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**Rules of  
Department of Commerce and  
Insurance**

**Division 400—Life, Annuities and Health  
Chapter 11—Navigators**

<b>Title</b>	<b>Page</b>
<b>20 CSR 400-11.100</b> Navigator Examination and Licensing Procedures and Standards.....	3
<b>20 CSR 400-11.120</b> Continuing Education for Individual Navigators .....	9
<b>20 CSR 400-11.140</b> Renewal Applications and Fees—Individual Navigators and Entity Navigators .....	14



**Title 20—DEPARTMENT OF  
COMMERCE AND INSURANCE  
Division 400—Life, Annuities and Health  
Chapter 11—Navigators**

**20 CSR 400-11.100 Navigator Examination  
and Licensing Procedures and Standards**

*PURPOSE: This rule prescribes the application process, fees, examination, and initial training for navigators.*

(1) Application and Fees. Application for a navigator license shall include the following, as applicable:

(A) Initial Licensure.

1. Individual navigator.

A. A completed application form, which is included herein as Exhibit 1 of this rule revised July 24, 2013, or any form which substantially comports with the specified form.

B. Twenty-five dollar (\$25) application fee.

2. Entity navigator.

A. A completed application form, which is included herein as Exhibit 2 of this rule revised July 24, 2013, or any form which substantially comports with the specified form.

B. Fifty dollar (\$50) application fee.

C. List of all Missouri-licensed navigators conducting business on behalf of the entity.

(2) Required Examination.

(A) Before an individual may be licensed as a navigator, the applicant must first take and pass an examination testing the individual's knowledge regarding health insurance, health insurance exchanges, and navigator roles and responsibilities. The department may contract with an independent testing service(s) to administer an examination. In order to take the examination, an individual must register and pay an applicable testing fee.

(B) An individual may satisfy the examination requirement by demonstrating achievement of a passing score on any approved certification examination that allows the individual to perform duties identified in 42 U.S.C. section 18031(i) or related duties, irrespective of whether the examination is for purposes of serving as a navigator, certified application counselor, in-person assister, or health center outreach and enrollment assistance worker.

(3) Initial Training. Initial training shall be that training which is sufficient to pass the examination referenced in section (2) above.



**EXHIBIT 1**



MISSOURI DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS  
AND PROFESSIONAL REGISTRATION  
LICENSING SECTION  
**APPLICATION FOR NAVIGATOR LICENSE**

P.O. BOX 690 OR  
P.O. BOX 4001 FOR CORRESPONDENCE WITH FEES  
JEFFERSON CITY, MISSOURI 65102  
**THIS FORM MAY BE DUPLICATED**

PLEASE PRINT OR TYPE					
1. SOCIAL SECURITY NUMBER			2. DATE OF BIRTH		
3. LAST NAME		JR./SR., ETC.	4. FIRST NAME		5. MIDDLE NAME
6. RESIDENCE/HOME ADDRESS (PHYSICAL STREET)		7. P.O. BOX	8. CITY	9. STATE	10. ZIP CODE
11. COUNTRY	12. HOME TELEPHONE NUMBER	13. MOBILE TELEPHONE NUMBER		14. PERSONAL EMAIL ADDRESS	
15. GENDER (CHECK ONE) <input type="checkbox"/> Male <input type="checkbox"/> Female	16. ARE YOU A CITIZEN OF THE UNITED STATES? (CHECK ONE) (IF NO, PLEASE ATTACH DOCUMENTATION THAT PROVES YOUR ELIGIBILITY TO WORK IN THE UNITED STATES) <input type="checkbox"/> Yes <input type="checkbox"/> No If no, of which country are you a citizen?				
17. BUSINESS ENTITY NAME					
18. BUSINESS ENTITY ADDRESS (PHYSICAL STREET)		19. P.O. BOX	20. CITY	21. STATE	22. ZIP CODE
23. COUNTRY	24. BUSINESS TELEPHONE NUMBER (INCLUDE EXT.)	25. BUSINESS FAX NUMBER	26. BUSINESS E-MAIL ADDRESS		27. BUSINESS WEBSITE ADDRESS
28. APPLICANT'S MAILING ADDRESS		29. P.O. BOX	30. CITY	31. STATE	32. ZIP CODE
33. COUNTRY	34. LIST ALL OTHER ASSUMED, FICTITIOUS, ALIAS, MAIDEN OR TRADE NAMES YOU HAVE USED IN THE PAST.				

**BACKGROUND INFORMATION**

35. The Applicant must read the following very carefully and answer every question. All written statements submitted by the Applicant must include an original signature.

1. Have you ever been convicted of a crime, had a judgment withheld or deferred, received a suspended imposition of sentence ("SIS") or suspended execution of sentence ("SES"), or are you currently charged with committing a crime?  YES  NO

"Crime" includes a misdemeanor, felony, or a military offense. You may exclude any of the following if they are/were misdemeanor traffic citations or misdemeanors: driving under the influence (DUI), driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license. You may also exclude misdemeanor juvenile convictions.

"Convicted" includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere, having entered an Alford Plea, or having been given probation, a suspended sentence, or a fine.

"Had a judgment withheld or deferred" includes circumstances in which a guilty plea was entered and/or a finding of guilt was made, but imposition or execution of the sentence was suspended (for instance, the defendant was given a suspended imposition of sentence or a suspended execution of sentence – sometimes called an "SIS" or "SES").

Unless excluded by the language above, you must disclose convictions that have been expunged.

If you answer yes, you must attach to this application:

- a) a written statement explaining the circumstances of each incident,
- b) a certified copy of the charging document, and
- c) a certified copy of the official document which demonstrates the resolution of the charges or any final judgment.

2. Have you ever been named or involved as a party in an administrative proceeding regarding any professional or occupational license or registration?  YES  NO

"Involved" means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, a cease and desist order, a prohibition order, a compliance order, placed on probation or surrendering a license to resolve an administrative action. "Involved" also means being named as a party to an administrative or arbitration proceeding which is related to a professional or occupational license. "Involved" also means having a license application denied or the act of withdrawing an application to avoid a denial. You must INCLUDE any business so named because of your actions, in your capacity as an owner, partner, officer, director, or member or manager of a Limited Liability Company. You may EXCLUDE terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.

If you answer yes, you must attach to this application:

- a) a written statement identifying the type of license and explaining the circumstances of each incident,
- b) a copy of the Notice of Hearing or other document that states the charges and allegations, and
- c) a certified copy of the official document which demonstrates the resolution of the charges and/or a final judgment.

MO 375-0892 (7-13)

**BACKGROUND INFORMATION**

3. Have you failed to pay state or federal income tax?  YES  NO
- Have you failed to comply with an administrative or court order directing payment of state or federal income tax?  YES  NO
- If you answer yes, you must attach to this application:
- a) a written statement explaining the circumstances of each administrative or court order;
  - b) copies of all relevant documents (i.e. demand letter from the Department of Revenue or Internal Revenue Service, etc.);
  - c) a certified copy of each administrative or court order, judgment, and/or lien; and
  - d) a certified copy of the official document which demonstrates the resolution of the tax delinquency (i.e. tax compliance letter, etc.).
4. Are you currently a party to, or ever been found liable in, any lawsuit, arbitration or mediation proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty?  YES  NO
- If you answer yes, you must attach to this application:
- a) a written statement summarizing the details of each incident,
  - b) a certified copy of the Petition, Complaint or other document that commenced the lawsuit and/or arbitration, or mediation proceedings, and
  - c) a certified copy of the official document which demonstrates the resolution of the charges and/or a final judgment.
5. Have you ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct?  YES  NO
- Has any business in which you are or were an owner, partner, officer or director ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct?  YES  NO
- Have you or any business in which you are or were a member or manager of a Limited Liability Company, ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct?  YES  NO
- If you answer yes, you must attach to this application:
- a) a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving a navigator license, and
  - b) copies of all relevant documents.
6. Do you currently have or have you had a child support obligation?  YES  NO
- If you answer yes:
- a) are you in arrearage?  YES  NO
  - b) by how many months are you in arrearage? \_\_\_\_\_ months
  - c) what is the total amount of your arrearage? \_\_\_\_\_
  - d) are you currently subject to a repayment agreement to cure the arrearage?  YES  NO
  - e) are you in compliance with said repayment agreement?  YES  NO
  - f) are you the subject of a child support related subpoena/warrant? (If you answer yes, provide documentation showing proof of current payments or an approved repayment plan from the appropriate state child support agency.)  YES  NO
  - g) have you ever been convicted of a misdemeanor or felony for failure to pay child support?  YES  NO



**EMPLOYMENT HISTORY**

36. Account for all time for the past five years. List all employment experience starting with your current employer working back five years. Include full and part-time work, self-employment, military service, unemployment and full-time education.

NAME	FROM		TO		POSITION HELD
	MONTH	YEAR	MONTH	YEAR	
CITY STATE COUNTRY					
CITY STATE COUNTRY					
CITY STATE COUNTRY					
CITY STATE COUNTRY					

**EXAMINATION REQUIREMENT**

37. Have you successfully passed a written examination relating to the license for which you are applying?  YES  NO

**UPON SUCCESSFUL PASSAGE, PROVIDE DOCUMENTATION TO MO DIFP - INSURANCE.**

**APPLICANT'S CERTIFICATION AND ATTESTATION**

38. The Applicant must read the following very carefully:

- I hereby certify, under penalty of perjury, that all of the information submitted in this application and attachments is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license revocation or denial of the license and may subject me to civil or criminal penalties.
- I further certify that I grant permission to the Director to verify my information with any federal, state and/or local government agency, current or former employer, or insurance company.
- I further certify under penalty of perjury, that a) I have no outstanding state or federal income tax obligations, or b) I have an outstanding state or federal income tax obligation and I have provided all information and documentation requested in Background Information Question 35.3.
- I further certify, under penalty of perjury, that a) I have no child-support obligation, b) I have a child-support obligation and I am currently in compliance with that obligation, or c) I have identified my child support obligation arrearage on this application.
- I authorize the Director to give any information concerning me, as permitted by law, to any federal, state or municipal agency, or any other governmental organization. I further release the Director and all persons acting on the Director's behalf from any and all liability of whatever nature by reason of furnishing such information.

ORIGINAL APPLICANT SIGNATURE

FULL LEGAL NAME (PRINTED OR TYPED)

DATE (MONTH/DAY/YEAR)

**INSTRUCTIONS**

- All applicants must submit a \$25 application fee in the form of a check or money order, made payable to DIFP - Insurance.
- Mail completed application to: MO DIFP - Insurance  
P.O. Box 4001  
Jefferson City, MO 65102-4001



**EXHIBIT 2**



MISSOURI DEPARTMENT OF INSURANCE,  
FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION  
LICENSING SECTION  
**APPLICATION FOR NAVIGATOR ENTITY LICENSE**

P.O. BOX 690 OR  
P.O. BOX 4001 FOR CORRESPONDENCE WITH FEES  
JEFFERSON CITY, MISSOURI 65102  
**THIS FORM MAY BE DUPLICATED**

<b>PLEASE PRINT OR TYPE</b>						
1. NAVIGATOR ENTITY NAME		2. INCORPORATION/FORMATION DATE (MONTH/DAY/YEAR)		3. FEIN		
4. LIST ALL NAMES UNDER WHICH YOU ARE DOING BUSINESS			5. STATE OF DOMICILE		6. COUNTRY OF DOMICILE	
7. CONTACT NAME						
8. BUSINESS ADDRESS		9. CITY		10. STATE	11. ZIP OR FOREIGN COUNTRY	
12. TELEPHONE NUMBER		13. FAX NUMBER		14. BUSINESS WEBSITE ADDRESS	15. BUSINESS EMAIL ADDRESS	
16. MAILING ADDRESS		17. P.O. BOX	18. CITY		19. STATE	20. ZIP OR FOREIGN COUNTRY

**BACKGROUND INFORMATION**

21. Please read the following very carefully and answer every question. All copies of documents must be certified. All written statements submitted by the Applicant must include an original signature.

1. Has the navigator entity or any owner, partner, officer or director ever been convicted of, or is the navigator entity or any owner, partner, officer or director currently charged with, committing a crime, whether or not adjudication was withheld?  YES  NO

"Crime" includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations and juvenile offenses.

"Convicted" includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere, or having been given probation, a suspended sentence or a fine.

"Whether or not adjudication was withheld" includes circumstances in which a guilty plea was entered and/or a finding of guilt was made, but imposition or execution of the sentence was suspended (for instance, the defendant was given a suspended imposition of sentence or a suspended execution of sentence—sometimes called an "SIS" or "SES").

Unless excluded by the language above, you must disclose convictions that have been expunged.

If you answer yes, you must attach to this application:

- a) a written statement explaining the circumstances of each incident,
- b) a copy of the charging document, and
- c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.

2. Has the navigator entity or any owner, partner, officer or director ever been involved in an administrative proceeding regarding any professional or occupational license?  YES  NO

"Involved" means having a license censured, suspended, revoked, canceled, terminated or being assessed a fine, placed on probation or surrendering a license to resolve an administrative action. "Involved" also means being named as a party to an administrative or arbitration proceeding which is related to a professional or occupational license. "Involved" also means having a license application denied or the act of withdrawing an application to avoid a denial. You may exclude terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.

If you answer yes, you must attach to this application:

- a) a written statement identifying the type of license and explaining the circumstances of each incident,
- b) a copy of the Notice of Hearing or other document that states the charges and allegations, and
- c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.

3. Has the navigator entity or any owner, partner, officer or director ever been notified of any delinquent income tax obligation?  YES  NO

If you answer yes, identify the jurisdiction(s): \_\_\_\_\_

4. Is the navigator entity or any owner, partner, officer or director a party to, or ever been found liable in any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach or fiduciary duty?  YES  NO

If you answer yes, you must attach to this application:

- a) a written statement summarizing the details of each incident,
- b) a copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, and
- c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.

MO 375-0895 (7-13)



**APPLICANT'S CERTIFICATION AND ATTESTATION**

22. The undersigned owner, partner, officer or director of the navigator entity hereby certifies, under penalties of perjury, that:

1. All of the information submitted in this application and attachments is true and complete and I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license revocation and may subject me and the navigator entity to civil or criminal penalties.
2. The navigator entity grants permission to the Department to verify any information supplied herein with any federal, state or local government agency.
3. I authorize the Director to give any information concerning the navigator entity or any owner, partner, officer or director, to any federal, state or municipal agency, or any other organization and I release the Director and any person acting on the Director's behalf from any and all liability of whatever nature by reason of furnishing such information.
4. I acknowledge that I am familiar with the navigator laws and regulations of Missouri.
5. If required, I have received a Certificate of Good Standing from Missouri's Secretary of State.

SIGNATURE

TYPED OR PRINTED NAME

TITLE

SOCIAL SECURITY NUMBER

ADDRESS (CITY, STATE, ZIP CODE)

**NOTARY**

NOTARY PUBLIC EMBOSSER OR  
BLACK INK RUBBER STAMP SEAL

STATE

COUNTY (OR CITY OF ST. LOUIS)

SUBSCRIBED AND SWORN BEFORE ME, THIS

DAY OF

YEAR

**USE RUBBER STAMP IN CLEAR AREA BELOW.**

NOTARY PUBLIC SIGNATURE

MY COMMISSION  
EXPIRES

NOTARY PUBLIC NAME (TYPED OR PRINTED)

**INSTRUCTIONS**

Application for initial licensure for a navigator entity shall include the following, as applicable:

1. A completed Application for Navigator Entity License.
2. \$50 fee in the form of a check or money order, made payable to DIFP - Insurance.
3. Attach a list of all individual navigators that are employed by or in any manner affiliated with the navigator entity. (Changes to this list shall be reported to the department within twenty days of the change.)
4. Mail completed application packet to:
  - MO DIFP – Insurance
  - PO Box 4001
  - Jefferson City MO 65102-4001



*AUTHORITY:* sections 374.045 and 376.2000–376.2014, RSMo Supp. 2013.\* Emergency rule filed July 24, 2013, effective Aug. 3, 2013, expired Jan. 29, 2014. Original rule filed July 24, 2013, effective Jan. 30, 2014.

\*Original authority: 374.045, RSMo 1967, amended 1993, 1995, 2008; 376.2000, RSMo 2013; 376.2002, RSMo 2013; 376.2004, RSMo 2013; 376.2006, RSMo 2013; 376.2008, RSMo 2013; 376.2010, RSMo 2013; 376.2011, RSMo 2013; 376.2012, RSMo 2013; and 376.2014, RSMo 2013.

## 20 CSR 400-11.120 Continuing Education for Individual Navigators

*PURPOSE:* This rule establishes the continuing education requirements for individual navigators. All forms referenced in this regulation may be accessed at the department's website at [www.insurance.mo.gov](http://www.insurance.mo.gov).

(1) As used in this rule, the following terms shall mean:

(A) Approved course—an educational presentation offered in a class, seminar, self-study or other form of instruction regarding navigator roles and responsibilities, Missouri law, ethics, and the health insurance exchange operating in this state;

(B) Navigator Continuing Education Certificate of Course Completion—The form which is included herein as Exhibit 1 of this rule revised September 20, 2013, or any form which substantially comports with the specified form, completed by the authorized provider of an approved course which signifies satisfactory completion of the course and reflects the hours of credit earned;

(C) Navigator Continuing Education Certification Summary—The form which is included herein as Exhibit 2 of this rule revised September 20, 2013, or any form which substantially comports with the specified form, completed by the licensee which documents compliance with the continuing education requirements in section 376.2006, RSMo;

(D) Navigator Continuing Education Provider Application for Course Approval—The form which is included herein as Exhibit 3 of this rule revised September 20, 2013, or any form which substantially comports with the specified form, completed by the course provider which requests approval of a continuing education course;

(E) Credit hour—Fifty (50) minutes of uninterrupted instruction pertaining to an approved course. Partial hours of credit are not allowed. Credit hours earned through self-study will be determined by the following method:

1. Printed material—Page count of fifteen (15) pages will equal one (1) credit hour;

2. Computer-based or Internet courses will be calculated as: three (3) screens (750 words) will equal one (1) printed page and forty-five (45) screens will equal one (1) credit hour;

(F) Director—The director of the Department of Commerce and Insurance or his/her designee; and

(G) Licensee—An individual who is licensed by the department as a navigator.

### (2) Individual Navigator Continuing Education Requirements.

(A) Any individual licensed as a navigator shall complete courses or programs of instruction equivalent to a total of at least twelve (12) hours of instruction during the two- (2-) year licensure period.

(B) Of the twelve (12) hours of instruction during the two- (2-) year license period, individual navigators must complete three (3) hours of instruction covering ethics and Missouri law. Courses on ethics and Missouri law must be approved as such by the director to be eligible for meeting this requirement.

(C) An individual navigator may satisfy the continuing education requirement by demonstrating completion of continuing education that allows the individual to be certified or recertified to perform the duties identified in 42 U.S.C. section 18031(i) or related duties, irrespective of whether the continuing education is for purposes of serving as a navigator, certified application counselor, in-person assister, or health center outreach and enrollment assistance worker.

(D) An individual navigator who satisfies the continuing education requirement through subsection (C) must also complete three (3) hours of instruction covering ethics and Missouri law. Courses on ethics and Missouri law must be approved as such by the director to be eligible for meeting this requirement.

(E) An individual navigator must submit the form “Navigator Continuing Education Certification Summary” to the director to show compliance with section 376.2006, RSMo, at the time of their biennial license renewal. The director may examine the licensee's continuing education records wherever they may be found.

### (3) Navigator Continuing Education Provider Requirements.

(A) A continuing education provider must seek course approval by completing the form “Navigator Continuing Education Provider Application for Course Approval” and submitting a filing fee of fifty dollars (\$50) per course. Courses shall be approved for a peri-

od of no more than one (1) year.

(B) A continuing education provider must furnish the form “Navigator Continuing Education Certificate of Course Completion” to any licensee who earns continuing education credit hours after completing an approved course. The director may examine the continuing education provider's approved courses and records for such courses.

(C) Within thirty (30) days of the date a course is completed by a licensee, continuing education providers shall electronically notify the director of the credit hours earned by a licensee.





**EXHIBIT 1**



MISSOURI DEPARTMENT OF INSURANCE,  
FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION  
LICENSING SECTION

P.O. BOX 690  
JEFFERSON CITY, MO 65102-0690

**NAVIGATOR CONTINUING EDUCATION CERTIFICATE OF COURSE COMPLETION**

**NOTICE TO PROVIDER:** The continuing education provider must provide a completed Navigator Continuing Education Certificate of Course Completion to each navigator completing the provider's approved course.

**NOTICE TO NAVIGATOR:** Keep this Certificate for your continuing education records. Use this Certificate to complete your Navigator Continuing Education Certification Summary. Send only your Navigator Continuing Education Certification Summary to the Department of Insurance, Financial Institutions and Professional Registration with your license renewal.

NAME OF NAVIGATOR		MISSOURI LICENSE NUMBER
RESIDENCE ADDRESS (STREET, CITY, STATE, ZIP CODE)		
COURSE PROVIDER		
COURSE TITLE		
MISSOURI COURSE NUMBER	DATE COURSE COMPLETED	
NUMBER OF CONTINUING EDUCATION CREDIT HOURS EARNED	LOCATION	
SIGNATURE OF AUTHORIZED PROVIDER REPRESENTATIVE		DATE

**THIS FORM IS FOR NAVIGATOR RECORDS  
KEEP THIS FORM IN YOUR FILE FOR FUTURE VERIFICATION**

MO 375-0898 (9-13)



**EXHIBIT 2**



MISSOURI DEPARTMENT OF INSURANCE,  
FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION  
LICENSING SECTION

P.O. BOX 690 or  
P.O. BOX 4001 FOR CORRESPONDENCE WITH FEES  
JEFFERSON CITY, MO 65102  
TELEPHONE: (573) 751-3518

**NAVIGATOR CONTINUING EDUCATION CERTIFICATION SUMMARY**

The information you furnish on this form will be used to determine whether you have complied with the continuing education requirements. **If this form is not completed in full, ALL documents will be returned. MAIL THIS FORM** to the Missouri Department of Insurance, Financial Institutions and Professional Registration with your license renewal.

**INSTRUCTIONS**

1. For each continuing education course, enter the Course Provider, Course Title, Missouri Course Number, Date Course Completed, and Number of Continuing Education Credit Hours from your Navigator Continuing Education Certificate of Course Completion.
2. When you have completed all of the required hours, sign and date the bottom of this form and submit with license renewal. You need to complete 12 hours.
3. ATTACH THIS FORM TO YOUR LICENSE RENEWAL.

NAME OF NAVIGATOR	MISSOURI LICENSE NUMBER
RESIDENCE ADDRESS (STREET, CITY, STATE, ZIP CODE)	
MAILING ADDRESS (STREET, CITY, STATE, ZIP CODE)	
BUSINESS ADDRESS (STREET, CITY, STATE, ZIP CODE)	
RESIDENCE TELEPHONE NUMBER	BUSINESS TELEPHONE NUMBER

LIST OF CONTINUING EDUCATION COURSES				
COURSE PROVIDER	COURSE TITLE	MISSOURI COURSE NUMBER	DATE COURSE COMPLETED MONTH/DAY/YEAR	HOURS
<b>TOTAL ▶</b>				

CERTIFICATION	
I certify that I have taken and completed the courses listed above and have not misrepresented any fact or information contained herein. I will furnish to the Department of Insurance, Financial Institutions and Professional Registration upon request, evidence of having taken any or all of the courses listed on this report. I understand that I may be subject to a monetary penalty or license discipline for failure to provide truthful information on this form.	
SIGNATURE OF NAVIGATOR ▶	DATE

MO 375-0894 (9-13) RETURN THIS COMPLETED FORM TO THE MISSOURI DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION



EXHIBIT 3



MISSOURI DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION LICENSING SECTION NAVIGATOR CONTINUING EDUCATION PROVIDER APPLICATION FOR COURSE APPROVAL

SUBMIT COURSE APPLICATION MATERIALS TO: PEARSON VUE/MO CE 62398 COLLECTIONS CENTER DR CHICAGO, IL 60693-0623

SEE INSTRUCTIONS ON REVERSE SIDE BEFORE COMPLETING FORM

COURSE PROVIDER FAX NUMBER

WEB ADDRESS

ADDRESS (STREET, CITY, STATE, ZIP CODE) PROVIDER NUMBER (IF KNOWN)

CONTACT PERSON CONTACT PERSON EMAIL ADDRESS TELEPHONE NUMBER COURSE DATE

COURSE TITLE

COURSE OUTLINE: ATTACH COURSE OUTLINE AS INSTRUCTED ON THE NEXT PAGE.

METHOD OF INSTRUCTION: LECTURE/SEMINAR COLLEGE/UNIVERSITY SELF STUDY OTHER (SPECIFY)

NUMBER OF NAVIGATOR CONTINUING EDUCATION CREDIT HOURS REQUESTED

SIGNATURE OF AUTHORIZED REPRESENTATIVE DATE

PEARSON VUE USE ONLY

APPROVED DISAPPROVED MISSOURI COURSE NUMBER NO. OF CONTINUING EDUCATION CREDIT HOURS

SIGNATURE DATE

COMMENTS

**CHAPTER 3 - EDUCATION REQUIREMENTS****20 CSR 400-11.120****PROVIDER APPLICATION**

**Content:** An educational presentation offered in a class, seminar, self study or other form of instruction regarding navigator roles and responsibilities and the health insurance exchange operating in this state.

**Required Data:** Providers must submit courses for approval directly to Pearson VUE at least 45 days prior to the date the course begins. The provider shall submit the following for approval:

1. A completed and signed application;
2. A course fee payable to Pearson VUE/MO CE;
3. A course outline that shall list and summarize each topic covered. A list of topics with no other details is not an acceptable course outline. The outline shall contain time frames for the course material. Do not send books or videotapes as a substitute for a course outline.

**NOTE:** No credit shall be given for courses held prior to the approval date. This would apply even if you submit the course and the application needs to be returned for additional information. The application and other forms and fees must be resubmitted prior to the course start date.

**Credit hours:**

1. Lecture - 50 minutes of uninterrupted instruction pertaining to an approved course;
2. Printed material - page count of fifteen (15) pages will equal one (1) credit hour.
3. Computer-based or Internet - courses will be calculated as: three (3) screens (750 words) will equal one (1) printed page and forty-five (45) screens will equal one (1) credit hour.

**Filing fee:** \$50 per course. Fees should be made payable to Pearson VUE/MO CE.

**Self-Study:** Complete all applicable information. Attach a copy of the study material and test along with an explanation of how the test will be proctored. Please include the time allotted for completion of the course (see credit hours above).

**Navigator Continuing Education Certificate of Course Completion:** A continuing education provider must furnish the "Navigator Continuing Education Certificate of Course Completion" to any licensee who earns continuing education credit hours after completing an approved course.

**Provider Responsibility:** Provider must electronically report the class roster through <https://sbs-mo.naic.org/Lion-Web/jsp/ext/login/launch.jsp> within 30 days of the date the navigator takes the course. The provider may retain a list for each course containing the following:

1. Provider/Course location;
2. Course title;
3. Missouri course number;
4. Date course completed;
5. Number of continuing education credit hours earned; and,
6. Roster for licensees to sign-in/sign-out which includes name, address, and license or social security number.

**Course Expiration:** Courses shall be approved for a period of no more than one year.

**Mail course application and materials:**

Pearson VUE/MO CE  
62398 Collections Center Dr  
Chicago IL 60693-0623

**Toll-Free Provider Support**

Providers should call: 888-204-6258 or email [ce\\_providers@pearson.com](mailto:ce_providers@pearson.com)



*AUTHORITY: sections 374.045 and 376.2004 through 376.2014, RSMo Supp. 2013.\* Emergency rule filed Sept. 20, 2013, effective Sept. 30, 2013, expired March 28, 2014. Original rule filed Sept. 20, 2013, effective March 30, 2014. Non-substantive change filed Sept. 11, 2019, published Oct. 31, 2019.*

*\*Original authority: 374.045, RSMo 1967, amended 1993, 1995, 2008; 376.2004, RSMo 2013; 376.2006, RSMo 2013; 376.2008, RSMo 2013; 376.2010, RSMo 2013; 376.2011, RSMo 2013; 376.2012, RSMo 2013; and 376.2014, RSMo 2013.*

**20 CSR 400-11.140 Renewal Applications and Fees—Individual Navigators and Entity Navigators**

*PURPOSE: This rule prescribes the license renewal application process and fees for individual navigators and entity navigators. All forms referenced in this regulation may be accessed at the department's website at [www.insurance.mo.gov](http://www.insurance.mo.gov).*

(1) Renewal Application and Fees. Application for renewal of a navigator license shall include the following, as applicable:

(A) Individual Navigator.

1. A completed renewal application form, which is included herein as Exhibit 1 of this rule, or any form which substantially comports with the specified form;
2. Twenty-five dollar (\$25) application fee. If the renewal application is not received before the license expires, a late fee of ten dollars (\$10) must be added to the application fee; and
3. A completed Navigator Continuing Education Certification Summary form referenced in 20 CSR 400-11.120(1)(C); or

(B) Entity Navigator.

1. A completed renewal application form, which is included herein as Exhibit 2 of this rule, or any form which substantially comports with the specified form;
2. Fifty dollar (\$50) application fee. If the renewal application is not received before the license expires, a late fee of fifteen dollars (\$15) must be added to the application fee; and
3. List of all Missouri-licensed navigators conducting business on behalf of the entity.



**EXHIBIT 1**



MISSOURI DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS  
AND PROFESSIONAL REGISTRATION  
LICENSING SECTION  
**APPLICATION FOR NAVIGATOR LICENSE RENEWAL**

P.O. BOX 690 OR  
P.O. BOX 4001 FOR CORRESPONDENCE WITH FEES  
JEFFERSON CITY, MISSOURI 65102  
**THIS FORM MAY BE DUPLICATED**

**PLEASE PRINT OR TYPE**

1. SOCIAL SECURITY NUMBER				2. DATE OF BIRTH					
3. LAST NAME			JR./SR., ETC.	4. FIRST NAME		5. MIDDLE NAME			
6. RESIDENCE/HOME ADDRESS (PHYSICAL STREET)			7. P.O. BOX	8. CITY		9. STATE	10. ZIP CODE	11. COUNTRY	
12. HOME TELEPHONE NUMBER			13. MOBILE TELEPHONE NUMBER			14. PERSONAL EMAIL ADDRESS			
15. GENDER (CHECK ONE) <input type="checkbox"/> Male <input type="checkbox"/> Female		16. ARE YOU A CITIZEN OF THE UNITED STATES? (CHECK ONE) (IF NO, PLEASE ATTACH DOCUMENTATION THAT PROVES YOUR ELIGIBILITY TO WORK IN THE UNITED STATES) <input type="checkbox"/> Yes <input type="checkbox"/> No If no, of which country are you a citizen?							
17. BUSINESS ENTITY NAME									
18. BUSINESS ENTITY ADDRESS (PHYSICAL STREET)				19. P.O. BOX	20. CITY		21. STATE	22. ZIP CODE	23. COUNTRY
24. BUSINESS TELEPHONE NUMBER (INCLUDE EXT.)			25. BUSINESS FAX NUMBER		26. BUSINESS E-MAIL ADDRESS		27. BUSINESS WEBSITE ADDRESS		
28. APPLICANT'S MAILING ADDRESS		29. P.O. BOX	30. CITY			31. STATE	32. ZIP CODE	33. COUNTRY	
34. LIST ALL OTHER ASSUMED, FICTITIOUS, ALIAS, MAIDEN OR TRADE NAMES YOU HAVE USED IN THE PAST.									

**BACKGROUND INFORMATION**

35. The Applicant must read the following very carefully and answer every question. All written statements submitted by the Applicant must include an original signature.

1. Have you ever been convicted of a crime, had a judgment withheld or deferred, received a suspended imposition of sentence ("SIS") or suspended execution of sentence ("SES"), or are you currently charged with committing a crime, which has not been previously reported to this insurance department?  YES  NO

"Crime" includes a misdemeanor, felony, or a military offense. You may exclude any of the following if they are/were misdemeanor traffic citations or misdemeanors: driving under the influence (DUI), driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license. You may also exclude misdemeanor juvenile convictions.

"Convicted" includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere, having entered an Alford Plea, or having been given probation, a suspended sentence, or a fine.

"Had a judgment withheld or deferred" includes circumstances in which a guilty plea was entered and/or a finding of guilt was made, but imposition or execution of the sentence was suspended (for instance, the defendant was given a suspended imposition of sentence or a suspended execution of sentence – sometimes called an "SIS" or "SES").

Unless excluded by the language above, you must disclose convictions that have been expunged.

If you answer yes, you must attach to this application:

- a) a written statement explaining the circumstances of each incident,
- b) a certified copy of the charging document, and
- c) a certified copy of the official document which demonstrates the resolution of the charges or any final judgment.

2. Have you ever been named or involved as a party in an administrative proceeding regarding any professional or occupational license or registration, which has not been previously reported to this insurance department?  YES  NO

"Involved" means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, a cease and desist order, a prohibition order, a compliance order, placed on probation or surrendering a license to resolve an administrative action. "Involved" also means being named as a party to an administrative or arbitration proceeding which is related to a professional or occupational license. "Involved" also means having a license application denied or the act of withdrawing an application to avoid a denial. You must INCLUDE any business so named because of your actions, in your capacity as an owner, partner, officer, director, or member or manager of a Limited Liability Company. You may EXCLUDE terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.

If you answer yes, you must attach to this application:

- a) a written statement identifying the type of license and explaining the circumstances of each incident,
- b) a copy of the Notice of Hearing or other document that states the charges and allegations, and
- c) a certified copy of the official document which demonstrates the resolution of the charges and/or a final judgment.

MO 375-0978 (7-15)



**BACKGROUND INFORMATION**

3. Have you failed to pay state or federal income tax, which has not been previously reported to this insurance department?  YES  NO
- Have you failed to comply with an administrative or court order directing payment of state or federal income tax, which has not been previously reported to this insurance department?  YES  NO
- If you answer yes, you must attach to this application:
- a) a written statement explaining the circumstances of each administrative or court order;
  - b) copies of all relevant documents (i.e. demand letter from the Department of Revenue or Internal Revenue Service, etc.);
  - c) a certified copy of each administrative or court order, judgment, and/or lien; and
  - d) a certified copy of the official document which demonstrates the resolution of the tax delinquency (i.e. tax compliance letter, etc.).
4. Are you currently a party to, or ever been found liable in, any lawsuit, arbitration or mediation proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty, which has not been previously reported to this insurance department?  YES  NO
- If you answer yes, you must attach to this application:
- a) a written statement summarizing the details of each incident,
  - b) a certified copy of the Petition, Complaint or other document that commenced the lawsuit and/or arbitration, or mediation proceedings, and
  - c) a certified copy of the official document which demonstrates the resolution of the charges and/or a final judgment.
5. Have you ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct, which has not been previously reported to this insurance department?  YES  NO
- Has any business in which you are or were an owner, partner, officer or director ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct, which has not been previously reported to this insurance department?  YES  NO
- Have you or any business in which you are or were a member or manager of a Limited Liability Company, ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct, which has not been previously reported to this insurance department?  YES  NO
- If you answer yes, you must attach to this application:
- a) a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving a navigator license, and
  - b) copies of all relevant documents.
6. Do you currently have or have you had a child support obligation, which has not been previously reported to this insurance department?  YES  NO
- If you answer yes:
- a) are you in arrearage?  YES  NO
  - b) by how many months are you in arrearage? \_\_\_\_\_ months
  - c) what is the total amount of your arrearage? \_\_\_\_\_
  - d) are you currently subject to a repayment agreement to cure the arrearage?  YES  NO
  - e) are you in compliance with said repayment agreement?  YES  NO
  - f) are you the subject of a child support related subpoena/warrant? (If you answer yes, provide documentation showing proof of current payments or an approved repayment plan from the appropriate state child support agency.)  YES  NO
  - g) have you ever been convicted of a misdemeanor or felony for failure to pay child support?  YES  NO



**EMPLOYMENT HISTORY**

36. Account for all time for the past five years. List all employment experience starting with your current employer working back five years. Include full and part-time work, self-employment, military service, unemployment and full-time education.

	FROM		TO		POSITION HELD
	MONTH	YEAR	MONTH	YEAR	
NAME					
CITY	STATE	COUNTRY			
NAME					
CITY	STATE	COUNTRY			
NAME					
CITY	STATE	COUNTRY			
NAME					
CITY	STATE	COUNTRY			

**APPLICANT'S CERTIFICATION AND ATTESTATION**

37. The Applicant must read the following very carefully:

- I hereby certify, under penalty of perjury, that all of the information submitted in this application and attachments is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license revocation or denial of the license and may subject me to civil or criminal penalties.
- I further certify that I grant permission to the Director to verify my information with any federal, state and/or local government agency, current or former employer, or insurance company.
- I further certify under penalty of perjury, that a) I have no outstanding state or federal income tax obligations, or b) I have an outstanding state or federal income tax obligation and I have provided all information and documentation requested in Background Information Question 35.3.
- I further certify, under penalty of perjury, that a) I have no child-support obligation, b) I have a child-support obligation and I am currently in compliance with that obligation, or c) I have identified my child support obligation arrearage on this application.
- I authorize the Director to give any information concerning me, as permitted by law, to any federal, state or municipal agency, or any other governmental organization. I further release the Director and all persons acting on the Director's behalf from any and all liability of whatever nature by reason of furnishing such information.

ORIGINAL APPLICANT SIGNATURE

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FULL LEGAL NAME (PRINTED OR TYPED)

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DATE (MONTH/DAY/YEAR)

**INSTRUCTIONS**

- All applicants must submit a \$25 application fee in the form of a check or money order, made payable to DIFP - Insurance.
- Attach Navigator Continuing Education Certification Summary (MO 375-0894) to show compliance with section 376.2006, RSMo and 20 CSR 400-11.120.
- Mail completed application to: MO DIFP – Insurance  
P.O. Box 4001  
Jefferson City, MO 65102-4001





**EXHIBIT 2**



MISSOURI DEPARTMENT OF INSURANCE,  
FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION  
LICENSING SECTION

P.O. BOX 690 OR  
P.O. BOX 4001 FOR CORRESPONDENCE WITH FEES  
JEFFERSON CITY, MISSOURI 65102  
**THIS FORM MAY BE DUPLICATED**

**APPLICATION FOR NAVIGATOR ENTITY LICENSE RENEWAL**

1. NAVIGATOR ENTITY NAME		2. INCORPORATION/FORMATION DATE (MONTH/DAY/YEAR)		3. FEIN	
4. LIST ALL NAMES UNDER WHICH YOU ARE DOING BUSINESS			5. STATE OF DOMICILE		6. COUNTRY OF DOMICILE
7. CONTACT NAME					
8. BUSINESS ADDRESS		9. CITY		10. STATE	11. ZIP OR FOREIGN COUNTRY
12. TELEPHONE NUMBER		13. FAX NUMBER		14. BUSINESS WEBSITE ADDRESS	15. BUSINESS EMAIL ADDRESS
16. MAILING ADDRESS		17. P.O. BOX	18. CITY	19. STATE	20. ZIP OR FOREIGN COUNTRY

**BACKGROUND INFORMATION**

21. Please read the following very carefully and answer every question. All copies of documents must be certified. All written statements submitted by the Applicant must include an original signature.

1. Has the navigator entity or any owner, partner, officer or director ever been convicted of, or is the navigator entity or any owner, partner, officer or director currently charged with, committing a crime, whether or not adjudication was withheld, which has not been previously reported to this insurance department?  YES  NO

"Crime" includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations and juvenile offenses.

"Convicted" includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere, or having been given probation, a suspended sentence or a fine.

"Whether or not adjudication was withheld" includes circumstances in which a guilty plea was entered and/or a finding of guilt was made, but imposition or execution of the sentence was suspended (for instance, the defendant was given a suspended imposition of sentence or a suspended execution of sentence—sometimes called an "SIS" or "SES").

Unless excluded by the language above, you must disclose convictions that have been expunged.

If you answer yes, you must attach to this application:

- a) a written statement explaining the circumstances of each incident,
- b) a copy of the charging document, and
- c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.

2. Has the navigator entity or any owner, partner, officer or director ever been involved in an administrative proceeding regarding any professional or occupational license, which has not been previously reported to this insurance department?  YES  NO

"Involved" means having a license censured, suspended, revoked, canceled, terminated or being assessed a fine, placed on probation or surrendering a license to resolve an administrative action. "Involved" also means being named as a party to an administrative or arbitration proceeding which is related to a professional or occupational license. "Involved" also means having a license application denied or the act of withdrawing an application to avoid a denial. You may exclude terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.

If you answer yes, you must attach to this application:

- a) a written statement identifying the type of license and explaining the circumstances of each incident,
- b) a copy of the Notice of Hearing or other document that states the charges and allegations, and
- c) a copy of the official document which demonstrates the resolution of the charges or any final judgement.

3. Has the navigator entity or any owner, partner, officer or director ever been notified of any delinquent income tax obligation, which has not been previously reported to this insurance department?  YES  NO

If you answer yes, identify the jurisdiction(s): \_\_\_\_\_

4. Is the navigator entity or any owner, partner, officer or director a party to, or ever been found liable in any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach or fiduciary duty, which has not been previously reported to this insurance department?  YES  NO

If you answer yes, you must attach to this application:

- a) a written statement summarizing the details of each incident,
- b) a copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, and
- c) a copy of the official document which demonstrates the resolution of the charges or any final judgement.

MO 375-0977 (7-15)



**APPLICANT'S CERTIFICATION AND ATTESTATION**

22. The undersigned owner, partner, officer or director of the navigator entity hereby certifies, under penalties of perjury, that:

1. All of the information submitted in this application and attachments is true and complete and I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license revocation and may subject me and the navigator entity to civil or criminal penalties.
2. The navigator entity grants permission to the Department to verify any information supplied herein with any federal, state or local government agency.
3. I authorize the Director to give any information concerning the navigator entity or any owner, partner, officer or director, to any federal, state or municipal agency, or any other organization and I release the Director and any person acting on the Director's behalf from any and all liability of whatever nature by reason of furnishing such information.
4. I acknowledge that I am familiar with the navigator laws and regulations of Missouri.
5. If required, I have received a Certificate of Good Standing from Missouri's Secretary of State.

SIGNATURE	
TYPED OR PRINTED NAME	
TITLE	SOCIAL SECURITY NUMBER
ADDRESS (CITY, STATE, ZIP CODE)	

**NOTARY**

NOTARY PUBLIC EMBOSSER OR BLACK INK RUBBER STAMP SEAL	STATE	COUNTY (OR CITY OF ST. LOUIS)	
	SUBSCRIBED AND SWORN BEFORE ME, THIS		
	DAY OF	YEAR	<b>USE RUBBER STAMP IN CLEAR AREA BELOW.</b>
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES	
NOTARY PUBLIC NAME (TYPED OR PRINTED)			

**INSTRUCTIONS**

- Application for initial licensure for a navigator entity shall include the following, as applicable:
1. A completed Application for Navigator Entity License Renewal.
  2. \$50 fee in the form of a check or money order, made payable to DIFP - Insurance.
  3. Attach a list of all individual navigators that are employed by or in any manner affiliated with the navigator entity. (Changes to this list shall be reported to the department within twenty days of the change.)
  4. Mail completed application packet to:
    - MO DIFP – Insurance
    - PO Box 4001
    - Jefferson City MO 65102-4001



*AUTHORITY: sections 374.045, 376.2006, and 376.2014, RSMo Supp. 2013.\* Emergency rule filed July 15, 2015, effective July 25, 2015, expired Feb. 25, 2016. Original rule filed July 15, 2015, effective Jan. 30, 2016.*

*\*Original authority: 374.045, RSMo 1967, amended 1993, 1995, 2008; 376.2006, RSMo 2013; and 376.2014, RSMo 2013.*