MLMS Assister Training Profile 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): _____

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: _____

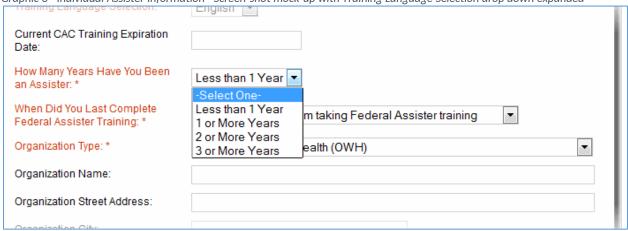Organization Phone Number: _____

`Save/Update` `Confirm`

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

Individual Assister Information

Email: [ ]

Assister Type: * [Navigator ▼]
    -Select One-
    Navigator
    Certified Application Counselor (CAC)
    Federal In Person Assister
    State Funded Assister
    Other

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 ▼]

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

CAC ID: [ ]

Training Language Selection: * [English ▼]
    English
    Spanish

Current CAC Training Expiration Date: [ ]

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

Training Language Selection: [English ▼]

Current CAC Training Expiration Date: [ ]

How Many Years Have You Been an Assister: * [Less than 1 Year ▼]
    -Select One-
    Less than 1 Year
    1 or More Years
    2 or More Years
    3 or More Years

When Did You Last Complete Federal Assister Training: * [...m taking Federal Assister training ▼]

Organization Type: * [...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 ▾

-Select One-
This is the first year I'm taking Federal Assister training
This is the second year I'm taking Federal Assister training
This is the third year I'm taking Federal Assister training

Organization Type: * ▾

Organization Name:

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 ▾
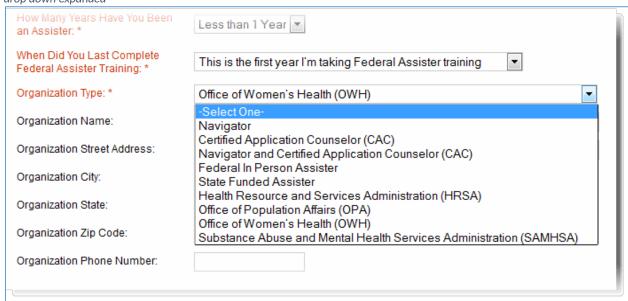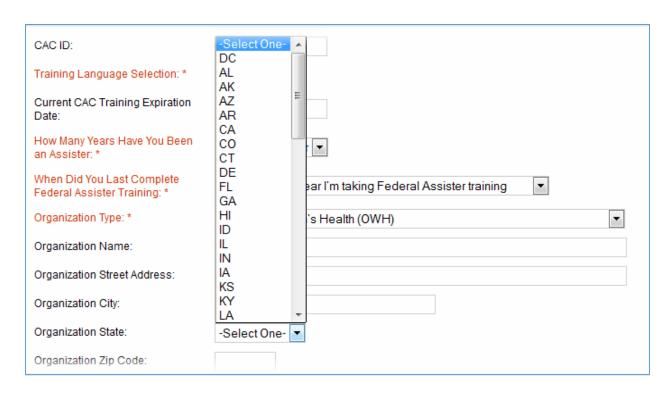
Organization Type: * Office of Women's Health (OWH) ▾

-Select One-
Navigator
Certified Application Counselor (CAC)
Navigator and Certified Application Counselor (CAC)
Federal In Person Assister
State Funded Assister
Health Resource and Services Administration (HRSA)
Office of Population Affairs (OPA)
Office of Women's Health (OWH)
Substance Abuse and Mental Health Services Administration (SAMHSA)

Organization Name:

Organization Street Address:

Organization City:

Organization State:

Organization Zip Code:

Organization Phone Number:

Graphic 6 - Individual Assister Information - Screen-shot mock-up with Organization drop down expanded

CAC ID:

Training Language Selection: *

Current CAC Training Expiration
Date:

How Many Years Have You Been
an Assister: *

When Did You Last Complete
Federal Assister Training: *

Organization Type: *

Organization Name:

Organization Street Address:

Organization City:

Organization State:

Organization Zip Code:

-Select One-
DC
AL
AK
AZ
AR
CA
CO
CT
DE
FL
GA
HI
ID
IL
IN
IA
KS
KY
LA

...ear I'm taking Federal Assister training

's Health (OWH)

-Select One-

Graphic 7 - Individual Assister Information - Screen-shot mock-up with Organization State drop down expanded (complete list not shown)