



Job Shadow Attestation

This form is to be completed and submitted by the Navigator/Certified Application Counselor (CAC) candidate's supervisor.

Date: 12/1/2015

Navigator/CAC Candidate Name:

Supervisor Name:

Supervisor Email:

Supervisor Phone Number:

This is to attest that the Navigator/CAC Candidate named above has completed job shadowing by observing either application initiation through eligibility screen or application through plan selection of at least 3 separate applications. By signing this document, I confirm that Navigator has completed all training modules, passed all required exams and has demonstrated the knowledge and skills necessary to accurately and effectively assist individuals to apply for Qualified Health Plans and Washington Apple Health through *Washington Healthplanfinder*.

By typing my name below I am electronically signing this document. I understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature.

Signature

First Name	Last Name	Date

Please submit to navigator.lms@wahbexchange.org