



# Online Registration Instructions NY State of Health Assistor In-Person Certification Training A Step-by-Step User Guide



Welcome to **Cicatelli Associates (CAI)**'s **NY State of Health Assistor** online registration system for the NY State of Health Assistor in-person Certification Training. We look forward to your participation in this program.

*These trainings are for individuals who are already employed by established NY State of Health Assistor agencies or agencies who are looking to become established NY State of Health Assistor agencies. This training is not for brokers or individuals seeking credentials or skills to find employment.*

There are two NY State of Health Assistor Certification training options available:

- 1) Attend a three (3) day in-person session, or
- 2) Complete the Online Assistor Certification training

Below you will find the instructions on how to register directly online for the three (3) day, in-person Assistor Certification training.

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## **First Time User Registration**

1. To register for the in-person training, follow this registration [link](#).
  - If the above link does not work, copy and paste the following into your browser:  
<https://caiglobal.z2systems.com/np/clients/caiglobal/eventList.jsp?anotherEvent=&categoryIds=248>
2. Choose the training you would like to register for, and check the date, time and location. Click “**Register**” to register for that training.
3. On the right of the screen, click the grey button that says “**Continue event registration as new account**” to continue:

**Note:** You are required to create a case-sensitive login name and password to gain access into our system and register for the event.

4. Review the details and summary listed at the top of the page to confirm you are registering for the correct NY State of Health Assistor training session.
5. Complete the form and enter the following information:

**Note:** Required fields are designated by an asterisk (\*). You will not be able to complete the user registration process without entering information in these fields. All other fields are optional.

- Professional Information
  - First Name\*
  - Last Name\*
- Place of Employment
  - Work Address 1\*
  - Work Address 2
  - City\*
  - State\*
  - Zip Code\*
  - Day Phone\*
  - Evening Phone
  - Fax
  - Assistor Email (email of person attending event) \*
  - Assistor’s Supervisor’s Email\*
  - Assistor’s Supervisor’s Name\*
  - Assistor’s Supervisor’s Phone\*
  - Assistor Type (Dropdown): \*

1. **Navigators:** Grant funded by Application Assistors by the Department of Health
2. **Marketplace Facilitated Enroller (MFE):** Applications Assistors who work specifically for Health Plans
3. **Certified Application Counselor (CAC):** All other Application Assistors working in Hospitals, Federally Qualified Health Centers (FQHCs), Clinics, Providers, Community Based Organizations, Healthcare Billing Agencies, Local Departments of Social Services and other Government Agencies, etc.

- Assistor Agency (Dropdown): \*

*Please take the time to search for your agency in the dropdown options listed here. You can enter the first two (2) letters of your agency name in the data field and you will be brought to that section of the list without having to scroll. If you are a subcontractor of a Navigator agency, you may need to check and select the lead agency name. Additionally, if your agency has more than one word in its title you may want to search the agency dropdown using the first letter of each word. For example, if you work for The Floating Hospital, check under “T” for the “The Floating Hospital” or under “F” for “Floating Hospital”. If you work for The Salvation Army, check under “T” for “The Salvation Army” and under “S” for “Salvation Army”. Please thoroughly search for your agency by name. If you do not see your agency listed here, you must contact Catherine Simmons at [csimmons@caiglobal.org](mailto:csimmons@caiglobal.org) or 212-594-7741x270 to register for this training.*

- Assistor Agency Type\*

1. Navigator
2. Health Plan
3. Hospital
4. Federally Qualified Health Center (FQHC)
5. Health Care Provider
6. Community Based Organization (CBO)
7. Local Department of Social Services (LDSS)
8. Healthcare Billing Agency
9. Department of Health
10. Other Government Agency

- Questions\*

After selecting your agency type, you will be asked the following questions.

- Is this your first time attending a NY State of Health Assistor Certification training? \*

*If this is not your first time taking the NY State of Health Assistor Certification training either in-person or online and you have previously registered on NY State of Health, you will be asked to please enter your Assistor Certification Number. You can find this number under “Account Holder Info” in the upper left corner of your NY State of Health Assistor Dashboard. It is the same number as your Assistor Identification Number and is a nine (9) digit number (xxx-xxxxxx) that appears on your*

*dashboard. Please be sure to enter the number in the data field exactly as displayed on your dashboard.*

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6. At the end of the form, you will be asked to create a login name and password for future access to your personal account. Your password requires at least **8 characters**, including at least one number. Spaces are not allowed. Both login name and password fields are case sensitive.
7. Click the “**Continue**” **button** at the bottom of the page.
8. **On the Summary page, double check that your name and email address are correct**, if the information is correct click “**Next**.” If there is incorrect information, click “**Previous**” to correct this information.
9. On the “**Event Registration Summary**” **page**, click the “**Complete Registration**” **button** to complete registration for your selected training or event.
10. You will see a confirmation page with the option to add the event to your calendar. You will also see a login link you can use to log in the system in future.
11. Upon completion of the registration process, you will receive a registration confirmation e-mail with details related to your training program or event.
12. Closer to the event, you and your supervisor will receive a follow-up confirmation email with all of the details related to your training program or event.

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## How to Log in and Register as an Existing User

1. Follow this registration [link](#).
  - If the above link does not work, copy and paste the following into your browser:  
<https://caiglobal.z2systems.com/np/clients/caiglobal/eventList.jsp?anotherEvent=&categoryIds=248>
2. Choose the training you would like to register for, and check the date, time and location. Click **“Register”** to register for that training.
3. On the left side of the screen, enter your username and password, and click on the **“Login”** button.
4. Review and confirm the Attendee Information is entered correctly, and answer the required questions listed on the page:

Then click the **“Submit”** button.

5. Review the details and summary listed on this page to confirm you are registering for the correct NY State of Health Assistor Certification training session.

**Note:** Please ensure that your name is spelled correctly. This information will be used when creating your name tag for the event.

6. Click on the **“Continue”** button.
7. On the **“Event Registration Summary”** page, click the **“Complete Registration”** button to complete registration for your selected training or event.
8. You will receive a confirmation e-mail with details related to your training program or event.

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## How to Retrieve Login Name or Password

If you have forgotten your login name and/or password, please take the following steps:

1. Follow this registration [link](#).
  - a. If the above link does not work, copy and paste the following into your browser:  
<https://caiglobal.z2systems.com/np/clients/caiglobal/eventList.jsp?anotherEvent=&categoryIds=248>
2. Choose the training you would like to register for, and check the date, time and location. Click **“Register”** to register for that training.
3. Under the login name and password fields, you will see the following message:  
  
*“If you forgot your login name or password, enter the e-mail address associated with your account and we will email you a link to recover that information.”*
4. Enter the same e-mail address used to create the account, then click the **“Send Recovery Email”** button.
5. You will receive an e-mail from Arun Wilkinson with a link to a page that includes your login name and allows you to create a new password.
6. Create a new password and click the **“Submit”** button.
7. Login to your account as an existing user to complete your registration.

**Don't know how to login as an existing user?** [Return to page 3.](#)

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## **Once You Are Logged in**

Once you have logged into your account you are able to access the following features using the dropdown menu at the top right hand side of the screen labeled “**What would you like to do?**”:

- a. Update My Profile
- b. Change Password
- c. My Events
- d. Login Home
- e. Logout

### **a. Update My Profile**

NOTE: If you would like to update your profile and change your name, organization or telephone number or email address, please contact Catherine Simmons at [csimmons@caiglobal.org](mailto:csimmons@caiglobal.org). You are not required to do so on the Update My Profile page.

### **b. Change Password**

1. Select “**Change Password**” in the **dropdown menu**. This will automatically take you to a screen to change your password.
2. You will be asked to enter your current password before choosing a new password.
3. Enter your new password, then enter it again below to confirm. Click on the “**Submit button**”.
4. Your password is now changed.

### **c. My Events**

1. Select “**My Events**” in the **dropdown menu**. This will automatically take you to a screen where you can view a list of all the events you are registered.

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## d. Login Home

1. Select “**Login Home**” in the **dropdown menu**. This will automatically take you to the “Home” screen.
2. You will be able to see major news or updates regarding the Neon system on this screen.

## e. Logout

1. Select “**Logout**” option. This will automatically log you out of the online registration system.

**Note:** If you wish to log in again, click on “**Return to Login**” text on the “**You Have Logged Out**” page.

## How to Cancel A Registration

If you need to cancel a registration, email Catherine Simmons at [csimmons@caiglobal.org](mailto:csimmons@caiglobal.org).

## Need Additional Assistance?

If you need additional assistance, please email Catherine Simmons at [csimmons@caiglobal.org](mailto:csimmons@caiglobal.org) with your question and contact information.

## Want to take the online version of the NY State of Health Assistor Certification training for certification or as a refresher?

To register for the online training, follow this registration [link](#).

- If the above link does not work, copy and paste the following into your browser:  
<http://lms.caiglobal.org>

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