

Virginia Certified Application Counselor Designated Organization (CDO)

Business Name:

Business Phone:

Business Address:

Address Line 2:

City:

State:

Zip:

Business Cell:

Toll Free Phone:

Primary Contact:

Primary Contact Email:

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 **Select One**

☐

Federally Qualified Health Center (FQHC)

☐

Community/Advocacy Organization

☐

Community Health Center (Non-FQHC)

☐

Health/Professional Association

☐

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.

☐

Medicaid or FAMIS

☐

Low-income

☐

Mental health/Substance abuse

☐

LGBTQ+

☐

Ex-offenders

☐

HIV/AIDS

☐

Homeless

☐

Deaf/Hearing Impaired

☐

Unemployed

☐

Other:

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5. Is your organization a current or past CDO. Select One

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

Email Address

Address

Social Media (i.e., Twitter, Facebook, LinkedIn)

7. Does your organization have current Hours of Operation? Select One

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 organizations intended enrollment type?

☐

Year-Round

☐

Open Enrollment Only

9. CDO Program Director Contact Information

Name

Email

Business Address

Mailing Address

Phone

Website

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