**Expiration Date: XX/XXXX**

**APPENDIX B**

**Registration Data Elements**

|  |
| --- |
| User ID (Self assigned during the CMS Enterprise Portal registration)   |
| First Name   |
|  Last Name   |
|  E-mail Address   |
|  Phone Number   |
|  State   |
|  Zip Code   |
|  User Type – Agent/Broker (role and NPN), Navigators (employer or grantee organization), Certified application counselor (organization)   |