

How to Complete Broker Certification for NYSOH

If you are interested in becoming a certified broker with NY State of Health you will need to complete the steps outlined below.

Please note: you must be currently licensed as an insurance agent or a broker in New York State.

1. Complete the required training course. For a list of facilities offering the NYSOH certification training click here: http://www.dfs.ny.gov/insurance/agbrok/ab_shop.htm.

Please Note: The completion of the Small Business Marketplace course is a prerequisite for the completion of the Individual Marketplace course.

The screenshot shows the website for the New York State Department of Financial Services. The main heading is "New York State of Health Marketplace Certification Courses for New York Producers". The text explains that the marketplace began accepting applications on October 1, 2013, and that producers must complete a certification course for both the Individual Market and the Small Business Market (SHOP). It notes that completing the Small Business Market course is a prerequisite for the Individual Market course. Producers completing these courses can earn continuing education credits. A list of approved Provider Organizations is provided, including A.D. Banker & Company, L.L.C. and Absentia, LLC D/B/A CE Live.

PROVIDER NAME & CONTACT	SMALL BUSINESS MARKET COURSE	INDIVIDUAL MARKET COURSE
A.D. Banker & Company, L.L.C. Ste 120 5000 College Blvd Overland Park, KA 66211 Contact: Laurie Coe (800)255-0408 laurie@mail.adbanker.com	X	X
Absentia, LLC D/B/A CE Live 2609 Mohawk Highway Bridgehampton, NY 11932	X	X

- Once you have successfully completed the certification training you must register your course with the NYS Department of Financial Services (DFS). To do so, please login to the Producer Login Page here: <https://myportal.dfs.ny.gov/nylinxext/>.
Please Note: You must register each training separately. If you complete both trainings (Small Business Marketplace and Individual Marketplace) you must register each course upon completion.

New York State State Agencies

DEPARTMENT of FINANCIAL SERVICES

Licensees (agents/brokers/adjusters/consultants etc) - Username is the numeric portion of your New York Insurance license. Your Password is the last 4-digits of your SSN and your 8-digit date of birth in (MMDDYYYY) format.
Example SSN 432-98-1234, DOB 08/26/45= 123408261945

Entities - Username is the numeric portion of the entity's New York Insurance license. The Password is the last 4-digits of the SSN and 8-digit date of birth in (MMDDYYYY) format of a sublicensee/designated responsible person.

Insurance Company Appointments/Terminations - Log in by entering the assigned user ID in the Username AND Password fields. If user ID is needed for an authorized person of an insurance company to appoint and/or terminate, please e-mail our Licensing Bureau.

Login

Username

Password

[Sign in](#)

CE PROVIDERS / MONITOR ONLY - Don't have an account yet? [Sign Up](#)

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- After you login, click on the **NY State of Health Exchange** tab.

Address Change | Letter of Certification | **NY State of Health Exchange**

Business Type ...	License No.	E-Mail ...
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4. Your certification course(s) will display on the screen. You must select the course(s) you want to register and click **NEXT**.

Biographical > Address > Attestation Page > Confirmation **Next**

VA License Number: [redacted] Effective Date: 02/13/2013 Expiry Date: 01/16/2015

Description	Completion Date	Credits	Exam Credit	Select
CE 1113 New York SHOP Exchange Certific	09/06/2013 ?	8.0		<input type="checkbox"/>

New York State of Health Exchange, producers are required to complete New York State of Health certification course(s) approved by the New York State Department of Financial Services. Only the Health Exchange related courses you completed are information is displayed, this process cannot be completed. Information on approved New York State of Health certification courses is available on our website at http://www.dfs.ny.gov/insurance/agbrok/ab_shop.htm

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5. You will be asked to confirm your primary email address on the next screen. Review/edit the information and click **NEXT**.

Attestation Page > Confirmation **Previous** **Next**

License Number: [redacted] Effective Date: 02/13/2013 Expiry Date: 01/16/2015

[redacted] First * [redacted] Middle [redacted] Suffix

DOB [redacted]

[redacted]
com
[redacted]
[redacted]
ny.us

th Exchange. Please make sure the email address entered is valid and current.

Previous **Next**

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6. Review/edit your mailing address and click **NEXT**

of Financial Services.
needs to be changed, please select HOME in the upper right hand corner and select Address Change. Once you have completed the address change process, select the NY State of Health

7. You will need to **ATTEST** that all of the information is complete and accurate. Click **I ACCEPT**.

- The last screen you will see is a **confirmation screen**. You will get a confirmation number here and will be informed that you will be receiving an email from NY State of Health inviting you to create a broker account. You should receive this email within 24-48 hours after the course registration is complete.

Please Note: *The email you will receive from the NYSOH will contain an **invitation code** which is necessary in the account creation process. Please copy and paste the invitation code; typing it out tends to cause errors. Also, before you create the NYSOH broker account you will need to set up a **NY.gov ID** (see “How to Create a NY.gov ID”) for details.*

NYS

Biographical Address Attestation Page **Confirmation**

LAVA License Number: [redacted] Effective Date: 02/13/2013 Expiry Date: 01/16/2015

53.

ning and registration portion of the NYS of Health Marketplace certification process. On or after October 1, 2012 you will receive an email from the NYS of Health Marketplace providing instructions and an invitation code to log onto tification process. Please make note of your Confirmation Number and print this page for a reference. CONTACT the New York State of Health Marketplace at 518-473-4020 if you have any questions.

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