

CERTIFIED ENROLLMENT ENTITY CHANGE REQUEST FORM FOR APPROVED APPLICATIONS



Tips for Faster Processing

- Use **IPAS 'My Files'** to submit your change request form – <https://ipas.ccgrantsandassistors.org/>
 - If unable to upload documents, please fax to: (559) 436-5293
- Must submit page 1**; double check that the information in Sections A and B are accurate
- Include the corresponding pages matching your selection(s) on Section B
- Check mark (click on) all applicable check boxes () that correspond with your request
- If applicable, include supporting documentation

Tips: 1) scan at a resolution of 200 dpi, 2) only include pages that outline required changes and any necessary supporting documentation, and 3) save a copy of the submitted form for your records.

CHANGE REQUEST BACKGROUND INFORMATION

SECTION A – ENTITY INFORMATION AND AUTHORIZATION

Changes to: IPA Program Only Navigator Program Only Both IPA and Navigator Programs

Application Status: Approved Draft (make changes in [IPAS](#)) Pending (email [IPA Support](#))

Entity Name: _____

Phone Number: _____

Please note: The form **must contain a signature** from one of the three contacts listed on your application – authorized, primary or financial contact, or an individual that can make executive decisions on behalf of the organization.

Contact Type: Authorized Contact Primary Contact Financial Contact All Contacts Have Changed

Approved By: _____

Signature

Date

Name (Print)

Email Address

SECTION B – CHECKLIST OF SECTIONS NEEDING TO BE UPDATED OR CHANGED

Check all the boxes that apply to request:

- | | |
|--|--|
| <input type="checkbox"/> 1. Entity Information (pages 2 – 3) | <input type="checkbox"/> 5. Certified Enrollment Counselor (page 8) |
| <input type="checkbox"/> 2. Location and Hours Information (pages 4 – 5) | <input type="checkbox"/> 6. Financial Information (page 9) |
| <input type="checkbox"/> 3. CEC Site Reassignment (page 6) | <input type="checkbox"/> 7. Account User Information for IPAS, CalHEERS, The Print Store, and LMS (page 9) |
| <input type="checkbox"/> 4. Entity Contact Information (page 7) | |

SECTION C – REQUEST TO WITHDRAW FROM THE IPA PROGRAM ONLY (AUTHORIZED CONTACT SIGNATURE REQUIRED)

Withdraw From Program

Reason(s) for withdrawal (required): _____

By checking this box, the CEE confirms that **all consumers on their affiliated CEC's dashboard(s) have been declined and consumers have been notified to reassign their application to an alternative CEE/CEC.**

Approved By: _____

Authorized Contact Signature

Date

Name (Print)

Contact Type

Need Help? Contact: **In-Person Assistance Support** at IPAsupport@ccgrantsandassistors.org or **Navigator Program Support** at NAVsupport@ccgrantsandassistors.org

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1.0 ENTITY INFORMATION

Entity Name: _____

Business Legal Name: _____

Main Email Address: _____

Website Address: _____

Primary Phone Number (area code & ext.): _____

Secondary Phone Number (area code & ext.): _____

Fax Number (include area code) _____

Federal Employment Identification Number: _____

State Tax ID: _____

Category (supporting documentation required): Non-profit For-profit Governmental organization

1.1 ORGANIZATION TYPE

<input type="checkbox"/> American Indian Tribes or Tribal Organizations <input type="checkbox"/> Chambers of Commerce <input type="checkbox"/> City Government Agencies <input type="checkbox"/> Commercial Fishing Industry Organizations <input type="checkbox"/> Community Colleges and Universities <input type="checkbox"/> County Departments of Public Health, City Health Departments, or County Departments that Deliver Health Services <input type="checkbox"/> Faith-Based Organizations <input type="checkbox"/> Indian Health Services Facilities <input type="checkbox"/> Labor Unions	<input type="checkbox"/> Licensed attorneys (e.g. family law attorneys who have clients that are experiencing life transitions) <input type="checkbox"/> Licensed health care clinics (select subcategory below) <input type="checkbox"/> <i>Federally Qualified Health Center (FQHC)</i> <input type="checkbox"/> <i>FQHC Look-alike</i> <input type="checkbox"/> <i>Indian Health Services Clinics: Direct Services Clinics</i> <input type="checkbox"/> <i>Indian Health Services Clinics: 638 Contracting or Compacting Clinics</i> <input type="checkbox"/> <i>Urban Indian Health Centers</i> <input type="checkbox"/> <i>Community Clinic</i> <input type="checkbox"/> <i>Free Clinic</i> <input type="checkbox"/> <i>Other Clinic (please specify):</i> _____	<input type="checkbox"/> Licensed Health care Institutions <input type="checkbox"/> Licensed Health Care Provider <input type="checkbox"/> Non-Profit Community Organizations <input type="checkbox"/> Ranching and Farming Organizations <input type="checkbox"/> Resource Partners of the Small Business Administration <input type="checkbox"/> School Districts <input type="checkbox"/> Tax Preparers as defined in Section 22251(a)(1)(A) of the Business and Professions Code <input type="checkbox"/> Trade, industry and professional organizations <input type="checkbox"/> Other public or private entities or individuals who meet the requirements (please specify):
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1.2 SPECIAL POPULATIONS SERVED

1. Does the entity serve families of mixed immigration status? Yes No
2. Does the entity provide services to persons with disabilities? Yes No
- Disability(ies) served: Hearing Impaired Visually Impaired Wheelchair Accessible
- Other (specify): _____

1.3 COUNTY(IES) SERVED BY YOUR ENTITY (CHECK ALL THAT APPLY):

- | | | |
|---------------------------------------|--|--|
| <input type="checkbox"/> Alameda | <input type="checkbox"/> Marin | <input type="checkbox"/> San Mateo |
| <input type="checkbox"/> Alpine | <input type="checkbox"/> Mariposa | <input type="checkbox"/> Santa Barbara |
| <input type="checkbox"/> Amador | <input type="checkbox"/> Mendocino | <input type="checkbox"/> Santa Clara |
| <input type="checkbox"/> Butte | <input type="checkbox"/> Merced | <input type="checkbox"/> Santa Cruz |
| <input type="checkbox"/> Calaveras | <input type="checkbox"/> Modoc | <input type="checkbox"/> Shasta |
| <input type="checkbox"/> Colusa | <input type="checkbox"/> Mono | <input type="checkbox"/> Sierra |
| <input type="checkbox"/> Contra Costa | <input type="checkbox"/> Monterey | <input type="checkbox"/> Siskiyou |
| <input type="checkbox"/> Del Norte | <input type="checkbox"/> Napa | <input type="checkbox"/> Solano |
| <input type="checkbox"/> El Dorado | <input type="checkbox"/> Nevada | <input type="checkbox"/> Sonoma |
| <input type="checkbox"/> Fresno | <input type="checkbox"/> Orange | <input type="checkbox"/> Stanislaus |
| <input type="checkbox"/> Glenn | <input type="checkbox"/> Placer | <input type="checkbox"/> Sutter |
| <input type="checkbox"/> Humboldt | <input type="checkbox"/> Plumas | <input type="checkbox"/> Tehama |
| <input type="checkbox"/> Imperial | <input type="checkbox"/> Riverside | <input type="checkbox"/> Trinity |
| <input type="checkbox"/> Inyo | <input type="checkbox"/> Sacramento | <input type="checkbox"/> Tulare |
| <input type="checkbox"/> Kern | <input type="checkbox"/> San Benito | <input type="checkbox"/> Tuolumne |
| <input type="checkbox"/> Kings | <input type="checkbox"/> San Bernardino | <input type="checkbox"/> Ventura |
| <input type="checkbox"/> Lake | <input type="checkbox"/> San Diego | <input type="checkbox"/> Yolo |
| <input type="checkbox"/> Lassen | <input type="checkbox"/> San Francisco | <input type="checkbox"/> Yuba |
| <input type="checkbox"/> Los Angeles | <input type="checkbox"/> San Joaquin | |
| <input type="checkbox"/> Madera | <input type="checkbox"/> San Luis Obispo | |

1.4 RESOURCE DIRECTORY

Do you want your organization listed as a resource for CECs looking for affiliation? Yes No

1.5 GRANT FUNDING

Is the Entity a recipient of an O & E Grant from Covered California, Department of Health Care Services, Health Center Outreach and Enrollment Assistance or Connecting Kids to Coverage? Yes No

Funding program and organization granting the funds: _____

Grant award amount: _____

Need Help? Contact: **In-Person Assistance Support** at IPAsupport@ccgrantsandassistors.org or **Navigator Program Support** at NAVsupport@ccgrantsandassistors.org

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2.0 LOCATION AND HOURS INFORMATION

Complete section 2.0 for each site location to be updated. If adding or removing a sub site, remember to remove or reallocate the corresponding CECs assigned to that site (complete section 3.0 – CEC site assignments).

Site* Type: Primary Site Sub site | *Site info is displayed in CoveredCA.com's "Find Local Help"
 Requested Action: Change/Update Site Info Change/Update CEC Info on Site Add site Remove site

Complete Section 3.0 if any of the above Requested Action items are selected.

Site Name: _____ County _____

Contact Person for this Site: _____

Email Address for Consumers to Contact Site: _____

Primary Phone # for Consumers (____) _____ - _____ ext. ____ Secondary Phone #: (____) _____ - _____ ext. ____

Will your entity accept referrals for consumers requesting enrollment assistance at this site? Yes No*

*If 'No', the site information will NOT be displayed on CoveredCA.com's (CalHEERS) "Find Local Help" and the consumer cannot delegate their application to the CEC.

2.1 HOURS OF OPERATION

Indicate the hours of availability to provide enrollment assistance for each day of the week; each day must be filled out. Please note, there is no option to select 'By Appointment Only' on the CoveredCA.com (CalHEERS site).

	From	To
Monday	_____	_____
Tuesday	_____	_____
Wednesday	_____	_____
Thursday	_____	_____
Friday	_____	_____
Saturday	_____	_____
Sunday	_____	_____

2.2 SITE MAILING ADDRESS

Street Address: _____ Suite/Apt/Floor: _____
 City: _____ State: _____ Zip Code: _____

2.3 SITE PHYSICAL ADDRESS

Check this box if the physical address is the same as the mailing address.

Street Address: _____ Suite/Apt/Floor: _____
 City: _____ State: _____ Zip Code: _____

2.4 LANGUAGE(S) SERVICES REPRESENTED BY THE CERTIFIED ENROLLMENT COUNSELORS AT THE SITE

Spoken Language(s) (check all that apply):

- Arabic English Khmer Russian Vietnamese
- Armenian Farsi Korean Spanish Other (specify): _____
- Cantonese Hmong Mandarin Tagalog

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Written Language(s) (check all that apply):

- | | | | | |
|-----------------------------------|--------------------------------|----------------------------------|---|--|
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Farsi | <input type="checkbox"/> Korean | <input type="checkbox"/> Tagalog | <input type="checkbox"/> Other (specify):
_____ |
| <input type="checkbox"/> Armenian | <input type="checkbox"/> Hmong | <input type="checkbox"/> Russian | <input type="checkbox"/> Traditional Chinese Characters | |
| <input type="checkbox"/> English | <input type="checkbox"/> Khmer | <input type="checkbox"/> Spanish | <input type="checkbox"/> Vietnamese | |

2.5 ESTIMATE THE NUMBER OF INDIVIDUALS SERVED FOR EACH AGE GROUP AT THIS SITE:

Under 18 years of age	_____	45 – 54 years of age	_____
18 – 24 years of age	_____	55 – 64 years of age	_____
25 – 34 years of age	_____	65 years of age or older	_____
35 – 44 years of age	_____		

2.6 ESTIMATE THE PERCENTAGE OF INDIVIDUALS SERVED FOR EACH ETHNICITY AT THIS SITE (MUST TOTAL 100%):

African	_____	Chinese	_____	Latino	_____
African American	_____	Filipino	_____	Middle Eastern	_____
American Indian or Alaska Native	_____	Hmong	_____	Russian	_____
Armenian	_____	Japanese	_____	Ukrainian	_____
Cambodian	_____	Korean	_____	Vietnamese	_____
Caucasian	_____	Laotian	_____	Other (Specify):	_____

2.7 INDICATE THE EMPLOYMENT INDUSTRY(IES) OF THE POPULATION SERVED (CHECK ALL THAT APPLY):

- | | |
|---|--|
| <input type="checkbox"/> Animal production | <input type="checkbox"/> Individual and family services |
| <input type="checkbox"/> Automotive repair and maintenance | <input type="checkbox"/> Investigation and security services |
| <input type="checkbox"/> Barber shops | <input type="checkbox"/> K-12 schools |
| <input type="checkbox"/> Beauty salons | <input type="checkbox"/> Landscaping services |
| <input type="checkbox"/> Car washes | <input type="checkbox"/> Amusement, gambling, and recreation industries |
| <input type="checkbox"/> Clothing stores | <input type="checkbox"/> Personal household goods, repair, and maintenance |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Private households |
| <input type="checkbox"/> Crop production | <input type="checkbox"/> Real estate |
| <input type="checkbox"/> Cut and sew apparel manufacturing | <input type="checkbox"/> Restaurant and other food services |
| <input type="checkbox"/> Department and discount stores | <input type="checkbox"/> Services to buildings and dwellings, except construction cleaning |
| <input type="checkbox"/> Drinking places, alcoholic beverages | <input type="checkbox"/> Support activities for agriculture and forestry |
| <input type="checkbox"/> Employment services | <input type="checkbox"/> Taxi and limousine service |
| <input type="checkbox"/> Fabric mills, except knitting | <input type="checkbox"/> Textile and fabric finishing, and coating mills |
| <input type="checkbox"/> Gasoline stations | <input type="checkbox"/> Textile product mills, except carpet and rug |
| <input type="checkbox"/> Grocery stores | <input type="checkbox"/> Traveler accommodation |
| <input type="checkbox"/> Hospitals | <input type="checkbox"/> Truck transportation |
| <input type="checkbox"/> Independent artists, performing arts, spectator sports, and related industries | <input type="checkbox"/> Other (specify): |

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3.0 CEC ASSIGNMENTS DUE TO SITE ADDITION, REMOVAL, OR CHANGES WITH CEC*

NOTE: CalHEERS will only reflect two sites per CEC. If your CEC is assigned to more than two sites, the additional sites will not reflect the CEC's information and the consumer will not be able to delegate the CEC from the additional site.

**Check this box to request the CEC's direct email and/or phone number be reflected on Find Local Help. Indicate the CEC contact information below; this should be the same information recorded in IPAS.*

CEC NAME	CEC NUMBER	OLD SITE NAME	NEW SITE NAME	CEC CONTACT INFO DISPLAYED ON FIND LOCAL HELP	
				*CEC EMAIL	*PHONE NUMBER

Need Help? Contact: **In-Person Assistance Support** at IPAsupport@ccgrantsandassistors.org or **Navigator Program Support** at NAVsupport@ccgrantsandassistors.org

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4.0 ENTITY CONTACT INFORMATION

- If any of the Entity Contacts are also the primary contact for an **enrollment site**, please submit the Location and Hours Information pages (page 4 – 6)
- Updates to Authorized and Financial Contact require the completion of **section 4.4**
- Changes to the **Primary Contact** could impact the login access to multiple systems:
 - IPAS and/or CalHEERS: **Complete Section 7.1 User Information: New Account Owner**
 - The Print Store: **Indicate below in section 4.3** (lost or forgotten credentials review **section 7.2**)

4.1 AUTHORIZED CONTACT (also complete section 4.4)

The authorized contact is the person authorized by the entity to enter into a contractual agreement with Covered California.

Name: _____ Title: _____

Email Address: _____

Primary Phone #: (____) ____ - ____ ext. ____ Secondary Phone #: (____) ____ - ____ ext. ____

Mailing Street _____ Mailing Suite/Apt/Floor _____

Mailing City: _____ Mailing State: _____ Mailing Zip: _____

4.2 FINANCIAL CONTACT (also complete section 4.4)

The financial contact is the person authorized to oversee and handle financial transactions with Covered California.

Name: _____ Title: _____

Email Address: _____

Primary Phone #: (____) ____ - ____ ext. ____ Secondary Phone #: (____) ____ - ____ ext. ____

Mailing Street _____ Mailing Suite/Apt/Floor _____

Mailing City: _____ Mailing State: _____ Mailing Zip: _____

4.3 PRIMARY CONTACT (changes could impact the login access to multiple systems, complete section 7.0)

The primary contact is the person that oversees the day-to-day operations of the program.

Name: _____ Title: _____

Email Address: _____ Date of Birth _____

Primary Phone #: (____) ____ - ____ ext. ____ Secondary Phone #: (____) ____ - ____ ext. ____

Mailing Street _____ Mailing Suite/Apt/Floor _____

Mailing City: _____ Mailing State: _____ Mailing Zip: _____

NEW user credentials needed for **The Print Store** due to change in Primary Contact? Yes* No
 * Only one user per CEE, selecting 'Yes' will disable access to the former user.

4.4 AUTHORIZED SIGNATURE (required if sections 4.1 and 4.2 are completed)

An authorized person is an individual who can attest that the:

- New authorized contact can enter into binding contracts on behalf of the entity
- New financial contact can access financial information for the entity

Approved By: _____

Signature _____ Date _____

Name (Print) _____ Email Address _____

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5.0 CERTIFIED ENROLLMENT COUNSELOR

Make copies to complete this request for each CEC whose information needs to be updated, removed, or reinstated

IPAS: Edit CEC Withdraw CEC* Reinstate CEC Reactivate CEC for training***

CalHEERS: Enable CEC user account (required when a CEC has been set from In-Active to Active)** Update information appearing in **Find Local Help** (complete section 3.0)

* Checking this box confirms that all consumers on the CEC's dashboard have been declined and notified to reassign their application to an alternative authorized CEE/CEC. CEC withdrawal requests may trigger a follow-up contact from the enrollment assistance team to provide you with additional information about next steps for handling the consumer applications on the CEC dashboard.

Prior to **switching a CEC's CalHEERS account to In-Active, notify and reassign consumers on CEC's dashboard.

***CECs with an IPAS Status of '**Denied – Did Not Complete Required Training**' must email training@rhainc.com, themselves, to reactive their LMS account. The subject line must state "**Request to Reactivate LMS Account**" and in the body, include a brief description on why they were not able to complete the required certification training within the time allotted. The training team will respond with any additional information.

5.1 CEC INFORMATION

Is this person certified? No Yes If yes, what is their CEC #? _____

Is this CEC affiliated with multiple CEEs? No Yes

Name (as it appears on the name badge): _____

Legal Name: _____ Email Address: _____

Primary Phone # (____) _____ - _____ ext. ____ Secondary Phone #: (____) _____ - _____ ext. ____

Sites served by this individual (Maximum of 2 sites per individual): _____

5.2 PERSONAL MAILING ADDRESS OF THE INDIVIDUAL

Street Address: _____ Suite/Apt/Floor _____

City: _____ State: _____ Zip Code: _____

5.3 LANGUAGES

Spoken Language(s) (check all that apply):

- | | | | | |
|------------------------------------|----------------------------------|-----------------------------------|----------------------------------|---|
| <input type="checkbox"/> Arabic | <input type="checkbox"/> English | <input type="checkbox"/> Khmer | <input type="checkbox"/> Russian | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Armenian | <input type="checkbox"/> Farsi | <input type="checkbox"/> Korean | <input type="checkbox"/> Spanish | <input type="checkbox"/> Other (specify): |
| <input type="checkbox"/> Cantonese | <input type="checkbox"/> Hmong | <input type="checkbox"/> Mandarin | <input type="checkbox"/> Tagalog | |

Written Language(s) (check all that apply):

- | | | | | |
|-----------------------------------|--------------------------------|----------------------------------|---|---|
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Farsi | <input type="checkbox"/> Korean | <input type="checkbox"/> Tagalog | <input type="checkbox"/> Other (specify): |
| <input type="checkbox"/> Armenian | <input type="checkbox"/> Hmong | <input type="checkbox"/> Russian | <input type="checkbox"/> Vietnamese | |
| <input type="checkbox"/> English | <input type="checkbox"/> Khmer | <input type="checkbox"/> Spanish | <input type="checkbox"/> Traditional Chinese Characters | |

5.4 EDUCATION

Educational Level (select one):

- | | | | |
|--|---|---|----------------------------------|
| <input type="checkbox"/> Up to 8 th Grade | <input type="checkbox"/> High School Graduate | <input type="checkbox"/> College Graduate | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Some High School | <input type="checkbox"/> Some College | <input type="checkbox"/> Inapplicable/Not Ascertained | |

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6.0 FINANCIAL INFORMATION

Bank Name: _____
Account Owner: _____
Routing Number: _____ Account Number: _____
Account Type: Checking Savings Payment Method: Check Electronic Funds Transfer

6.1 BANK ADDRESS

Street Address: _____ Suite/Apt/Floor _____
City: _____ State: _____ Zip Code: _____

6.2 PAYMENT ADDRESS

Notice Regarding Change of Address. If you are a compensated CEE, please complete a new Payee Data Record (STD-204). This is the address where the check is mailed. Download form [here](#) and submit separately via 'My Files'.

Street Address: _____ Suite/Apt/Floor _____
City: _____ State: _____ Zip Code: _____

6.3 AUTHORIZED SIGNATURE *(required if you completed sections 6.0 – 6.2)*

- An authorized person is an individual who can attest that the:
- New authorized contact can enter into binding contracts on behalf of the entity
 - New financial contact can access financial information for the entity

Approved By: _____
Signature _____ Date _____
Name (Print) _____ Email Address _____

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7.0 USER INFORMATION

If your entity is approved and cannot access IPAS (CEE online application), CoveredCA.com (CalHEERS), or the Print Store due to:

- Individual who created the account is no longer with the entity
- Lost, forgotten or deactivated email address associated with the account
- Lost, forgotten or unknown user information

7.1 NEW ACCOUNT OWNER

The entity **MUST** submit a written request from an authorized contact to obtain user information due to the above listed reasons. User names and User IDs will not change. The user email address and password will be reset, disabling access to the former user.

Requesting user credentials for: IPAS CoveredCA.com (CalHEERS) Print Store

Instructions for submitting written request to receive credentials, the request must include **ALL** of the following:

- Be on company letterhead
- Contain the address and phone number of the entity
- Include name and title of person submitting request
- Contain original signature of an authorized person
- State reason(s) for new login information
- Include the name and email address of the current user
- Indicate which system(s) you need to access
- Provide key information for the new user
 - First and last name, along with title
 - Contact information (address, phone & email)
- **Mail to: Attention: IPA Support**
7625 North Palm Avenue, Suite 107
Fresno, CA 93711

If any required information is missing, the CEE will be contacted to verify all information. Any suspicious activity on the account will be reported to the entity.

7.2 ORIGINAL ACCOUNT OWNER

Only the 'Original Account Owner' can request to retrieve user credentials due to lost or forgotten username. You are an 'Original Account Owner' if you meet the following criteria:

- Created the account
- Received initial email with account login credentials
- Your name and email address are assigned to the account
- Have access to the user email address

Requesting lost or forgotten user credentials as the **Original Account Owner**:

<input type="checkbox"/> IPAS	CEE must email IPAsupport@ccgrantsandassistors.org for assistance
<input type="checkbox"/> Print Store	CEE must email m360support2@kpcorp.com for assistance
<input type="checkbox"/> LMS	CEC must email training@rhainc.com for assistance

All request to retrieve user credentials for an Original Account Owner will be delivered to the current email address assigned to that account, requests to change an email must complete section 7.1.

All request for changes in user info trigger a phone call from IPA Support to ensure that it is not a fraudulent request.