

**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
  - 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 (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)**

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](mailto:IPAsupport@ccgrantsandassistors.org) or **Navigator Program Support** at [NAVsupport@ccgrantsandassistors.org](mailto:NAVsupport@ccgrantsandassistors.org)

**CERTIFIED ENROLLMENT ENTITY  
CHANGE REQUEST FORM  
FOR APPROVED APPLICATIONS**



**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"/> Licensed attorneys (e.g. family law attorneys who have clients that are experiencing life transitions)	<input type="checkbox"/> Licensed health care institutions
<input type="checkbox"/> Chambers of Commerce	<input type="checkbox"/> Licensed health care clinics (select subcategory below)	<input type="checkbox"/> Licensed health care provider
<input type="checkbox"/> City Government Agencies	<input type="checkbox"/> Federally Qualified Health Center (FQHC)	<input type="checkbox"/> Non-Profit Community Organizations
<input type="checkbox"/> Commercial fishing industry organizations	<input type="checkbox"/> FQHC Look-alike	<input type="checkbox"/> Ranching and farming organizations
<input type="checkbox"/> Community Colleges and Universities	<input type="checkbox"/> Indian Health Services Clinics: Direct Services Clinics	<input type="checkbox"/> Resource partners of the Small Business Administration
<input type="checkbox"/> County departments of public health, city health departments, or county departments that deliver health services	<input type="checkbox"/> Indian Health Services Clinics: 638 Contracting or Compacting Clinics	<input type="checkbox"/> School Districts
<input type="checkbox"/> Faith-Based Organizations	<input type="checkbox"/> Urban Indian Health Centers	<input type="checkbox"/> Tax preparers as defined in Section 22251(a)(1)(A) of the Business and Professions Code
<input type="checkbox"/> Indian Health Services Facilities	<input type="checkbox"/> Community Clinic	<input type="checkbox"/> Trade, industry and professional organizations
<input type="checkbox"/> Labor Unions	<input type="checkbox"/> Free Clinic	<input type="checkbox"/> Other public or private entities or individuals who meet the requirements (please specify):
	<input type="checkbox"/> Other Clinic (please specify): _____	

**CERTIFIED ENROLLMENT ENTITY  
CHANGE REQUEST FORM  
FOR APPROVED APPLICATIONS**



**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: \_\_\_\_\_

**CERTIFIED ENROLLMENT ENTITY  
CHANGE REQUEST FORM  
FOR APPROVED APPLICATIONS**



**2.0 LOCATION AND HOURS INFORMATION**

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

Site\* Type:  Primary Site  Sub site | \*Site info. is displayed in CoveredCA.com’s “Find Help Near You”

Requested action:  Change/Update Site Information  Remove site (complete section 3.0)  Add site

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 Help Near You”*

**2.1 HOURS OF OPERATIONS**

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

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

**CERTIFIED ENROLLMENT ENTITY  
CHANGE REQUEST FORM  
FOR APPROVED APPLICATIONS**



*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): _____  |



**CERTIFIED ENROLLMENT ENTITY  
CHANGE REQUEST FORM  
FOR APPROVED APPLICATIONS**



**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
- If there are changes to the **Primary Contact**, it could impact the login access to multiple systems, as such, please **complete Section 7.0 User Information**

**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: \_\_\_\_\_

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

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 \_\_\_\_\_

**CERTIFIED ENROLLMENT ENTITY  
CHANGE REQUEST FORM  
FOR APPROVED APPLICATIONS**



**5.0 CERTIFIED ENROLLMENT COUNSELOR**

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

**IPAS:**    Edit CEC    Withdraw CEC\*    Reactivate withdrawn CEC    Reactive 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 Help Near You**

*\* All request for CEC withdrawals 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.**

**5.1 CEC INFORMATION**

Is this person certified?    No    Yes   If yes, what 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 (list 2): \_\_\_\_\_

**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 <sup>th</sup> 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 |                                  |

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



**CERTIFIED ENROLLMENT ENTITY  
CHANGE REQUEST FORM  
FOR APPROVED APPLICATIONS**



**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 \_\_\_\_\_

**7.0 USER INFORMATION**

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

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

The entity must submit a written request from an **authorized contact** to obtain new credentials.

Request for new user credentials for:  IPA  CoveredCA.com (CalHEERS)

Instructions for submitting written request to change credentials, the request must:

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

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