

TABLE OF CONTENTS

CERTIFICATION PORTAL ENROLLER USER OVERVIEW ..... 2

NEW ENROLLER USER ..... 2

ENROLLER HOMEPAGE ..... 3

MY PROFILE ..... 4

BACKGROUND CLEARANCE..... 7

CRIMINAL RECORD DISCLOSURE ..... 8

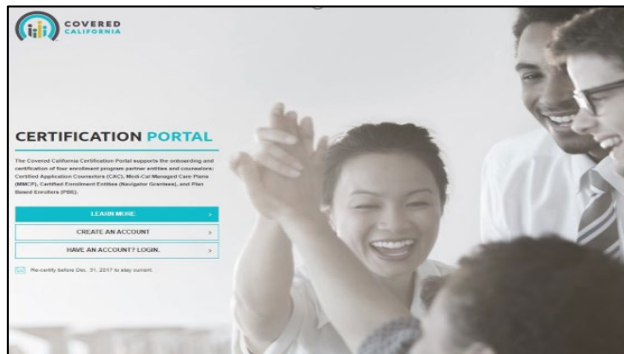
BACKGROUND CHECK ..... 12

SCREENING QUESTIONS..... 14

WITHDRAWAL REQUESTS ..... 15

## CERTIFICATION PORTAL OVERVIEW

The Certification Portal Plan-Based Enroller User Overview outlines all features and functions available to Plan-Based Entity Enrollers in the Certification Portal. This document details the functions of an Enroller User, how to complete the Certification Portal profile, background clearance, and training requirements.

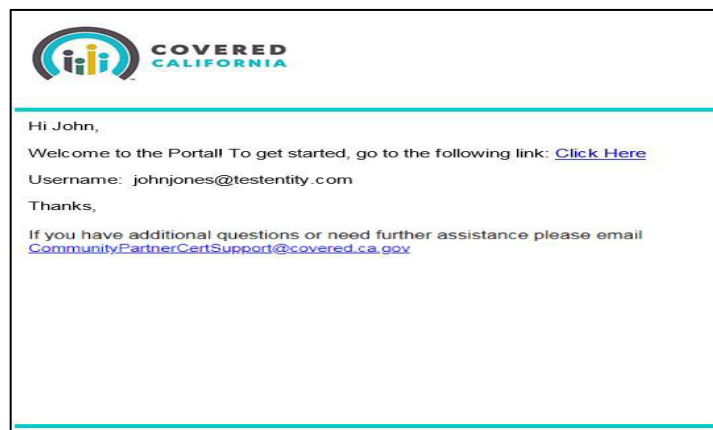


## NEW ENROLLER USER

The Primary or Authorized Contact listed on the entity roster is responsible for creating the Enroller user account. Once the account is created, an email from the Certification Portal will be sent to the Enroller:

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

Email Body:



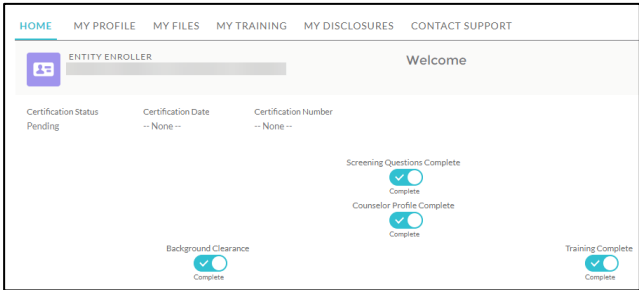
When you click on the hyperlink provided in the email, it will take you to a login screen. There you will be prompted to set a password for your new account. When the **Change Password** button is pressed, you will be logged into the system.



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.

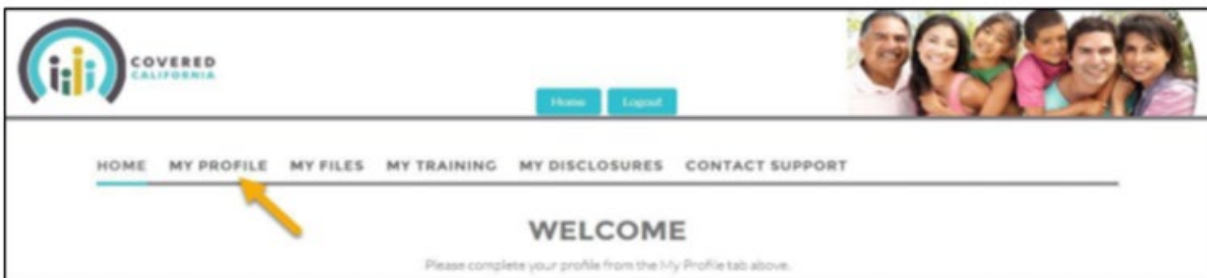
Example of the **Home Page** without an Accident and Health Insurance License with the California Department of Insurance (CDI).



**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

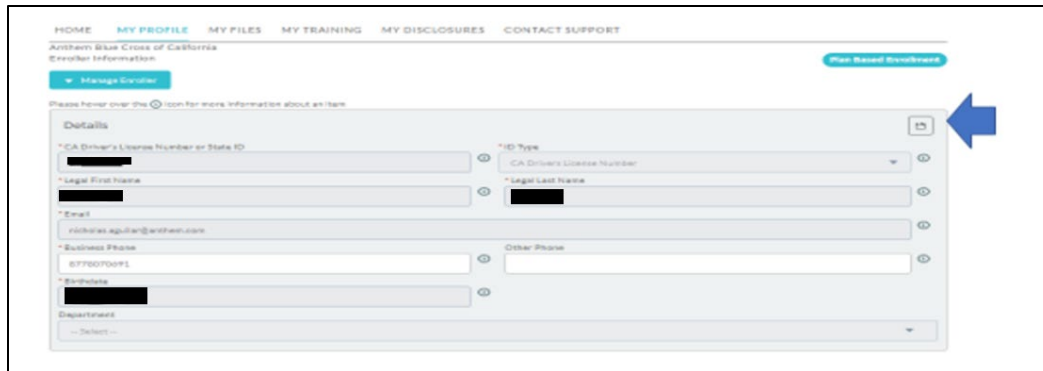
Navigate to the **My Profile** tab to complete the information necessary for the enroller certification process.



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

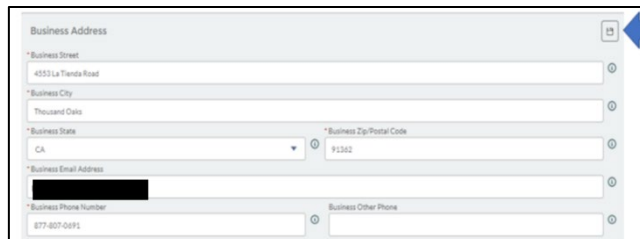
**Steps for NEW enrollers** requesting to become certified for the first time:

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.

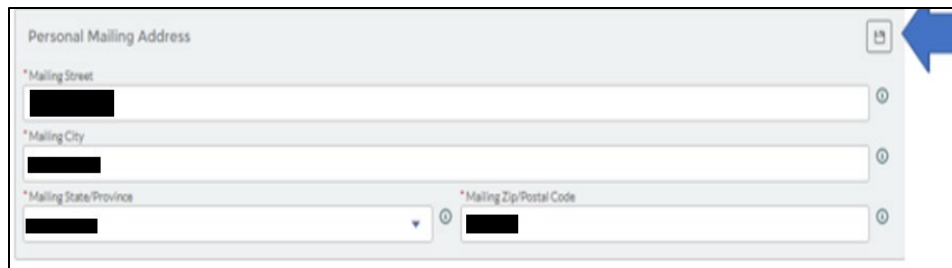


**Note:** Make sure to fill out all required fields, which are marked with a **red asterisk (\*)**, before submitting. Any missing fields will result in a delay of the Certification Process.


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



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



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



**Profile Information**

\*Are you licensed in good standing as an Agent with the California Department of Insurance (CDI)?  
 No

\*Have you previously been certified by Covered California to serve in an enrollment function for the Exchange?  
 No

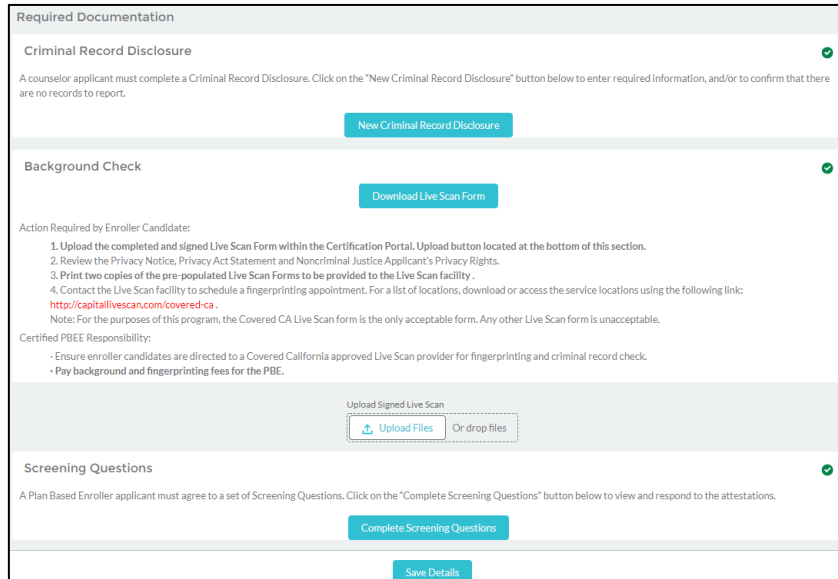
Indicate which languages, both spoken and written, that the individual can speak and/or write fluently.  
 Languages Spoken \*  
 (Ctrl+Click to select multiple)

-- Select --  
 English  
 Spanish

Written Languages \*  
 (Ctrl+Click to select multiple)

-- Select --  
 English  
 Spanish

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



**Required Documentation**

**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 Enroller 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 PBEE Responsibility:

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

Upload Signed Live Scan

[Upload Files](#) Or drop files

**Screening Questions**

A Plan Based Enroller applicant must agree to a set of Screening Questions. Click on the "Complete Screening Questions" button below to view and respond to the attestations.

[Complete Screening Questions](#)

[Save Details](#)

## BACKGROUND CLEARANCE

**Important:** If you have an active Accident and Health Insurance license with CDI, scroll to the Screening **Questions** section located on page 13.

**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:
      - 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.**

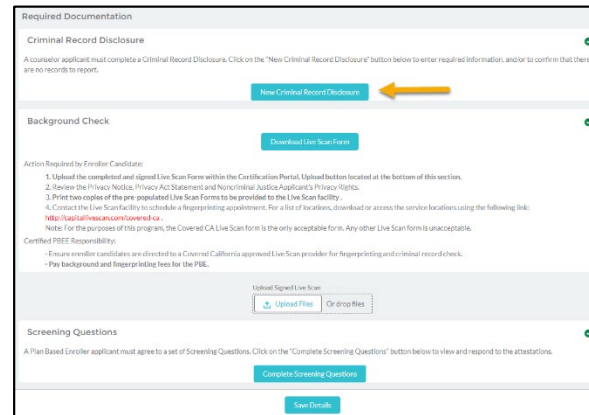


## CRIMINAL RECORD DISCLOSURE

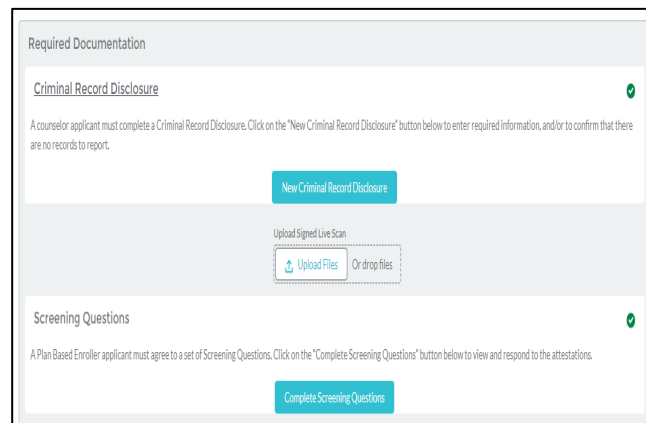
**IMPORTANT:** If you have an active Accident and Health Insurance license with CDI, scroll to the **Screening Questions**. Otherwise continue with the following steps: section located on page 13.

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

This view is for a PBE without an Insurance License



This view is for a PBE with an insurance license



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.



### New Criminal Record Disclosure: New Disclosure

- Any additional information relevant to demonstrating rehabilitation or other mitigating factors.

#### B. Criminal History Disclosure

Question 1

Other than those excluded up above, have you ever been convicted of a misdemeanor?

Question 2

Other than those excluded up above, have you ever been convicted of a felony?

Question 3

Do you currently have criminal charges pending against you?

Question 4

Are you currently out on bail or on your own recognizance for any current arrest?

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 6

Have you ever had an Administrative Action against you from another State Agency?

Answer all criminal history questions

\* Question 1 Response

--None--

\* Question 2 Response

--None--

\* Question 3 Response

--None--

\* Question 4 Response

--None--

\* Question 5 Response

--None--

\* Question 6 Response

--None--

New Criminal Record Disclosure: New Disclosure

III)  
If you answered YES to any of the above questions of the offense, pending charge or administrative action and, if desired, the nature and circumstances of the offense, pending charge or administrative action to declare, you must use additional sheets to provide details. Once you are ready to submit the disclosure, click the Submit for Approval button.

Provide details on each offense

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:

New Criminal Record Disclosure: New Disclosure

SECOND OFFENSE, PENDING CHARGE, OR ADMINISTRATIVE ACTION

Offense Question 2  
What was the second offense, pending charge or administrative action?:

Offense Question 2 Response

When did it occur?:

Tell us what happened (optional):

Where did it occur? City:

Where did it occur? State:

THIRD OFFENSE, PENDING CHARGE, OR ADMINISTRATIVE ACTION

Offense Question 3  
What was the third offense, pending charge or administrative action?:

Offense Question 3 Response

When did it occur?:

Tell us what happened (optional):

Where did it occur? City:

Where did it occur? State:

**New 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 documents 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 ☐

**Electronic Agreement**  
Each party agrees that the electronic signatures (whether digital or encrypted) of the parties 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.

Covered California will create a file concerning your criminal background check that will contain certain documents, including information that you provide. You have the right to access certain records containing your personal information maintained by the Department (Civil Code section 1798 et seq.).

**NOTE: IMPORTANT INFORMATION:** Under the California Public Records Act, 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. Covered California must also tell people who ask the name of a Certified Enrollment Entity that has a CEC with a criminal record exemption.

**Questions?**  
If you have any questions regarding Certification Status or need further assistance, please email [CommunityPartnerCertSupport@covered.ca.gov](mailto:CommunityPartnerCertSupport@covered.ca.gov).

If you have any questions about this form or background status, please email [BackgroundChecks@covered.ca.gov](mailto:BackgroundChecks@covered.ca.gov).


**IMPORTANT NOTICES**

**Important Notices**  
**APPLICANT FINGERPRINT NOTICE AND RECORDS CORRECTION**


Your fingerprints will be used to check the criminal history records of the DOJ and FBI. You have the opportunity to compare, 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 Section 11120-11127.

[Cancel](#) [Save & New](#) [Save](#)

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



[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	Status	Created By	Last Modified By
	Draft	1/10/2020 3:11 PM	1/10/2020 3:11 PM

Criminal Record Disclosure: CRD-2919 Status: Draft [Approval History \(0\)](#)

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

- 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 review.

## BACKGROUND CHECK

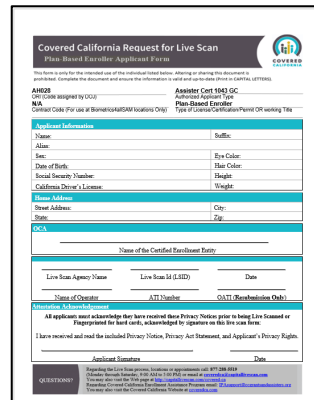
**Important:** If you have an active Accident and Health Insurance license with CDI scroll to the **Screening Question** section located on page 13. If not, please continue with the Background Check process:

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

- 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.
- 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>.

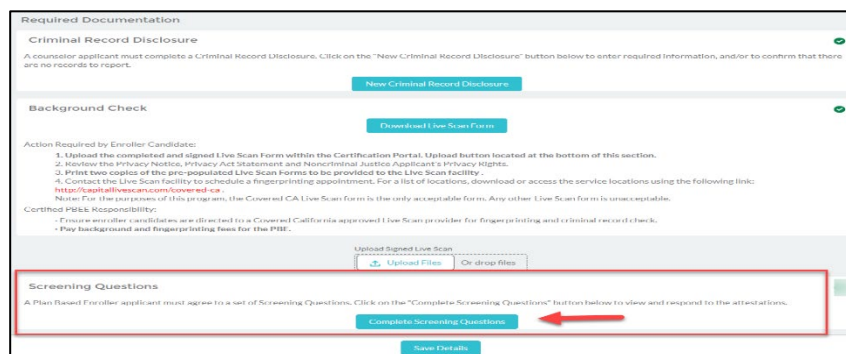
**Note:** For the purposes of this program, the Covered CA Live Scan form is the only acceptable form. Any other Live Scan form is unacceptable.

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



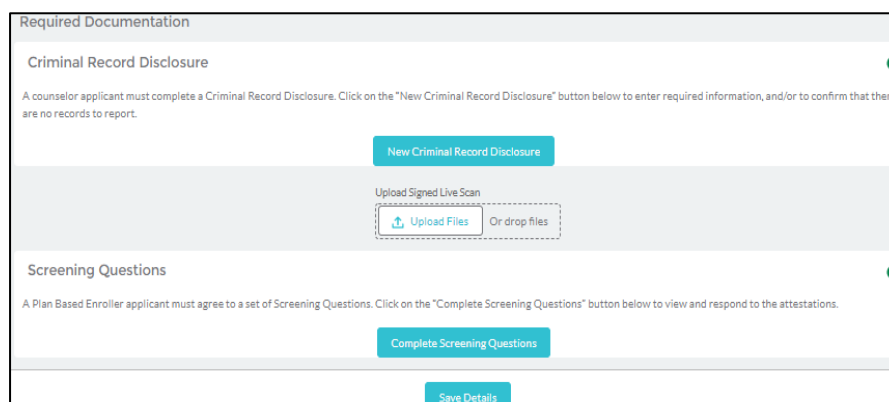
The form is titled "Covered California Request for Live Scan" and "Plan-Based Enroller Applicant Form". It contains fields for personal information, address, and contact details. The form is pre-populated with sample data.

- Upload the completed and signed Live Scan Form in the Certification Portal. Use the "Upload Files" button located as displayed in the image below.



The screenshot shows the "Required Documentation" section of the Certification Portal. It includes sections for "Criminal Record Disclosure", "Background Check", and "Screening Questions". The "Background Check" section has a red box highlighting the "Upload Signed Live Scan" button, with a red arrow pointing to it.

This view is for a PBE with an insurance license



The screenshot shows the "Required Documentation" section of the Certification Portal for a Plan-Based Enroller (PBE) with an insurance license. It includes sections for "Criminal Record Disclosure", "Background Check", and "Screening Questions". The "Background Check" section has a red box highlighting the "Upload Signed Live Scan" button, with a red arrow pointing to it.


**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 found in the Certification portal.

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

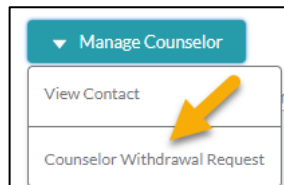


Once this section is completed by the Enroller, a **Screening Questions Completed** checkbox will be checked in the Contact Record:



## 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**.

A screenshot of a web form titled 'Create Counselor Change Request: Withdrawal Request'. The form has two main sections. The first section is labeled '\* Counselor' and contains a dropdown menu with 'Sofia Barker' selected. A yellow callout box points to this dropdown with the text 'Verify your name is populated'. The second section is labeled '\* Reason for Withdrawal' and contains a text input field with the placeholder text 'Sample reason for withdrawal'. To the right of this field is a label 'Record Type' with the value 'Withdrawal Request'. At the bottom of the form are three buttons: 'Cancel', 'Save & New', and 'Save'. An orange arrow points to the 'Save' button.

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

A screenshot of a web page titled 'COUNSELOR CHANGE REQUEST CR-91361'. The page has a 'Clone' button in the top right corner. Below the title is a horizontal line. Underneath the line are two tabs: 'DETAILS' and 'RELATED'. The 'DETAILS' tab is active. Below the tabs is a section titled 'Approval History (2)' with a 'Recall' button. This section contains a table with the following data:

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

At the bottom right of the table is a 'View All' link.



- 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.

CONTACT

Sofia Barker

+ Follow Edit Send Email

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

DETAILS

RELATED

Name

Sofia Barker

Title

Email

coveredcali@saasfocus.com

Account Name

JesseTest

Phone

123-333-2123

Department

COUNSELOR CHANGE REQUEST

CR-91366

Clone Submit for Approval

DETAILS

RELATED

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

View All

This concludes the Certification Portal Plan-Based Enroller User Overview Manual training steps. If you have any questions or need assistance, please send the Certification Services Team an email at [PBECert@covered.ca.gov](mailto:PBECert@covered.ca.gov).