MLMS Assister Training Profile Mock-Up

Email:		
Assister Type: *	Navigator	
Navigator ID (Required for Navigator):		
Federal In Person Assister ID (Required for Federal In Person Assister):		
State Funded Assister ID:		
CAC ID:		
Training Language Selection: *	English 💌	
Current CAC Training Expiration Date:		
How Many Years Have You Been an Assister: *	-Select One-	
When Did You Last Complete Federal Assister Training: *	This is the first year I'm taking Federal Assister training	
Organization Type: *	Navigator	•
Organization Name:		
Organization Street Address:		
Organization City:		
Organization State:	-Select One-	
Organization Zip Code:		
Organization Phone Number:		
Save/Update Confirm		

Graphic 1- Individual Assister Information - Full Page screen-shot mock-up

Individual Assister Information		
Email:		
Assister Type: *	Navigator	
Navigator ID (Required for Navigator): Federal In Person Assister ID (Required for Federal In Person Assister):	-Select One- Navigator Certified Application Counselor (CAC) Federal In Person Assister State Funded Assister Other	
State Funded Assister ID:		
CAC ID:		
Training Language Selection: *	English 💌	

Graphic 2 - Individual Assister Information - Screen-shot mock-up with Assister Type drop down expanded

CAC ID:		1
Training Language Selection: *	English 💌	
Current CAC Training Expiration Date:	English Spanish	
How Many Years Have You Been an Assister: *	Less than 1 Year 💌	
When Did You Last Complete Federal Assister Training: *	This is the first year I'm taking Federal Assister training	
Organization Type: *	Office of Women's Health (OWH)	•

Graphic 3 - Individual Assister Information - Screen-shot mock-up with Training Language Selection drop down expanded

Current CAC Training Expiration Date:	
How Many Years Have You Been an Assister: *	Less than 1 Year -Select One-
When Did You Last Complete Federal Assister Training: *	Less than 1 Year 1 or More Years The taking Federal Assister training The taking Fede
Organization Type: *	2 or More Years 3 or More Years ealth (OWH)
Organization Name:	
Organization Street Address:	
Organization City	

Graphic 4 - Individual Assister Information - Screen-shot mock-up with How Many Years Have You Been an Assister drop down expanded

How Many Years Have You Been an Assister: *	Less than 1 Year 💌	
When Did You Last Complete Federal Assister Training: *	This is the first year I'm taking Federal Assister training	I
rederarAssister framing.	-Select One-	
Organization Type: *	This is the first year I'm taking Federal Assister training This is the second year I'm taking Federal Assister training	•
Organization Name:	This is the third year I'm taking Federal Assister training	
Organization Street Address:		
Organization City:		

Graphic 5 - Individual Assister Information - Screen-shot mock-up with When Did You Last Complete Federal Assister Training drop down expanded

How Many Years Have You Been an Assister: *	Less than 1 Year 💌	
When Did You Last Complete Federal Assister Training: *	This is the first year I'm taking Federal Assister training	- 1
Organization Type: *	Office of Women's Health (OWH)	-
Organization Name:	-Select One- Navigator	
Organization Street Address:	Certified Application Counselor (CAC) Navigator and Certified Application Counselor (CAC)	
Organization City:	Federal In Person Assister State Funded Assister	
Organization State:	Health Resource and Services Administration (HRSA) Office of Population Affairs (OPA)	
Organization Zip Code:	Office of Women's Health (OWH) Substance Abuse and Mental Health Services Administration (SAMHSA)	
Organization Phone Number:		- 1
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Graphic 6 - Individual Assister Information - Screen-shot mock-up with Organization drop down expanded

CAC ID:	-Select One-
	DC
Training Language Selection: *	AL
	AK
Current CAC Training Expiration	AZ AZ
Date:	AR
How Mony Veero How You Reen	CA
How Many Years Have You Been an Assister: *	CO
all Assister.	CT
When Did You Last Complete	DE
Federal Assister Training: *	FL ear I'm taking Federal Assister training
	GA HI 's Health (OW/H)
Organization Type: *	ID SHealth (OWH)
Openedia a Manager	
Organization Name:	IN I
Organization Streat Address:	IA
Organization Street Address:	KS
Organization City:	KY
organization ony.	LA T
Organization State:	-Select One-
Organization Zip Code:	
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Graphic 7 - Individual Assister Information - Screen-shot mock-up with Organization State drop down expanded (complete list not shown)