

Virginia Certified Application Counselor Designated Organization (CDO)

1. Please enter your information below to certify that you are authorized by the organization to apply for a designation as a CDO

Name _____ Title _____

2. Check all of the following organization types that apply.

Hospital/Health System Social Services

Pharmacy Government Agency

Medical Practice Other:

3. Check all of the following that apply to your organization.

Non-Federal Government Entity

Health Care Delivery Organization

Designated by Medicaid/CHIP agency as a Medicaid/CHIP application assistance program

Organized under 5019C0 of the Internal Revenue Code

4. Check all specialties that apply to your organization.

Ex-offenders HIV/AIDS

Homeless Deaf/Hearing Impaired

Unemployed Other:

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5. Is your organization a current or past CDO.

If yes, please provide your CDO ID number

6. Please enter any information your organization wants to be made public through a local assister tool

Phone Number	Website
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Email Address	Address
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Social Media (i.e., Twitter, Facebook, LinkedIn)

7. Does your organization have current Hours of Operation?

If No, on what date do you expect to have your Hours of Operation

If Yes, please provide the Hours of Operation

8. Please select the organization's intended enrollment type?

Year-Round	Open Enrollment Only
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9. CDO Program Director Contact Information

Name	Email
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Business Address	Mailing Address
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Phone	Website
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Fax

Upon review and approval of application, applicant acknowledges that before operating as a CDO on Virginia's Insurance Marketplace, applicant must execute an Agreement between the Virginia Health Benefit Exchange and the CAC Designated Organization (Form 10-A (eff. 1-2020)-20201106112336.pdf (virginia.gov)).

Printed Name:

Title:

Signature:

Date:

Submit completed application to AssisterPrograms@scc.virginia.gov