



STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE
Insurance Division – Agent Licensing
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REGISTRATION REQUIREMENTS FOR
NAVIGATOR (Individual)
or
CERTIFIED APPLICATION COUNSELOR

No person shall act as, offer to act as, or advertise any service as a navigator or a certified application counselor in this state unless the individual is registered with the Commissioner.

“Navigator” – Means all persons who are certified or are required to be certified by the federal government under the designation of “navigator” under the federal Patient Protection and Affordable Care Act, including an individual or entity, other than an insurance producer licensed pursuant to Title 56, who receives any funding, directly or indirectly, from an exchange, the state, or the federal government to perform any activities and duties identified in 42 U.S.C. 18031(i). Such persons required to be certified as navigators federally include an employee of a navigator grant awardee who performs the activities and duties identified in 42 U.S.C. 18031(i)

“Certified Application Counselor” - any employee or volunteer of a certified counselor organization that enters into an agreement with the Exchange to have its employees or volunteers:

- (a) Provide information to individuals and employees about the full range of qualified health plan options and insurance affordability programs for which they are eligible;
- (b) Assist individuals and employees to apply for coverage in a qualified health plan through the Exchange and for insurance affordability programs; and
- (c) Help to facilitate enrollment of eligible individuals in qualified health plans and insurance affordability programs.

General Requirements

1. The applicant is at least eighteen (18) years of age
2. The applicant has not committed any act that is grounds for denial, suspension or revocation of a license or registration
3. The applicant has not had an insurance producer license, a navigator registration, or an equivalent license or certification denied, suspended or revoked in any state, province, district or territory
4. The applicant has successfully passed the federal training program for navigator or certified application counselor
5. The applicant has successfully completed a Tennessee fingerprint based background check (instructions available at <https://www.tn.gov/commerce/insurance/agent-producer-resources/licensing-packets-instructions-forms.html>). Click on “Fingerprinting Information” link for registration information.
6. Fingerprint -Based Criminal History Record Check Privacy Policy is available on our website at <https://www.tn.gov/commerce/insurance/agent-producer-resources/licensing-packets-instructions-forms.html>. Click on “Fingerprinting Information” link to access policy. Fingerprinting Policy Acknowledgement form (last page of policy) must be submitted with application.
7. If applicable, the applicant has the written consent of the Commissioner pursuant to 18 U.S.C. 1033 and Tenn. Code Ann. § 56-53-106(b) to engage in the business of insurance, despite the applicant’s criminal history. This requirement ONLY applies to persons convicted of a felony involving dishonesty or breach of trust.
8. The applicant possesses the requisite character and integrity
9. The applicant has identified the entity with which the individual is affiliated and supervised

10. The applicant has completed and signed the application for navigator or certified application counselor

Renewal

Registered navigator and certified application counselors shall renew annually on September 30th. Thirty (30) days prior to the expiration date, a navigator or certified application counselor may submit a completed and signed renewal application.

Continuing Education

Prior to the filing date of the application for renewal, an individual navigator or certified application counselor shall complete twelve (12) hours of continuing education requirements. It is recommended that one (1) hour should have course concentration in ethics during each continuing education year.

An entity registered as a navigator or certified application counselor organization shall provide or shall arrange for continuing education to be provided to the affiliated individual navigators and certified application counselors. Any failure to fulfill the ongoing continuing education requirements shall result in the expiration of the registration. Individual navigators and certified application counselors whose registration has expired for failing to complete the continuing education requirements may not reapply until they have provided satisfactory proof to the Commissioner that they have completed the required continuing education requirements.

State of Tennessee

REGISTRATION APPLICATION for NAVIGATOR or CERTIFIED APPLICATION COUNSELOR

(Print or Type)

Check appropriate box for registration requested.

- Navigator (Individual)
- Certified Application Counselor (Individual)

Soc. Security Number - -			Federal Certification Number (Attach Copy of Federal Certification)			
Last Name JR./SR. etc		First Name		Middle Name	Date of Birth (month) ___ (day) ___ (year) ___	
Residence/Home Address (Physical Street)		P.O. Box	City		State	Zip Code
Home Phone Number () -	Gender (Circle One) Male Female	Are you a Citizen of the United States? (Check One) Yes <input type="checkbox"/> No <input type="checkbox"/> (If No, of which country are you a citizen?) (If No, you must supply proof of eligibility to work in the U.S.)				
Business Entity Name						
Business Entity Address		P.O. Box	City		State	Zip Code
Business Phone Number () -	Business Fax Number () -		Business E-Mail Address		Business Web Site Address	
Applicant's Mailing Address		P.O. Box	City		State	Zip Code
<p>a. List any other assumed, fictitious, alias, maiden or trade names under which you have used in the past to do business.</p> <p>b. List any trade names under which you are currently doing business or intend to do business.</p>						
Entity Affiliation						
List your Entity Affiliation:						
Entity Name: _____						
Address _____						
Employment History						
Account for all time for the past five years. Give all employment experience starting with your current employer working back five years. Include full and part-time work, self-employment, military service, unemployment and full-time education.						
			From		To	
			Month	Year	Month	Year
Name					Position Held	
City	State	Foreign Country				
Name					Position Held	
City	State	Foreign Country				
Name					Position Held	
City	State	Foreign Country				
Name					Position Held	
City	State	Foreign Country				

The Applicant must read the following very carefully and answer every question. All written statements submitted by the Applicant must include an original signature.

Background Information

1. Have you ever been convicted of, or are you currently charged with, committing a crime, whether or not adjudication was withheld? Yes ___ No ___

“Crime” includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations and juvenile offenses.
“Convicted” includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere, or having been given probation, a suspended sentence or a fine.

If you have a felony conviction, have you applied for a waiver as required by 18 USC 1033? N/A ___ Yes ___ No ___

If so, was that waiver granted? (Attach copy of 1033 waiver approved by home state.) N/A ___ Yes ___ No ___

If you answer yes, you must attach to this application:

- a) a written statement explaining the circumstances of each incident,
- b) a certified copy of the charging document, and
- c) a certified copy of the official document, which demonstrates the resolution of the charges or any final judgment.

2. Have you or any business in which you are or were an owner, partner, officer or director ever been involved in an administrative proceeding regarding any professional or occupational license? Yes ___ No ___

“Involved” means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, a cease and desist order, a prohibition order, a compliance order, placed on probation or surrendering a license to resolve an administrative action.
“Involved” also means being named as a party to an administrative or arbitration proceeding, which is related to a professional or occupational license. “Involved” also means having a license application denied or the act of withdrawing an application to avoid a denial.

If you answer yes, you must attach to this application:

- a) a written statement identifying the type of license and explaining the circumstances of each incident,
- b) a certified copy of the Notice of Hearing or other document that states the charges and allegations, and
- c) a certified copy of the official document, which demonstrates the resolution of the charges or any final judgment.

3. Has any demand been made or judgment rendered against you for overdue monies, or have you ever been subject to a bankruptcy proceeding? Yes ___ No ___
Only include individual bankruptcies that involve funds held on behalf of others.

If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment, and/or type and location of bankruptcy.

4. Have you been notified by any jurisdiction of any delinquent tax obligation that is not the subject of a repayment agreement? Yes ___ No ___

If you answer yes, identify the jurisdiction(s): _____

5. Are you currently a party to, or have you ever been found liable in, any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty? Yes ___ No ___

If you answer yes, you must attach to this application:

- a) a written statement summarizing the details of each incident,
- b) a certified copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, and
- c) a certified copy of the official document, which demonstrates the resolution of the charges or any final judgment.

6. Have you or any business in which you are or were an owner, partner, officer or director ever had a business relationship terminated for any alleged misconduct? Yes ___ No ___

If you answer yes, you must attach to this application:

- a) a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving an insurance license, and
- b) certified copies of all relevant documents.

7. Do you have a child support obligation in arrearage that is currently subject to a repayment agreement or are you subject to a child support related subpoena/warrant? Yes ___ No ___

If you answer yes to Question 7, by how many months are you in arrearage? _____ Months

Applicants Certification and Attestation

The Applicant must read the following very carefully:

1. I hereby certify that, under penalty of perjury, all of the information submitted in this application and attachments is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for registration revocation or denial of the registration and may subject me to civil or criminal penalties.
2. The Applicant grants permission to the Commissioner to verify any information supplied with any federal, state or local government agency, current or former employer.
3. I authorize the jurisdiction to give any information they may have concerning me to any federal, state or municipal agency, or any other organization and I release the jurisdiction and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.
4. I acknowledge that I understand and comply with the laws and regulations of the State of Tennessee to which I am applying for registration

Month Day Year

Original Applicant Signature

Full Legal Name (Printed or Typed)

Attachments

The following attachments must accompany the application otherwise the application may be returned unprocessed or considered deficient.

1. Applicants who are non-citizens must provide two forms of documentation of identity and immigration status.
2. Proof of successfully passing the Federal Training Program
3. Approval Certification by Federal Government to act as a Navigator/Certified Application Counselor