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Centers for Medicare & Medicaid Services

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## 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.

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\*

Select one

Zip Code\*

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

## Points of Contact

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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.

1.

Contact Person

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Name\*

Phone Number\*

999-999-9999

E-mail Address\*

sample@example.com

How can the general public contact your organization?

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

1.

Public Location

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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

sample@example.com

Address

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

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

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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

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Select the languages below that your organization supports.

English

Spanish

Other

Accessibility Services Offered

Organization details

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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

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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?\*  ▼

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