

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:



The screenshot shows the login interface for the Priority Health Medicare Certification System. On the left, there is a green sidebar with the Priority Health logo at the top. Below the logo, there are two sections: 'First time visitors' with a 'Click here to register' button, and 'Returning users' with input fields for 'Username:' and 'Password:', a 'Log In' button, and links for 'Forgot password?' and 'Forgot username?'. The main content area features a welcome message, a paragraph explaining the CMS requirement for training and testing, and another paragraph stating that sales representatives or employees are required to complete an annual certification. On the right side of the main content area, there is a photograph of a smiling woman in a light blue blazer holding a tablet.

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