

## Priority Health Certification for Returning Agents

Copy and paste it into your browser to access the Priority Health certification portal:

<https://priorityhealth.pinpointglobal.com/Apps/Medicare/Certifications>

Your username will be your NPN, and you can reset your password if you do not have it:



**Priority Health**

**First time visitors**  
[Click here to register](#)

**Returning users**  
Username:   
Password:   
[Log In](#)

[Forgot password?](#)  
[Forgot username?](#)

Welcome to the PriorityHealth Medicare Certification System.

The Centers for Medicare & Medicaid Services (CMS) requires plan sponsors to provide training and testing to demonstrate sales representatives' knowledge on the Medicare program, rules, regulations and compliance-related information, as well as plan specific details on the products they intend to sell.

As a sales representative or employee of PriorityHealth with responsibility for some aspect of marketing, sales and/or service, you are required to complete an annual certification.

Click the Certifications button:



Complete each of the required tasks:

**NOTE: You can choose to take the Priority Health Products Live Training course OR to take the Online version of the Priority Health Product Certification Training**

Annual Requirement Year:

## Medicare Training (click to expand or collapse)

- REQ** [CMS Annual Medicare Certificate Upload](#) - [View Certificate](#)
- REC** [Priority Health Products Certification Classroom \(Live or Virtual\) Training](#)
- REQ** [Priority Health Products Certification Online Training \(replaces Live Training\)](#)  
If you complete the Online version of the **Product Certification Training**, you **do not** need to register for or complete Live Training
- REQ** [Priority Health Product Certification Exam](#)

Please note, Priority will accept AHIP, Gorman/Convey and NABIP:

Please complete the following fields related to the selected Certification Year and browse your local file system for the relevant certificate to upload.  
\* Required

Certification Year:

Date Completed:

*Must be in mm/dd/yyyy format.*

NOTE: Completion date must match the completion date that is on the certificate.

Certification Training Provider:

*use to be approved.*

AHIP  
Gorman/Convey  
NABIP

I attest that I have completed the Medicare course indicated and am uploading a valid certificate.

NOTE: If more than one file is uploaded for a given certification year, only the latest file uploaded and its associated fields will be considered for review and displayed on the Certifications and Transcript pages