



STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE
Insurance Division – Agent Licensing
500 James Robertson Parkway
Nashville, TN 37243-1134
(615)741-2693

Fax: (615) 532-2862

ce.agent.licensing@tn.gov

REGISTRATION REQUIREMENTS FOR
NAVIGATOR (ENTITY)
or
CERTIFIED APPLICATION COUNSELOR ORGANIZATION

An entity that acts as a navigator or certified application counselor organization, supervises or is responsible for the activities of individual certified application counselors or individual navigators or receives funding to perform such activities shall obtain an entity navigator or certified application counselor registration in Tennessee.

“**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 any individual or entity, other than an insurance producer licensed pursuant to Title 56 who receives 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 or sub-grantee of navigator grant awardee who performs the activities and duties identified in 42 U.S.C. 18031(i).

“**Certified Application Counselor Organization**”- any organization, including an organization designated as a Medicaid certified application counselor organization by a state Medicaid or CHIP agency, designated by the exchange to certify its staff members or volunteers to act as certified application counselors, and includes those organizations described in 45 CFR § 155.225.

Application Procedure

Complete and sign the entity application for navigator or certified application counselor organization.

Renewal and Reporting Requirements

1. Navigator entities and certified application counselor organizations shall renew annually on September 30th. Thirty (30) days prior to the expiration date, navigator entities and certified application counselor organizations may submit a completed and signed renewal application.
2. Entities registered as navigators or certified application counselors shall provide the Commissioner with a list of all individual navigators and certified application counselors that it employs, supervises or is affiliated with on an annual basis upon renewal. A list may be accessed online at www.statebasedsystems.com. *Under state services, select Tennessee>Click on licensee lookup>Change license type to Business Entity> Scroll down and enter entity name or the TN registration number in the license number field>click SUBMIT. Once the registration information loads, click on the ‘License Type’ link for the affiliation listing to appear.* The listing must be submitted with the completed entity renewal application verifying the entity’s current registrants for Tennessee.
3. An entity registered as a navigator or certified application counselor organization shall provide or shall arrange for continuing education to be provided to the individual navigators and certified application counselors. Continuing education certifications on the prescribed form must be attached and submitted with the entity renewal application and list of registrants.
4. Navigator entities and certified application counselor organizations shall provide the Commissioner with a list of all individual navigators and certified application counselors that are no longer affiliated with the entity within thirty (30) days of the termination of the affiliation.

Registration and renewal applications may be submitted to the Department by:

Email: ce.agent.licensing@tn.gov

Fax: (615)532-2862

Mail: Tennessee Department of Commerce and Insurance
Attention: Agent Licensing
500 James Robertson Parkway
Nashville, TN 37243-1134

**State of Tennessee
 Department of Commerce and Insurance
 Agent Licensing Section
 500 James Robertson Parkway
 Nashville, TN 37243-1134**

**ENTITY REGISTRATION APPLICATION for
 NAVIGATOR or
 CERTIFIED APPLICATION COUNSELOR ORGANIZATION**

Check appropriate box for registration requested.

- Navigator (Entity)
- Certified Application Counselor Organization (Entity)

Entity Name		Incorporation/Formation Date		FEIN -	
Entity Contact Name		Phone Number		E-mail Address	
List any other assumed, alias or trade names under which you are doing business or intend to do business.		State of Domicile		Federal Certification Number	
Entity Business Address		City	State	Zip Code	
Phone Number () -	Fax Number () -	Business Web Site Address		Business E-Mail Address	
Entity Mailing Address		P.O. Box	City	State	Zip Code
Designated Individual registered as a Navigator or Certified Application Counselor to be responsible for the entity's compliance with TN regulations					
Identify at least one Designated Registered Navigator or Certified Application Counselor					
Name _____		SSN _____		- -	
Name _____		SSN _____		- -	
Name _____		SSN _____		- -	
Name _____		SSN _____		- -	

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

1. Has the entity or any owner, partner, officer or director ever been convicted of, or is the entity or any owner, partner, officer or director 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 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. Has the entity or any 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, 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. You may exclude terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.

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 the s entity or any owner, partner, officer or director for overdue monies or ever been subject to a bankruptcy proceeding? Yes ___ No ___

If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment.

4. Has the entity or any owner, partner, officer or director ever 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. Is the entity or any owner, partner, officer or director a party to, or 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. Has the entity or any owner, partner, officer or director ever had any 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 registration, and
- b) certified copies of all relevant documents.

Applicants Certification and Attestation

The undersigned owner, partner, officer or director of the entity hereby certifies, under penalty of perjury, that:

1. All of the information submitted in this application and attachments is true and complete and I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for registration revocation and may subject me and the entity to civil or criminal penalties.
2. The entity grants permission to the Commissioner to verify any information supplied with any federal, state or local government agency, current or former employer.
3. Every owner, partner, officer or director of the entity either a) does not have a current child-support obligation, or b) has a child-support obligation and is currently in compliance with that obligation.
4. 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.
5. I acknowledge that I understand and comply with the laws and regulations of the State of Tennessee to which I am applying for registration.

Must be signed by an officer, director, principal or Partner of the entity:

Month	Day	Year
-------	-----	------

Signature

Typed or Printed Name

Title

Social Security Number

Address

City	State	Zip
------	-------	-----

*Entities registered as Navigators or Certified Application Counselors must provide a list of all Individual Navigators and Certified Application Counselors that it employs, supervises or is affiliated with in the INITIAL APPLICATION and upon renewal thereafter. Certification of continuing education must be provided for individual navigator and certified application counselor registrants with the entity renewal.