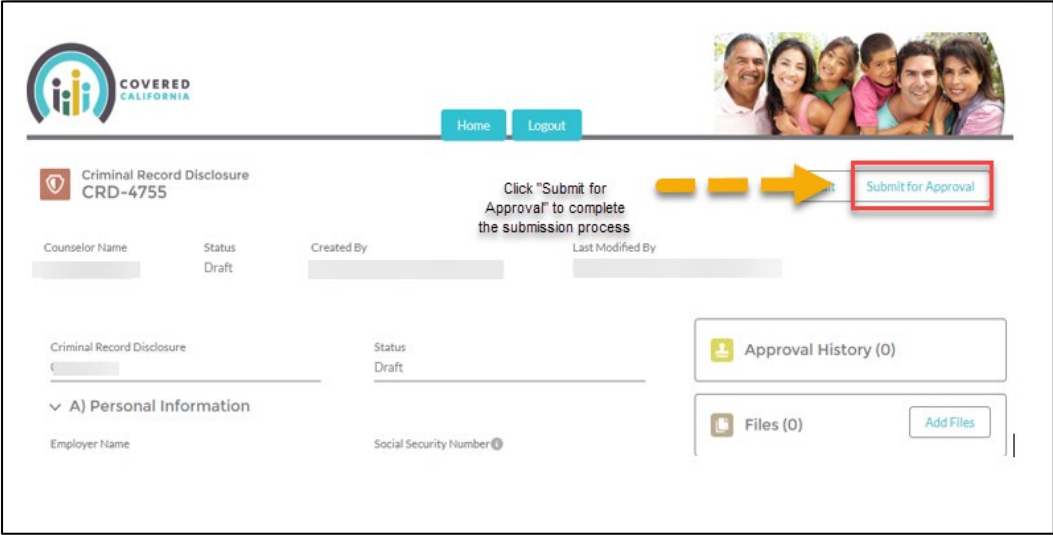

Files (0)

Add Files

 Upload Files

 Or drop files

- Click on "Submit for Approval" 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.



COVERED CALIFORNIA

Home Logout

Criminal Record Disclosure
CRD-4755

Click "Submit for Approval" to complete the submission process

Submit for Approval

Counselor Name: [Redacted] Status: Draft Created By: [Redacted] Last Modified By: [Redacted]

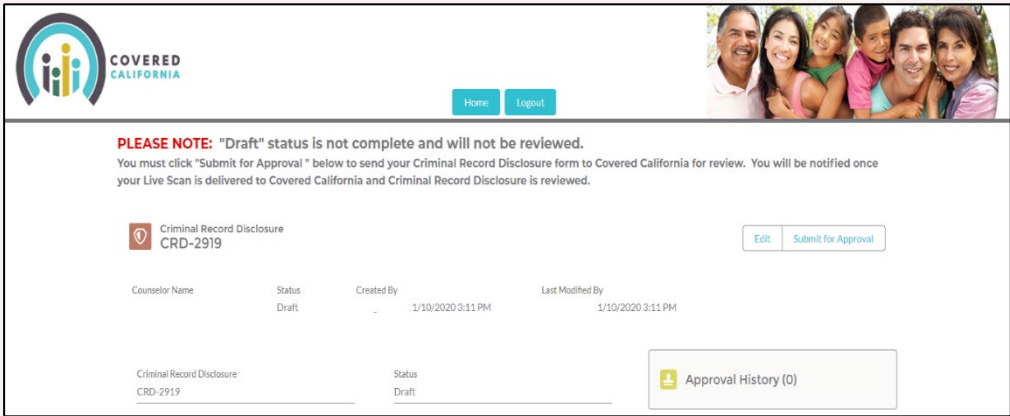
Criminal Record Disclosure: [Redacted] Status: Draft

✓ A) Personal Information

Employer Name: [Redacted] Social Security Number: [Redacted]

Approval History (0)

Files (0) Add Files



COVERED CALIFORNIA

Home Logout

PLEASE NOTE: "Draft" status is not complete and will not be reviewed. You must click "Submit for Approval" below 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.

Criminal Record Disclosure
CRD-2919

Edit Submit for Approval

Counselor Name: [Redacted] Status: Draft Created By: [Redacted] Last Modified By: [Redacted]

Criminal Record Disclosure: [Redacted] Status: Draft

Approval History (0)

BACKGROUND CHECK


The second step to the Background Check is completing the Live Scan form and taking the documents to an authorized location to be submitted and fingerprinted.

- Each Counselor applicant must download the Live Scan form, print (2) two copies and take the forms to an authorized Capitol Live Scan location (<https://www.capitallivescan.com/state-wide>).


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: <https://www.capitalivescan.com/state-wide>.
3. Download and print the two (2) copies of the pre-populated form. The screenshot below shows what the Live Scan form looks like.
4. Review the Privacy Notices and sign the Live Scan form under the "Attestation Acknowledgment" to attest receipt of the three notices.

Covered California Request for Live Scan

Certified Enrollment and Certified Application Counselors
Applicant Form



CONTRACT CODE: DFJK



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

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:

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@capitalivescan.com

You may also visit the Web page at <http://capitalivescan.com/covered-ca>

Regarding Covered California Enrollment Assistance Program email: IPAsupport@ccgrantsandassistors.org

You may also visit the Covered California Website at coveredca.com

Example of the Privacy Notices (3)

Privacy Notice

As Required by Civil Code § 1798.17

Collection and Use of Personal Information. The California Justice Information Services (CJIS) Division is the Department of Justice (DOJ) collects the information requested on this form as authorized by Business and Professions Code sections 4000-4021, 7574-7574.16, 26050-26050, 11340-11340, and 22440-22440; Penal Code sections 11100-11112, and 11077; Health and Safety Code sections 1002, 1115-20, 1415.10, 1560-15, 1560.24, 1560.25, 1560.27, 1560.28, 1560.29, 1560.30, 1560.31, 1560.32, 1560.33, 1560.34, 1560.35, 1560.36, 1560.37, 1560.38, 1560.39, 1560.40, 1560.41, 1560.42, 1560.43, 1560.44, 1560.45, 1560.46, 1560.47, 1560.48, 1560.49, 1560.50, 1560.51, 1560.52, 1560.53, 1560.54, 1560.55, 1560.56, 1560.57, 1560.58, 1560.59, 1560.60, 1560.61, 1560.62, 1560.63, 1560.64, 1560.65, 1560.66, 1560.67, 1560.68, 1560.69, 1560.70, 1560.71, 1560.72, 1560.73, 1560.74, 1560.75, 1560.76, 1560.77, 1560.78, 1560.79, 1560.80, 1560.81, 1560.82, 1560.83, 1560.84, 1560.85, 1560.86, 1560.87, 1560.88, 1560.89, 1560.90, 1560.91, 1560.92, 1560.93, 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1560.994, 1560.995, 1560.996, 1560.997, 1560.998, 1560.999, 1560.1000.

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 update to an FBI identification record is set forth in Title 28, C.F.R. 15.34. 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 APC Section 11100-11107.

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, information may be provided to the FBI's acquisition, preservation, and exchange of fingerprints and associated information. State statutes pursuant to Pub. L. 92-544, Presidential Executive Order, 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 clearance, may be predicated on fingerprint-based background checks. Your fingerprints and associated information 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 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 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 at 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 Standard 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 clearance, 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 of Justice (DOJ) under 5 U.S.C. 552(a)(1). 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 help 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 notification 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.
- 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 in Title 28, Code of Federal Regulations (CFR), Section 15.34.
- 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.

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.

If agency entry 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/criminal-justice/privacy-act-statement>.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that constituted 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 constituted 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 to your record in accordance with the information supplied by that agency. (See 28 CFR 15.30 through 15.34.) You can find additional information on the FBI website at <https://www.fbi.gov/services/criminal-justice/privacy-act-statement>.

1. Notice notification includes electronic notification, but excludes any restriction.
2. <https://www.fbi.gov/services/criminal-justice/privacy-act-statement>
3. See 28 CFR 15.1001.
4. See 5 U.S.C. 552(a)(1); 28 U.S.C. 534(b); 34 U.S.C. § 40101 (formerly codified at 42 U.S.C. § 14601); Article IV(C).

- Upload the completed and signed Live Scan form in the Certification Portal (upload button is located at the bottom of the "Background Check" section). Your signature on the Live Scan forms is an attestation that you have received the privacy notices.

Action Required by Counselor Candidate:

- Upload the completed and signed Live Scan Form within the Certification Portal. Upload button located at the bottom of this section.
- Review the Privacy Notice, Privacy Act Statement and Noncriminal Justice Applicant's Privacy Rights.
- Print two copies of the pre-populated Live Scan Forms to be provided to the Live Scan facility.
- 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://capitalivescan.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.

Certified Entity Responsibility:

- Ensure enroller candidates are directed to a Covered California approved Live Scan provider for fingerprinting and criminal record check.

Upload Signed Live Scan

Upload Files

Or drop files

Save Details

Note: When all documents have been completed and submitted in the Required Documentation sections a green check mark will appear on the upper right-hand corner. Ensure you "Save Details".

Required Documentation

Certified Application Counselor (CAC)

Each individual counselor candidate must sign the pre-populated Certified Application Counselor Application Agreement. Complete the CAC pre-populated Application Agreement by selecting the button below.

CAC Agreement

Criminal Record Disclosure

A counselor applicant must complete

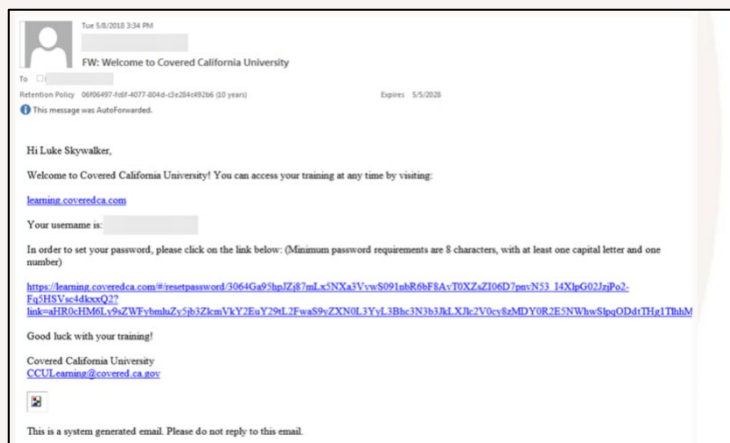
CERTIFICATION TRAINING

Computer-based Certification Training is provided by Covered California and will be taken through the Learning Management System (LMS).

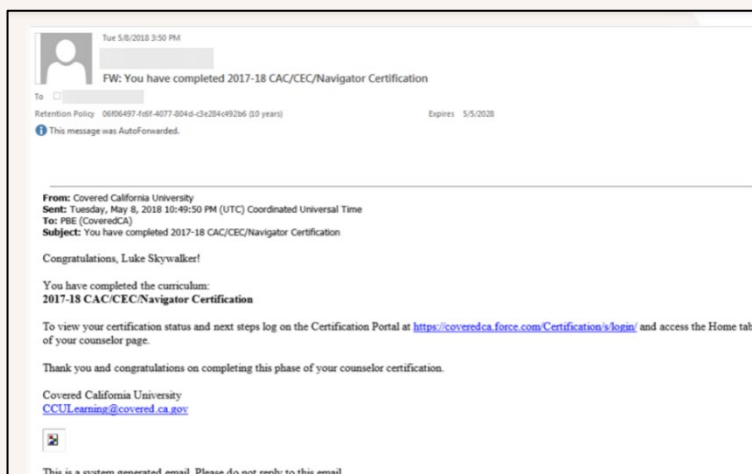
You will be enrolled in the Certification Training modules, once your profile is completed and the agreement is approved.

Note: You will have 30 days to complete the training and 3 attempts to pass the exam with a score of 80% or better. Take your time and answer each question to the best of your ability. A study guide is available in LMS under resources to help you with the exam.

Once enrolled, you will receive an automated email that will provide you with a link to LMS to create an LMS account and access the Certification Training.



When you complete the Certification Training courses, you will receive another automated email to confirm completion.



IMPORTANT CERTIFICATION NOTIFICATIONS

Requirements to Finalize your Certification

Once your Criminal Record Disclosure and Background Check are approved, the training is complete, and you pass the exam Covered California will change your status to “Certified”.

CalHEERS Account Creation

An automated email will be sent to you with a link and instructions on how to make your CalHEERS account. A Covered California Analyst will call you to step you through the process of creating your CalHEERS account.

Badge/ e-Badges

As a result of COVID-19, Covered California is temporarily emailing Certified Counselors an e-badge with 7 days of being Certified. Once you receive your e-badge you can begin to assist consumers for your Entity.

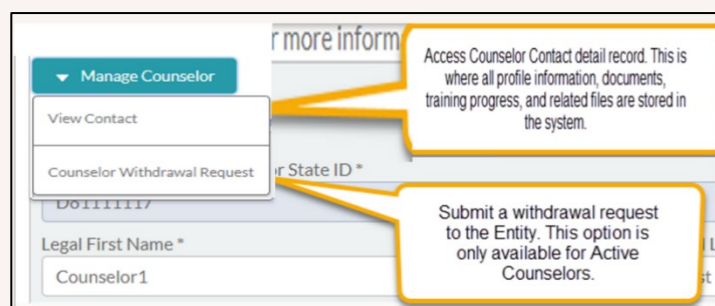
The e-badge allows counselors the ability to work successfully with consumers while awaiting a physical badge.

A physical badge will be sent to you within 30 Business Days to the physical address listed in your Certification Portal Profile. For additional questions or inquiries, you can send an email to CommunityPartnerCertSupport@covered.ca.gov.

ADDITIONAL COUNSELOR ACTIONS

Manage Counselor-Additional Counselor Actions

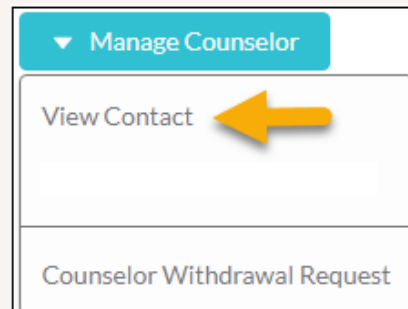
The top of the My Profile page has a drop-down menu labeled “Manage Counselor” for performing additional actions as a Counselor. See the screenshot below for available options.



VIEW CONTACT SECTION

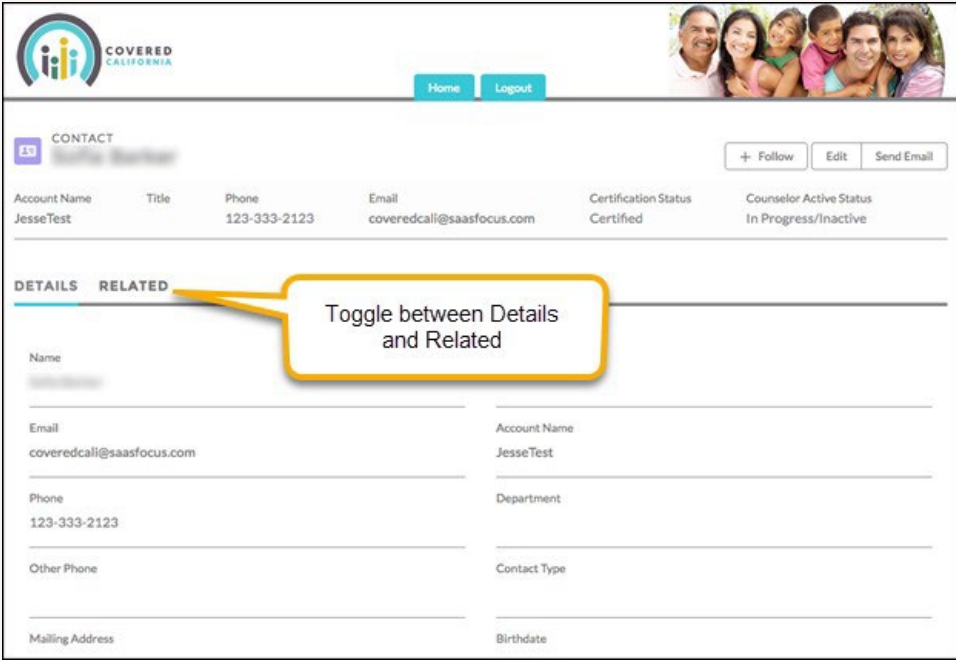
“View Contact” allows you to view your own contact record and related Information. Select “**View Contact**” from the drop-down menu under “Manage Counselor”.

Clicking on the button “View Contact” as shown in the screen below.



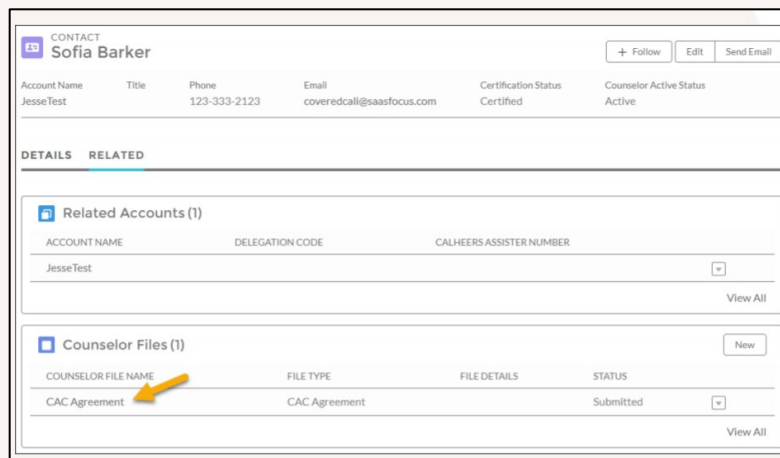
The “Details” tab shows your information and allows you to edit information by clicking the “Edit” button in the upper right-hand corner of the page.

The “Related” tab will show you any documents or files that are related to you, including all entity affiliations and sites served.



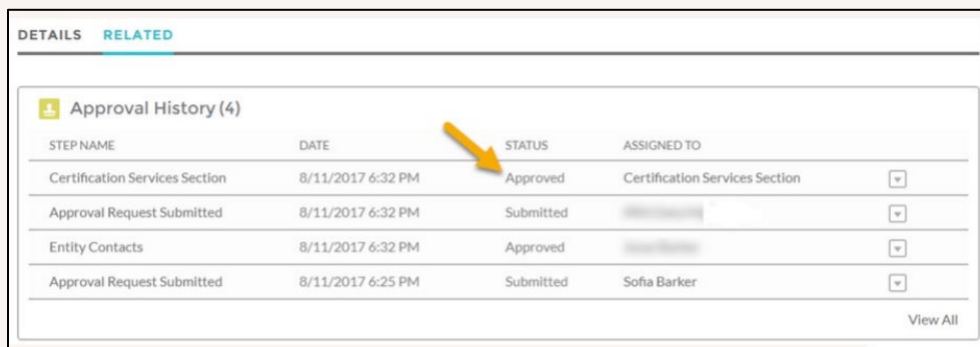
A screenshot of the 'View Contact' page. The page header includes the Covered California logo, a 'Home' button, a 'Logout' button, and a family photo. The main content area shows a contact record for 'JesseTest' with fields for Account Name, Title, Phone, Email, Certification Status, and Counselor Active Status. Below this is a tabbed interface with 'DETAILS' and 'RELATED' tabs. A yellow callout box points to the 'DETAILS' tab with the text 'Toggle between Details and Related'. The 'DETAILS' tab is active, showing fields for Name, Email, Phone, Other Phone, Mailing Address, Account Name, Department, Contact Type, and Birthdate.

The counselor Agreement Status can be found in the “Counselor Files” related list on your Contact record.



CONTACT Sofia Barker													
Account Name Jesse Test	Title	Phone 123-333-2123	Email coveredcall@saasfocus.com	Certification Status Certified	Counselor Active Status Active								
<div>DETAILS RELATED</div>													
<div>Related Accounts (1)</div> <table border="1"> <thead> <tr> <th>ACCOUNT NAME</th> <th>DELEGATION CODE</th> <th>CALHEERS ASSISTER NUMBER</th> </tr> </thead> <tbody> <tr> <td>Jesse Test</td> <td></td> <td></td> </tr> </tbody> </table>						ACCOUNT NAME	DELEGATION CODE	CALHEERS ASSISTER NUMBER	Jesse Test				
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Jesse Test													
<div>Counselor Files (1)</div> <table border="1"> <thead> <tr> <th>COUNSELOR FILE NAME</th> <th>FILE TYPE</th> <th>FILE DETAILS</th> <th>STATUS</th> </tr> </thead> <tbody> <tr> <td>CAC Agreement</td> <td>CAC Agreement</td> <td></td> <td>Submitted</td> </tr> </tbody> </table>						COUNSELOR FILE NAME	FILE TYPE	FILE DETAILS	STATUS	CAC Agreement	CAC Agreement		Submitted
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CAC Agreement	CAC Agreement		Submitted										

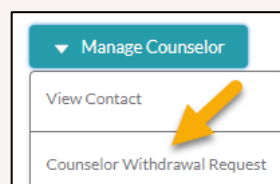
After Entity Contact approval, it will be submitted to Covered California for review. If approved by the Certification Services Section, the Counselor Agreement is then complete.



DETAILS RELATED				
Approval History (4)				
STEP NAME	DATE	STATUS	ASSIGNED TO	
Certification Services Section	8/11/2017 6:32 PM	Approved	Certification Services Section	
Approval Request Submitted	8/11/2017 6:32 PM	Submitted		
Entity Contacts	8/11/2017 6:32 PM	Approved		
Approval Request Submitted	8/11/2017 6:25 PM	Submitted	Sofia Barker	

COUNSELOR WITHDRAWAL REQUEST

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




Manage Counselor

View Contact
Counselor Withdrawal Request

2. Provided your reason for wanting to withdraw from the program in the “Reason for Withdrawal” field. Click on the “Save” button to be directed to the Withdrawal Request Record.

Create Counselor Change Request: Withdrawal Request

* Counselor

 Sofia Barker

* Reason for Withdrawal ⓘ

Sample reason for withdrawal.

Created By

Last Modified By

Change Request

Record Type

Withdrawal Request


Cancel

Save & New

Save

Verify your name is populated


3. The system will take you to the Withdrawal Request record which will automatically be submitted to the Entity Contacts for approval.

 COUNSELOR CHANGE REQUEST
CR-91361

Clone

DETAILS

RELATED


 Approval History (2)

Recall

STEP NAME	DATE	STATUS	ASSIGNED TO
Entity Contacts	8/7/2017 11:56 AM	Pending	Jesse Barker
Approval Request Submitted	8/7/2017 11:56 AM	Submitted	Sofia Barker


View All

- When both the Entity Contacts and the Covered California have approved of your withdrawal request your status will be updated to "Withdrawn-Entity request" within the system.


COUNSELOR CHANGE REQUEST
CR-91366


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[Submit for Approval](#)

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Approval History (4)

STEP NAME	DATE	STATUS	ASSIGNED TO
Certification Services Section	8/11/2017 7:07 PM	Approved	Certification Services Section
Entity Contacts	8/11/2017 7:06 PM	Approved	
Approval Request Submitted	8/11/2017 7:06 PM	Submitted	
Approval Request Submitted	8/11/2017 7:04 PM	Submitted	Sofia Barker

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CONTACT
Sofia Barker

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[Send Email](#)

Account Name	Title	Phone	Email	Certification Status	Counselor Active Status
JesseTest		123-333-2123	coveredcall@saasfocus.com	Withdrawn - Entity Request	Active

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Name

Sofia Barker

Title

Email

coveredcall@saasfocus.com

Account Name

JesseTest

Phone

123-333-2123

Department