



# Licensure Affiliation Form

*Instructions:*

1. Individual Navigators and Certified Application Counselors (CACs) complete Sections A and B to indicate their affiliation with a Georgia Access Navigator Grantee or Georgia Access CDO.
2. Individual Navigators and CACs share this form with an authorized representative at their affiliated Navigator Grantee or CDO.
3. The authorized representative completes Sections C and D, including an electronic or physical signature, and returns the completed form to the Navigator or CAC.
4. Individual Navigators and CACs upload this form to Sircon when applying for the Navigator or Georgia Access Specialist license.

**THIS SECTION TO BE COMPLETED BY THE INDIVIDUAL NAVIGATOR OR CAC.**

| A. Individual Information  |  |  |  |
|--|--|--|--|
| <b>1. Full Name</b>  |  |  |  |
| <b>2. Email Address</b>  |  |  |  |
| <b>3. Phone Number</b>   |  |  |  |
| <b>4. Affiliation with Organization</b> <i>(check the box to indicate)</i> |  |  |  |
| <b>Employee</b>  |  | <b>Volunteer</b>                         |  |
| <b>5. State of Georgia License Type</b> <i>(check the box to indicate)</i> |  |  |  |
| <b>Navigator License</b>   |  | <b>Georgia Access Specialist License</b> |  |
| B. Signature <i>(electronic or physical signature permitted)</i>           |  |  |  |
| <b>Signature</b>   |  | <b>Date</b>                              |  |
|  |  |  |  |

**THIS SECTION TO BE COMPLETED BY THE NAVIGATOR GRANTEE OR CDO AUTHORIZED REPRESENTATIVE.**

| C. Organization Information                                      |             |
|--|-------------|
| <b>1. Organization Name</b>                                      |             |
| <b>2. Organization's Georgia Access ID</b>                       |             |
| <b>3. Full Name of Organization's Authorized Representative</b>  |             |
| D. Signature <i>(electronic or physical signature permitted)</i> |             |
| <b>Authorized Representative Signature</b>                       | <b>Date</b> |
|  |             |