Entity
Management Training Completion Form

COVERED CALIFORNIA

Please complete this form and upload to your "My Files" manager feature in IPAS under the file type "Entity Management Training Form"

Only scan necessary documentation at a resolution of 200 dpi, save a copy for your records, and upload your file to "My Files" manager feature in IPAS.

Entity Information

Entity Name		
Business Legal Name		
Street Address		Suite
City	State	Zip Code

Participant Information

☐ **Primary Contact**   ☐ **Authorized Contact**   ☐ **I am both the Primary and Authorized Contact**

Name	Email Address
Primary Phone Number	Secondary Phone Number

☐ Same address as above

Street Address		Suite
City	State	Zip Code

☐ Date Entity Management Training Completed

I hereby certify that I have completed the Entity Management training for Covered California. I acknowledge that I understand all of the information contained in the Entity training and will comply with all of the roles and responsibilities outlined therein, as well as with the Entity Agreement previously executed.

Print Name:	
Signature:	Date:

Need Help?   Email Covered California Enrollment Assistance Program Support at: **enrollmentassistancesupport@covered.ca.gov.**

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