

Organization Certified Application Counselor Application

Apply to be a Certified application counselor organization

All fields marked with an asterisk (*) are required.

Basic Information

Organization Name*

Organization Type

Check all that apply.

- | | | |
|--|---|--|
| <input type="checkbox"/> 501(c)3 | <input type="checkbox"/> Health Plan Issuer | <input type="checkbox"/> Mental Health, Behavioral Health Organization |
| <input type="checkbox"/> Advocacy Organization | <input type="checkbox"/> Health System | <input type="checkbox"/> Pharmacy |
| <input type="checkbox"/> Area Agency on Aging | <input type="checkbox"/> Healthcare Delivery Organization | <input type="checkbox"/> Provider Organization |
| <input type="checkbox"/> CHC | <input type="checkbox"/> Hospital | <input type="checkbox"/> Public Health Organization |
| <input type="checkbox"/> City/County Agency | <input type="checkbox"/> HRSA grantee | <input type="checkbox"/> Ryan White |
| <input type="checkbox"/> Disability/Disease Specific | <input type="checkbox"/> IHS/Tribal | <input type="checkbox"/> State Agency |
| <input type="checkbox"/> Faith Based | <input type="checkbox"/> Library | <input type="checkbox"/> State Health Insurance Program |
| <input type="checkbox"/> Federal Agency | <input type="checkbox"/> MA Plan/PDP | <input type="checkbox"/> State Medicaid Agency |
| <input type="checkbox"/> Federally Qualified Health Care | <input type="checkbox"/> Medicaid/CHIP designated | <input type="checkbox"/> Other |

Trade Association

How can the Marketplace contact your organization?

Phone Number*

999-999-9999

E-mail Address*

sample@example.com

Website URL*

http://www.example.com

Address

Street Address*

City*

State*

Zip Code*

A valid Zip code (99999), or Zip+4 (99999-9999)

Points of Contact

Provide the contact information for up to three people that the Marketplace can contact about your organization. Use the "Add another contact" button to add a new contact.

Contact Person

Name*

Phone Number*

999-999-9999

E-mail Address*

1. sample@example.com

[Add another contact](#)

How can the general public contact your organization?

You may provide an unlimited number of public locations for your organization.

Public Location

Name*

Share this location with the public

When this box is checked (default), this location will be shown in the search results on [Find Local Help](#).

Un-checking this box means that this location will be hidden from the public.

Phone Number

999-999-9999

Toll Free Phone Number

800-999-9999

TTY Phone Number

999-999-9999

E-mail Address

Address

When completing the address, include the state or zip code, or both.

Street Address

Street Address

City

State

Zip Code

A valid Zip code (99999), or Zip+4 (99999-9999)

Show a comment in place of address?

Check this box if you would like to show a comment instead of your address when this location shows up in the search results on Find Local Help. (For example, if a location only provides support over the phone.)

Hours of Operation

You must select "By Appointment Only", or enter the hours of operation for at least one day.

By appointment only

Indicates that individuals should schedule appointments before visiting this location.

During selected hours

Indicates that this location is open for walk-ins during the specified hours. If you select this option, you will have to provide hours for at least one day of the week.

Languages

Select the languages below that your organization supports.

English

Spanish

Other

Accessibility Services Offered

1.

[Add another location](#)

Organization details

Do one or all of the following apply to your organization? Answer yes or no for all that apply.

- a non-federal governmental entity?*
- a health care delivery organization?*
- designated by a Medicaid/CHIP agency as a Medicaid/CHIP application assistance program?*
- organized under 501(c) of the Internal Revenue Code?*

Privacy and Security Experience

Does your organization already:

- screen the staff and volunteers it will certify as application counselors?*
- handle Personally Identifiable Information (PII) and have processes in place to protect PII?*
- assist people with health coverage decisions?*