**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) |