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CERTIFICATION PORTAL COUNSELOR USER OVERVIEW

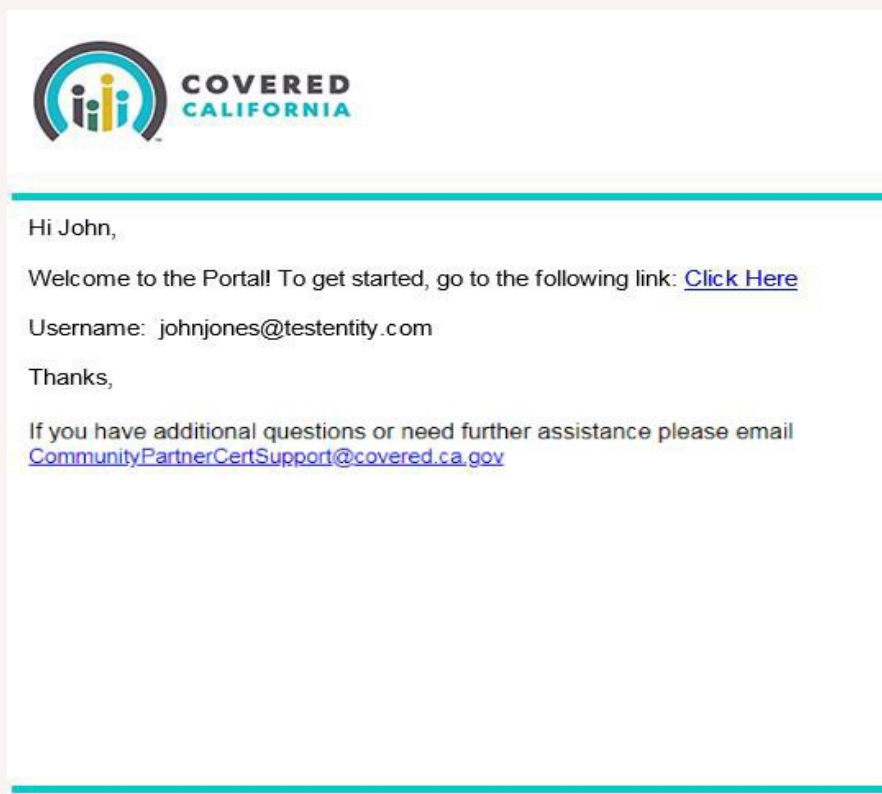
This document outlines all features and functions available to Entity Counselors in the Certification Portal. It details the functions that you, as a Counselor User, have including profile completion, background clearance, and training.

NEW COUNSELOR USER

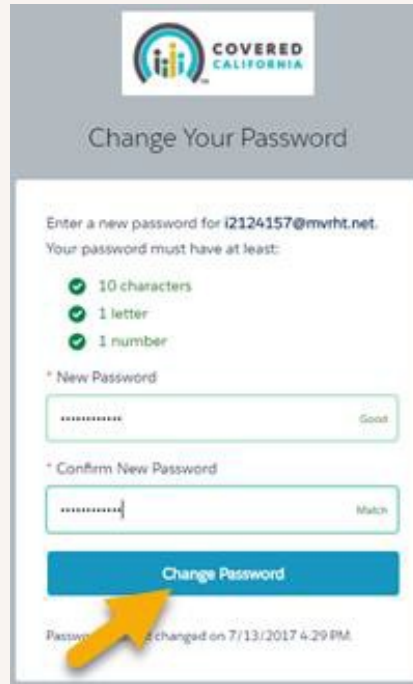
The Primary or Authorized Contact listed on the entity roster will create your Counselor user account. You will receive an email from the Certification Portal that looks like the following:

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

Email Body:

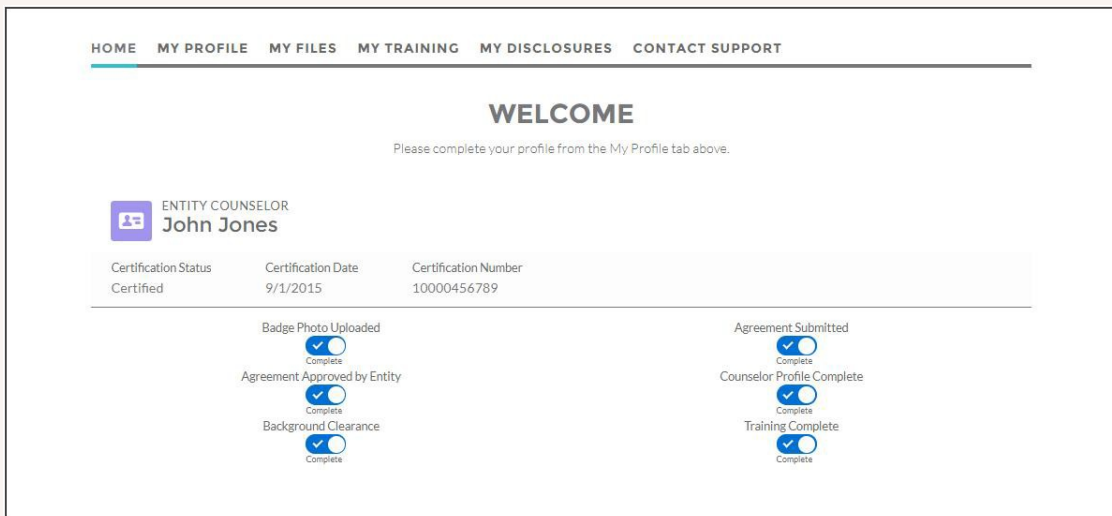


When you click on the hyperlink provided in the email it will take you to a login screen. There you will be prompted to set a password for your new account. When the Change Password button is pressed, you will be logged into the system.



COUNSELOR HOMEPAGE

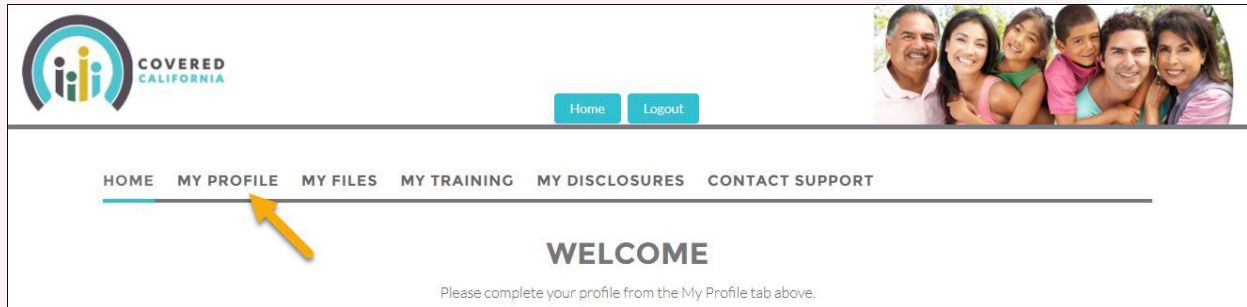
When logged into the system you will be presented with the homepage welcome screen. Here you will find high-level information regarding your certification status as well other important information related to fulfilling your duties as a certified counselor.



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 see additional counselor actions in the Certification portal.

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

CERTIFIED APPLICATION ENTITY

Manage Counselor

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

Save Button

Profile Information ✔

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

* Insurance License Number

* Expiration Date

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


Profile Information ✔

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

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

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 Save Button 

Mailing Street *
 ⓘ

Mailing City *
 ⓘ

Mailing State/Province * ⓘ Mailing Zip/Postal Code * ⓘ

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

Follow these guidelines when uploading your badge photo:

- 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:

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

Upload Badge Photo

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.

4. The Required Documentation section includes documents that need to be submitted for review and are a vital piece to becoming a certified counselor. This section includes the Counselor Agreement, Criminal Record Disclosure and the Live Scan Forms.

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 Disclosure

Each individual applying to become a Counselor must complete and submit a Criminal Disclosure form. This form is to be completed by the individual applying to become a Counselor.

[New Criminal Disclosure](#)

Background Check

[Download Live Scan Form](#)

The Entity must send Counselor candidates to a Covered California approved Live Scan provider for fingerprinting and criminal record check. The Entity must provide two pre-populated Live Scan Forms to Counselor candidate and advise Counselor candidate that the pre-populated Live Scan form is the required form to provide to the Live Scan vendor and only acceptable form to present to the Live Scan vendor. The pre-populated Live Scan form authorizes the Live Scan vendor to perform the fingerprinting service for the Counselor candidate. Any other downloaded Live Scan form other than the pre-populated Live Scan form from the Entity is not acceptable. Forms can be generated in IPAS in the counselor grid as shown above. Upon completion of the form, the applicant should call the fingerprinting facility to schedule a fingerprinting appointment. For a list of locations, download the service locations using the following link: <http://capitallivescan.com/walk-in-locations>

Below is a walkthrough for each document and how it is submitted. If these documents are not completed then your profile will not be reviewed.

COUNSELOR AGREEMENT

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

IMPORTANT: If you are applying to be a Plan Based Enroller (PBE) for a Plan Based Enrollment Entity (PBEE), skip to “Background Clearance” on Page 8.

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.



2. Ensure that you read the full agreement before electronically signing and filling out the disclosure statements for review. 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:	001r000007UBAA2
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 there is nothing to disclose, insert “I have nothing to disclose” in the appropriate disclosure fields.

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

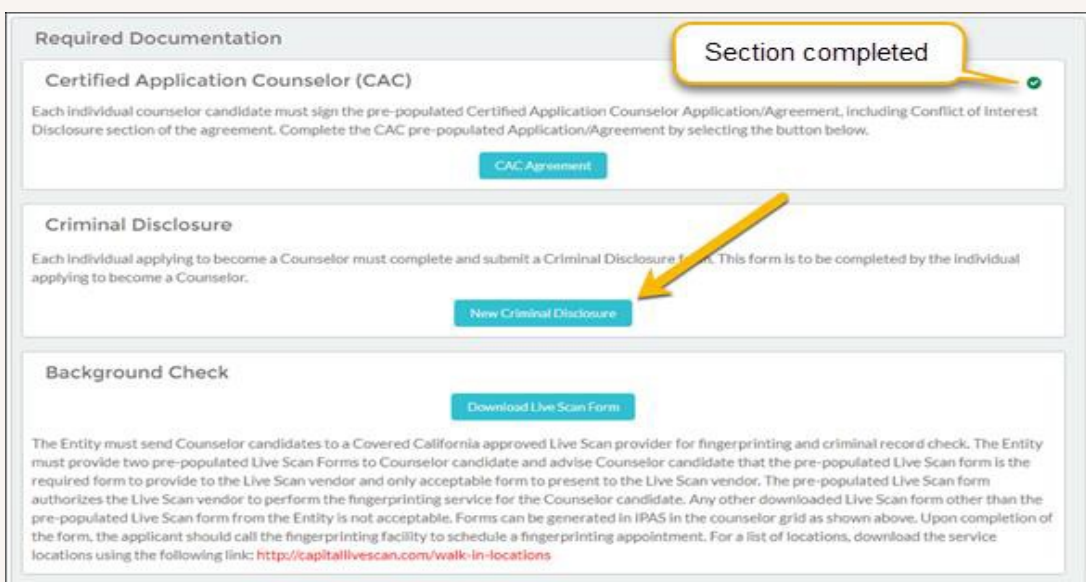
IMPORTANT: If you are applying to be a Plan Based Enroller (PBE) for a Plan Based Enrollment Entity (PBEE) and you are a licensed insurance agent, skip to “Screening Questions” on Page 18.

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



- 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... 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

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	Offense Question 1 Response
What was the first offense, pending charge or administrative action?:	<input type="text"/>
When did it occur?:	Tell us what happened (optional):
<input type="text"/>	<input type="text"/>
Where did it occur? City:	
<input type="text"/>	
Where did it occur? State:	
<input type="text"/>	

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.

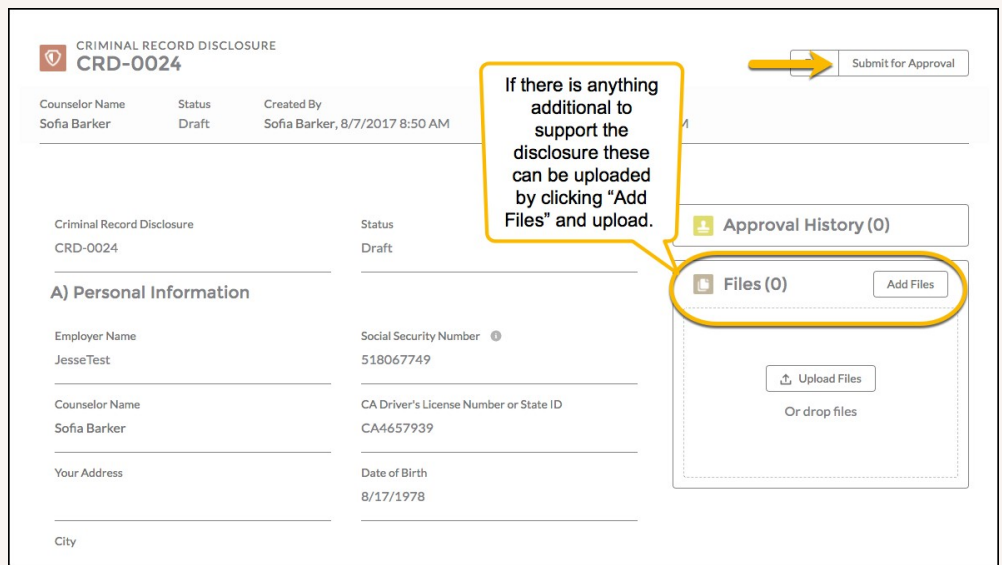
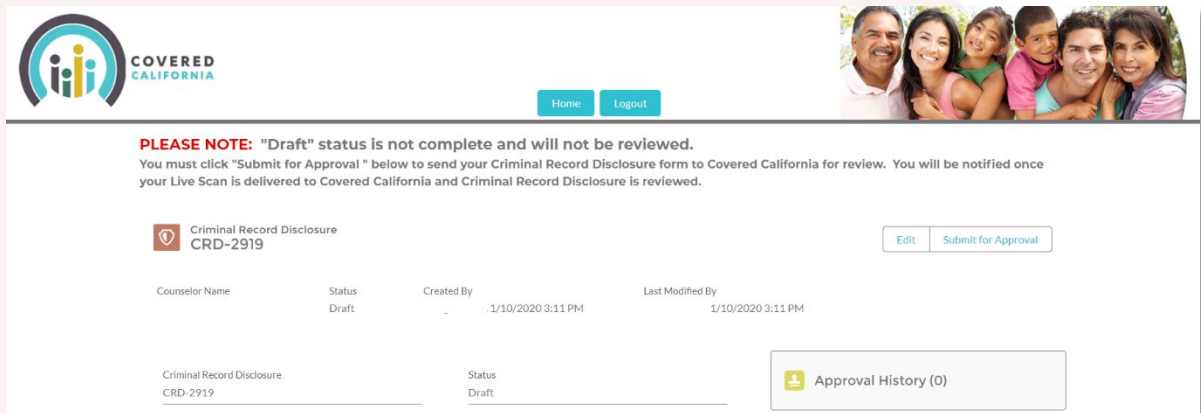
Privacy Statement

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

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



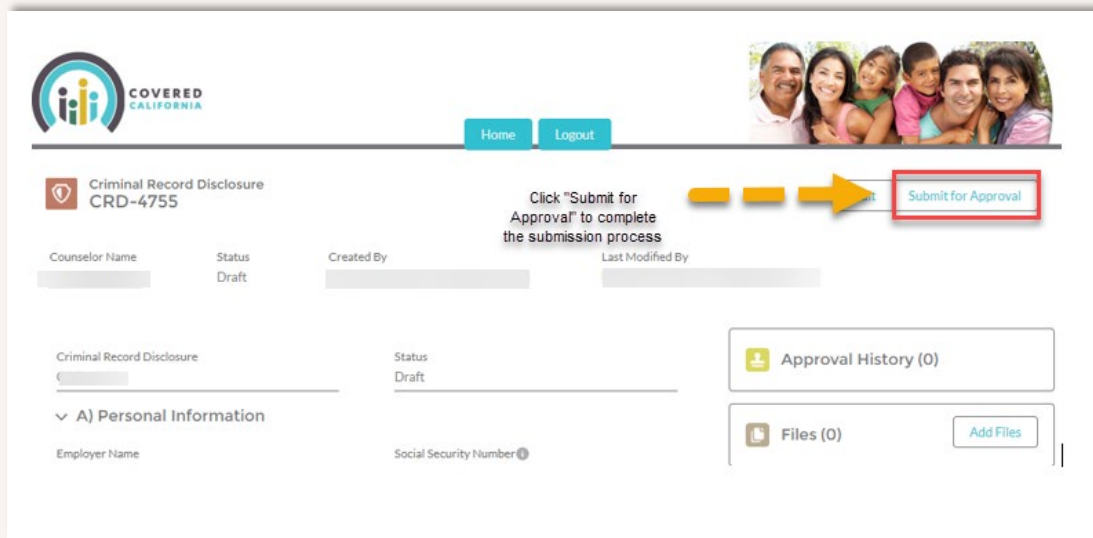
Note: to attach additional information to support your disclosure, click on the 'Add Files' button as illustrated below and upload as required).

- 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.

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 (<http://capitallivescan.com/walk-in-locations>).




The screenshot shows the user interface for a Criminal Record Disclosure (CRD-4755) form. At the top left is the Covered California logo. To the right are 'Home' and 'Logout' buttons. Below the logo is a navigation bar with 'Home' and 'Logout' buttons. The main content area displays the form title 'Criminal Record Disclosure CRD-4755' and a status of 'Draft'. A yellow arrow points to a 'Submit for Approval' button, which is highlighted with a red box. Below the form title, there are fields for 'Counselor Name', 'Status', 'Created By', and 'Last Modified By'. The 'Status' field is set to 'Draft'. Below these fields, there is a section for 'Personal Information' with a dropdown menu set to 'A) Personal Information'. The 'Social Security Number' field is visible. On the right side, there are two boxes: 'Approval History (0)' and 'Files (0)' with an 'Add Files' button.


- Download and print the two (2) copies of the pre-populated form. The screenshot below shows what the Live Scan form looks like.

Covered California Request for Live Scan

Certified Enrollment Counselor Applicant Form



John Jones



D2985436

CONTRACT CODE: DFJK

This form should be used only by the individual whose name is pre-populated. Altering the name, or sharing the document with others is prohibited. Counselor Must Complete The Section Below (Print in CAPITAL LETTERS)

Applicant Information	
Name: John Jones	Suffix:
Alias:	
Sex:	Eye Color:
Date of Birth: Thu Apr 16 1970	Hair Color:
Social Security Number:	Height:
California Driver's License: D2985436	Weight:

Home Address	
Street Address:	City:
State:	Zip:

OCA

John Wayne Medical Center

Name of the Certified Enrollment Entity

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

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://www.capitalivescan.com/locations_statewide_network.html

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

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

Required Documentation Indicates all required sections submitted ✓

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 Disclosure ✓

Each individual applying to become a Counselor must complete and submit a Criminal Disclosure form. This form is to be completed by the individual applying to become a Counselor.

[New Criminal Disclosure](#)

Background Check ✓

[Download Live Scan Form](#)

The Entity must send Counselor candidates to a Covered California approved Live Scan provider for fingerprinting and criminal record check. The Entity must provide two pre-populated Live Scan Forms to Counselor candidate and advise Counselor candidate that the pre-populated Live Scan form is the required form to provide to the Live Scan vendor and only acceptable form to present to the Live Scan vendor. The pre-populated Live Scan form authorizes the Live Scan vendor to perform the fingerprinting service for the Counselor candidate. Any other downloaded Live Scan form other than the pre-populated Live Scan form from the Entity is not acceptable. Forms can be generated in IPAS in the counselor grid as shown above. Upon completion of the form, the applicant should call the fingerprinting facility to schedule a fingerprinting appointment. For a list of locations, download the service [link-in-locations](#)

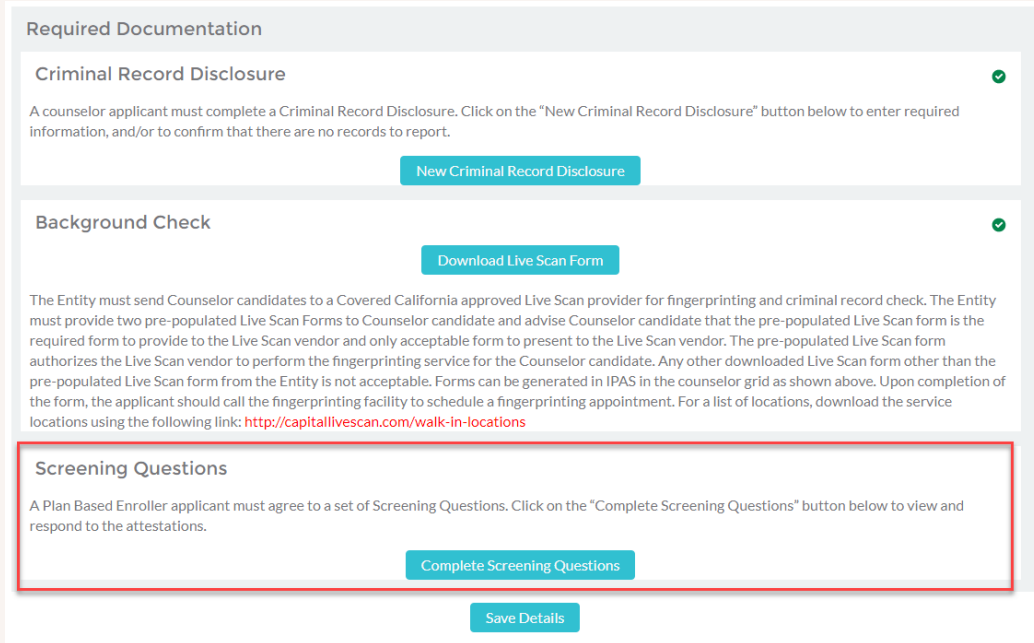
[Save Details](#)

Click to save all profile details. This performs the same action as the save buttons above.

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 (For PBEs Only)

A Plan Based Enroller applicant must agree to a set of Screening Questions.



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](#)

The Entity must send Counselor candidates to a Covered California approved Live Scan provider for fingerprinting and criminal record check. The Entity must provide two pre-populated Live Scan Forms to Counselor candidate and advise Counselor candidate that the pre-populated Live Scan form is the required form to provide to the Live Scan vendor and only acceptable form to present to the Live Scan vendor. The pre-populated Live Scan form authorizes the Live Scan vendor to perform the fingerprinting service for the Counselor candidate. Any other downloaded Live Scan form other than the pre-populated Live Scan form from the Entity is not acceptable. Forms can be generated in IPAS in the counselor grid as shown above. Upon completion of the form, the applicant should call the fingerprinting facility to schedule a fingerprinting appointment. For a list of locations, download the service locations using the following link: <http://capitallivescan.com/walk-in-locations>

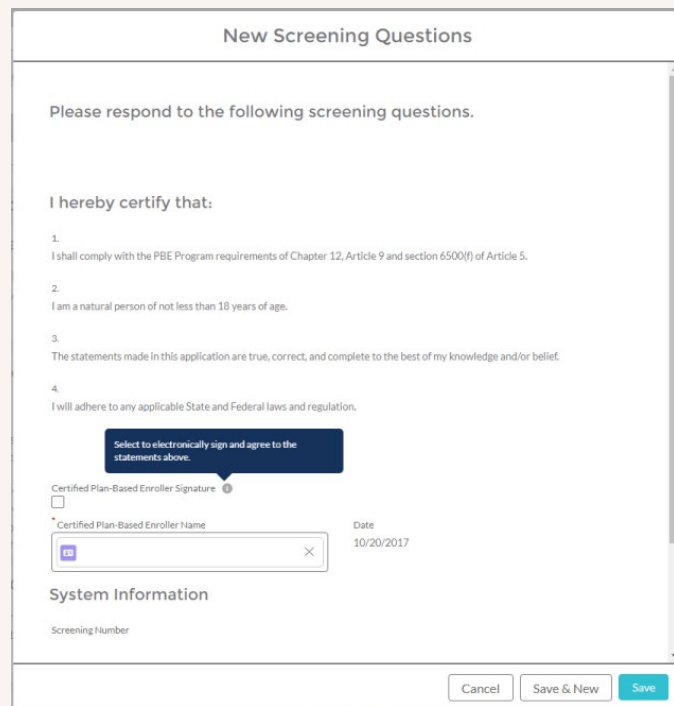
Screening Questions

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](#)

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



New Screening Questions

Please respond to the following screening questions.

I hereby certify that:

1. I shall comply with the PBE Program requirements of Chapter 12, Article 9 and section 6500(f) of Article 5.
2. I am a natural person of not less than 18 years of age.
3. The statements made in this application are true, correct, and complete to the best of my knowledge and/or belief.
4. I will adhere to any applicable State and Federal laws and regulation.

Select to electronically sign and agree to the statements above.

Certified Plan-Based Enroller Signature

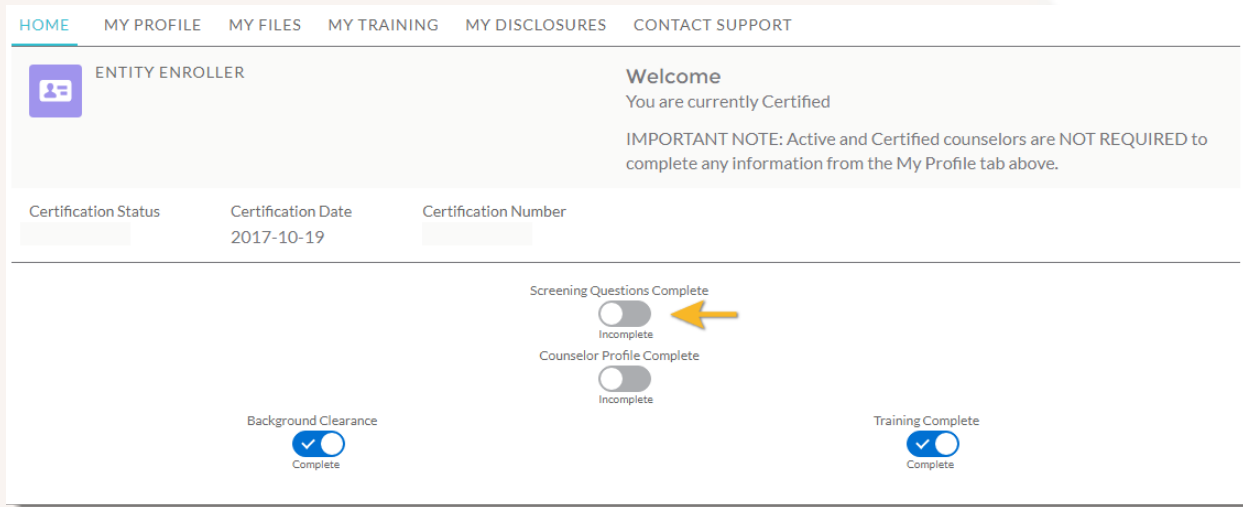
* Certified Plan-Based Enroller Name Date 10/20/2017

System Information

Screening Number

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

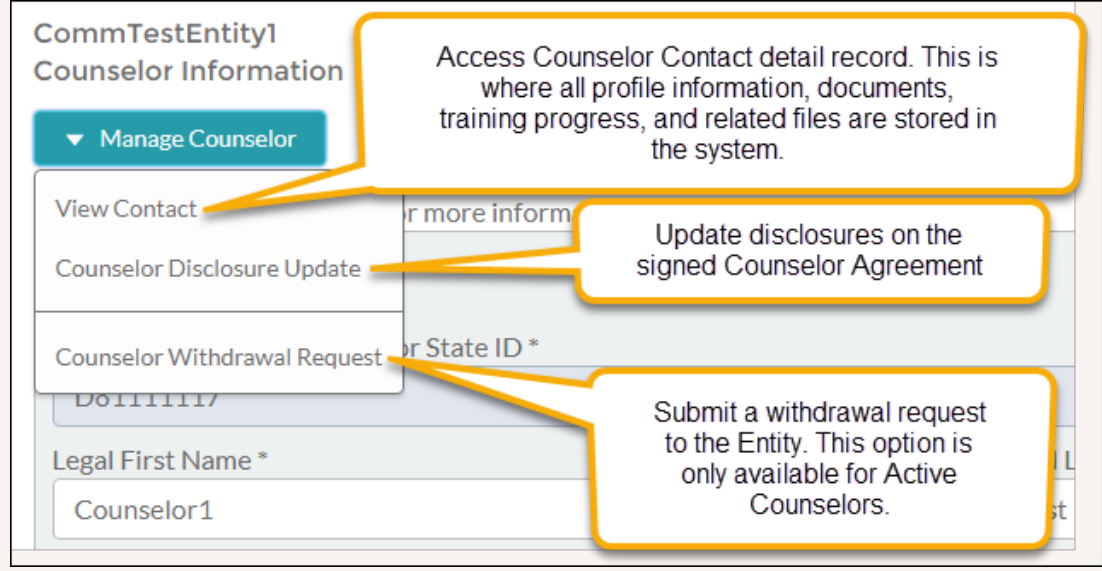
Once this is completed by the Enrollee, a Screening Questions Completed checkbox will be checked on the Contact record:



ADDITIONAL COUNSELOR ACTIONS

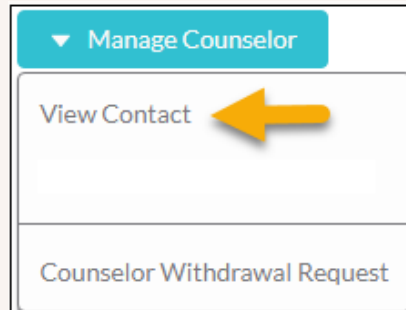
Manage Counselor-Additional Counselor Actions

1. 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.



VIEWING CONTACT

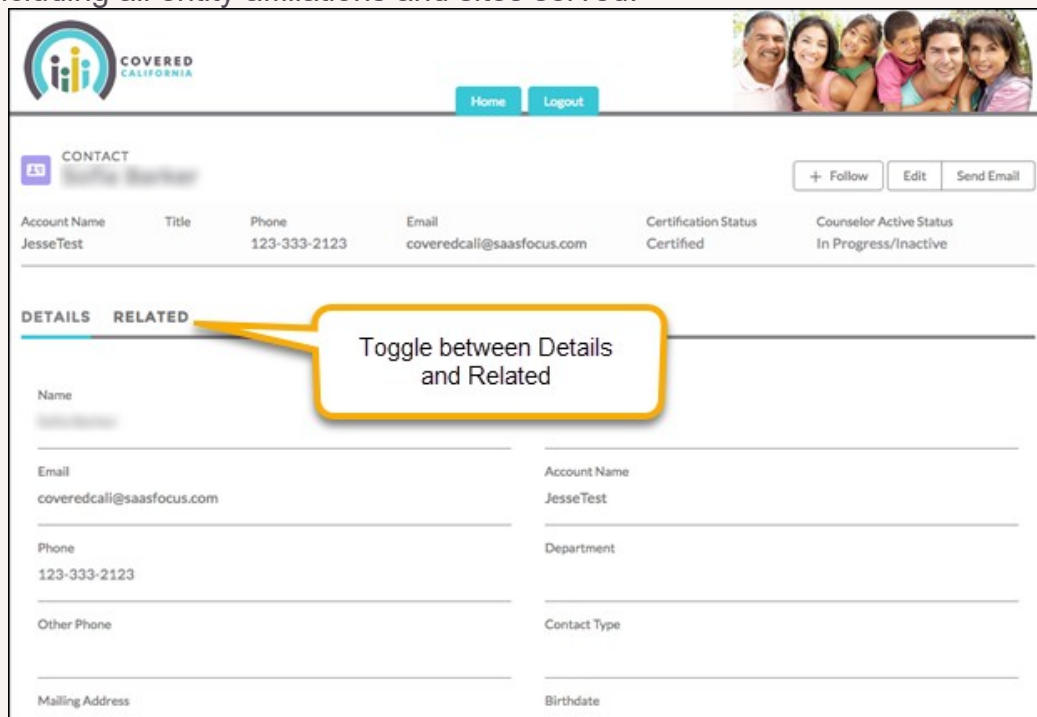
“View Contact” allows you to view your own contact record and related Information. Select “View Contact” from the drop-down menu under “Manage Counselor”:



Clicking on the button will take you to the screen below.

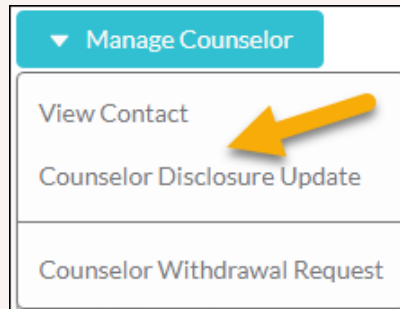
The “Details” tab will show you your information and allow you to edit information by clicking the “Edit” button in the upper right-hand corner of the page.

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

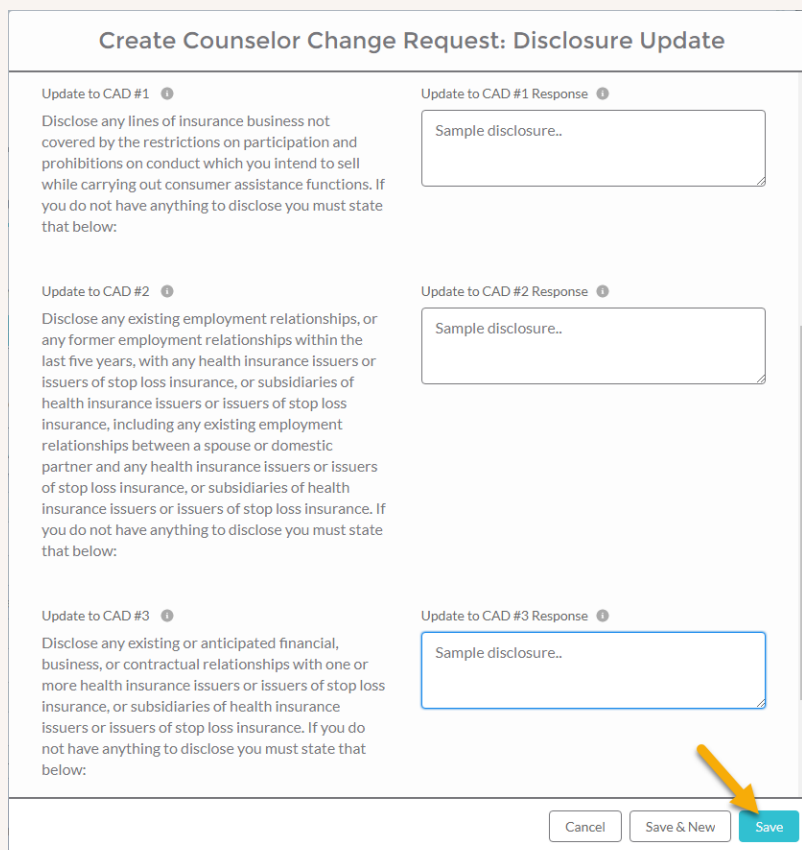


COUNSELOR DISCLOSURE UPDATE

1. You will have the ability to update disclosures on your Counselor Agreement. This can be done by selecting “Counselor Disclosure Update” from the drop-down menu.



2. Populate the disclosure fields and click save.



Create Counselor Change Request: Disclosure Update

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

Update to CAD #1 Response ⓘ
Sample disclosure..

Update to CAD #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:

Update to CAD #2 Response ⓘ
Sample disclosure..

Update to CAD #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:

Update to CAD #3 Response ⓘ
Sample disclosure..

Cancel Save & New **Save**

Note: If there is nothing to disclose, enter “Nothing to disclose” in those fields.

- When the form is completed and saved, you will be taken to the Disclosure Update Change Request record. Click the “Submit for Approval” button in the upper right corner of the page, which will submit the disclosure update to the Entity Contact for review.

Note: This can be used to make minor corrections or additions to an Agreement. Some updates may require that a new Agreement be submitted upon request from Covered California.

COUNSELOR CHANGE REQUEST
CR-91363
Clone

DETAILS
RELATED

Counselor
Sofia Barker

Counselor Certification Number
1000012630

Phone
123-333-2123

Email
coveredcall@saasfocus.com

Change Request
CR-91363

Record Type
Disclosure Update

Status
Submitted

Compliance with Conflict of Interest Standards California Code of Regulations

Update to CAD #1 ⓘ

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

Update to CAD #1 Response ⓘ

Sample disclosure..

Disclosure is submitted for review

COUNSELOR CHANGE REQUEST
CR-91363
Clone

DETAILS
RELATED

Approval History (2)
Recall

STEP NAME	DATE	STATUS	ASSIGNED TO
Entity Contacts	8/11/2017 6:25 PM	Pending	[Redacted]
Approval Request Submitted	8/11/2017 6:25 PM	Submitted	Sofia Barker

View All

- After Entity Contact approval, this will be submitted to Covered California for review. If approved, the Counselor Agreement will be updated with new disclosures.

COUNSELOR CHANGE REQUEST
CR-91363 Clone Submit for Approval

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	[Redacted]
Entity Contacts	8/11/2017 6:32 PM	Approved	[Redacted]
Approval Request Submitted	8/11/2017 6:25 PM	Submitted	Sofia Barker

[View All](#)

- Navigate to the Counselor Agreement in the Counselor Files related list on your Contact record.

CONTACT
Sofia Barker + Follow Edit Send Email

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

DETAILS **RELATED**

Related Accounts (1)

ACCOUNT NAME	DELEGATION CODE	CALHEERS ASSISTER NUMBER
JesseTest		

[View All](#)

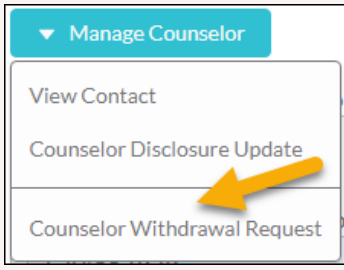
Counselor Files (1) New

COUNSELOR FILE NAME	FILE TYPE	FILE DETAILS	STATUS
CAC Agreement	CAC Agreement		Submitted

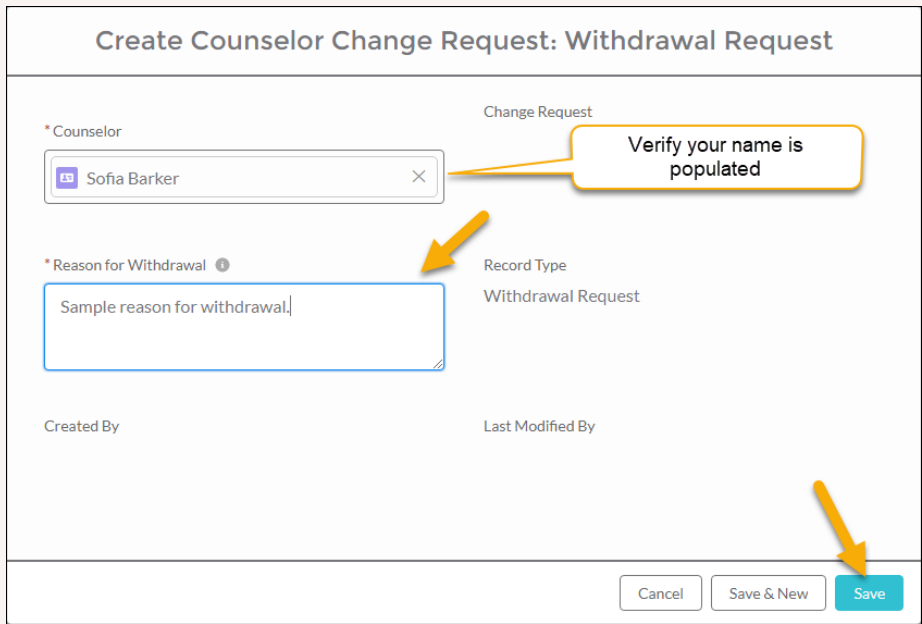
[View All](#)

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.



2. Upon completion of the “Reason for Withdrawal” field, select the “Save” button to be directed to the Withdrawal Request Record.
3. 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.



A screenshot of a web form titled "Create Counselor Change Request: Withdrawal Request". The form contains the following fields and elements:

- Counselor:** A dropdown menu showing "Sofia Barker". A yellow callout box with an arrow pointing to it says "Verify your name is populated".
- Reason for Withdrawal:** A text input field containing "Sample reason for withdrawal". A yellow arrow points to this field.
- Record Type:** A dropdown menu showing "Withdrawal Request".
- Buttons:** At the bottom right, there are three buttons: "Cancel", "Save & New", and "Save". A yellow arrow points to the "Save" button.

- 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.

CONTACT
Sofia Barker + Follow Edit Send Email

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

DETAILS **RELATED**

Name Sofia Barker	Title
Email coveredcall@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 ▼

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