In order to begin certifications, you will need to be either:

- An **existing agent** with login credentials, or

- A **new agent** with your **Registration ID** and **Access Code**, which will be sent from **noreply@pinpointglobal.com**.

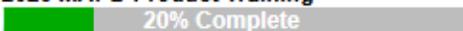 *(User Guide attached for your convenience).*

🔗 **New Agent Registration:**

https://bcbsarizona.pinpointglobal.com/Apps/Medicare/PreRegistration.aspx

🔗 **Existing Agent Login:**

https://bcbsarizona.pinpointglobal.com/Apps/Medicare/Default.aspx

Welcome to the AZ Blue Medicare Certification System

2026 MAPD Product Training

20% Complete

Next Course: Import Medicare Certificate of Completion

📝 **Certification Steps:**

1. **Log in** using the appropriate link above.

2. **Complete courses** in the listed order.

2026 MAPD Product Training	(click to expand or collapse)	Status
☐ REQ	**Import Medicare Certificate of Completion** For the CMS rules and regulations portion of your annual certification, you must choose to either *upload your AHIP or NABIP Medicare Training Certificate* by clicking the link above, **or** choose this link to switch to *Pinpoint* as your Medicare training provider.	Incomplete
☐ REQ	BCBS Arizona MAPD 2026 Enrollment Disenrollment Course	Incomplete
☐ REQ	BCBS Arizona MAPD 2026 Product Course	Incomplete
☐ REQ	2026 MAPD Individual Exam	Incomplete
☑ REQ	License Check	Complete

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✉️ supporthealth@pfsinsurance.com | 📞 **800-772-6881 ext. 7729**

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3. For **Step 1**, upload a **PDF copy of your AHIP**:

   o Select "**Click Here**" under the first course.

   o This will become "**Important Medicare Certificate of Completion**".

   o After uploading, your AHIP status will show as **Pending**.

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: * | -- Select Cert 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: *

| -- Select Vendor -- ▾ |

The Certificate must include *Fraud, Waste and Abuse* to be approved.

| Choose File | No file chosen
Valid file extensions are: PDF(.pdf), GIF(.gif), JPG(.jpg)

☐ 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*

IMPORTANT: The name on the certificate must match the name on this account in order to expedite receiving credit for this course. Go to your profile if you need to make any adjustments prior to uploading your certificate.

| Submit |

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