

Tribal LMS Navigator Registration Form

Tribal Affiliation:

Submitted by:

First Name:	
Last Name:	
Email Address:	
Role: Role 1: WAH or Medicaid Role 2: Most commonly used; navigators, CAC's Role 4: Tribal Only	Role 1: <input type="checkbox"/> Role 2: <input type="checkbox"/> Role 4: <input type="checkbox"/>
Address:	
City:	
State:	
Zip Code:	
County:	
Phone Number:	
First Language:	
Second Language:	
4-n-1 Attestation: <i>Tribe to keep document on file</i>	Yes <input type="checkbox"/>
Background Check: <i>Tribe to keep on file and ensure they are updated every 2 years</i>	Yes <input type="checkbox"/>
Do you want the navigator to be searchable in HPF:	Yes <input type="checkbox"/> No <input type="checkbox"/>

** Please send completed document to Deb Sosa (deborah.sosa@wahbexchange.org) and Monica Chambers (monica.chambers@wahbexchange.org) **