



Agency for Health Care Administration

Care Provider Background Screening Clearinghouse

AHCA Clearinghouse Results Website Instruction Guide

Updated 01/07/2025

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Clearinghouse Results Website Overview

In response to the requirements passed during the 2012 Legislative session, the Agency for Health Care Administration (Agency) created the Care Provider Background Screening Clearinghouse (Clearinghouse) Website for use by all specified agencies. The enhanced website allows users to initiate a screening, search for screening results, connect to specified agencies screenings, select a Livescan service provider, and connect to the service provider's website to schedule appointments. Utilizing the Clearinghouse website to initiate screening requests provides the following benefits:

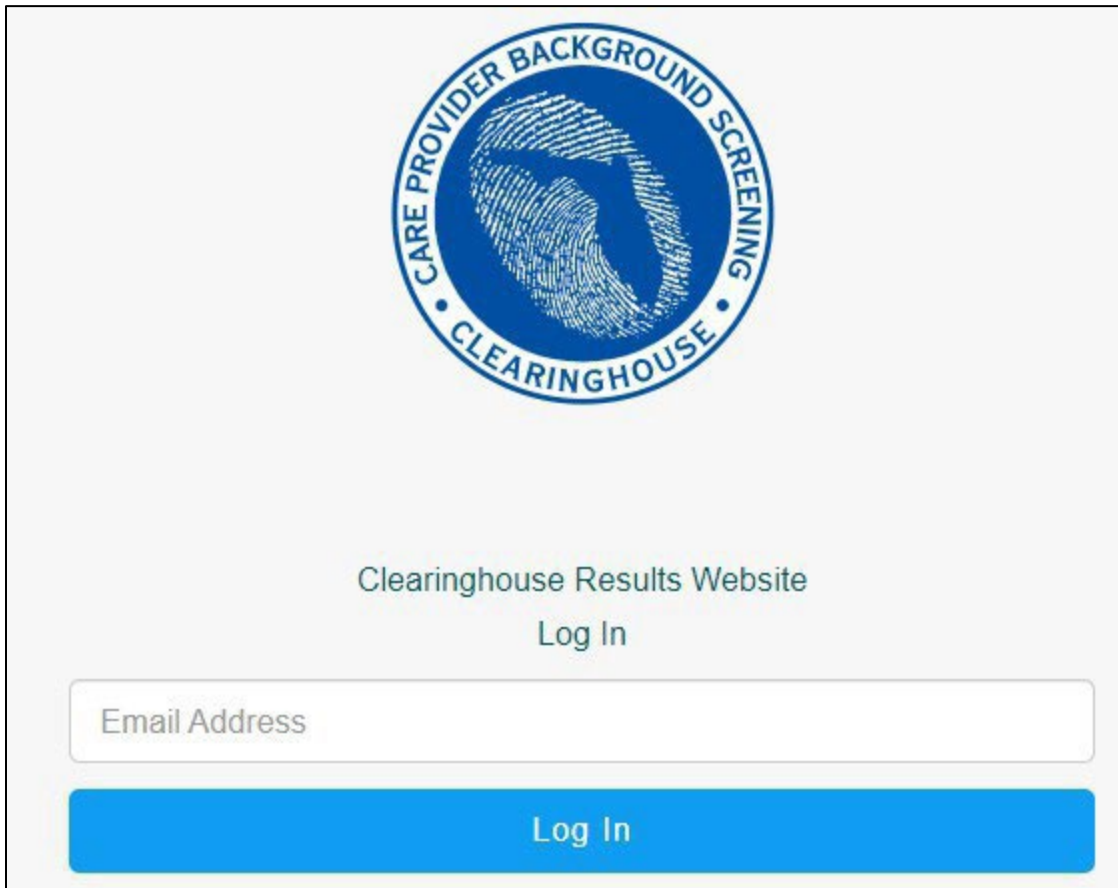
- Ability to share results of criminal history checks among specified agencies.
- Ability to view subsequent arrest information for employees with retained fingerprints (*only available to current employers of the individual*).
- Ability to track screenings from the time the screening request is initiated in the Clearinghouse until a determination is made.
- Provides email notification to the user regarding status updates to requests initiated.
- Ability to search for Livescan Service Providers by certain criteria (county, name, etc.). Provides information and ability to connect to the fingerprint service provider's website to make appointments.
- Provides TCR# needed for sending an applicant to be rescreened for rejected prints.
- Posts Public Record version of state criminal history record (RAP sheet) for review by the **provider requesting the original screening**.
- Availability of a screenings dashboard eliminating the need to search for each screening result individually.
- Maintain an employee roster by entering hire and separation dates for each employee. This facilitates a notification to the employer if the eligibility status of an employee changes.
 - According to section 435.12(2) (c) an employer of persons subject to screening by a specified agency must register with the clearinghouse and maintain the employment status of all employees within the clearinghouse. Initial employment status and any changes in status must be reported within **5 business days**.
- Redesigned Individual Profile page that includes:
 - Eligibility Results
 - Photograph, if the individual is in the Clearinghouse
 - Department of Health Professional Licensure Status
 - View screenings in process
 - State criminal history report viewable for the provider initiating the screening
 - Employment History

Clearinghouse Results Website Access

To gain access to the Clearinghouse Results Website (CRW) you must first register on the Portal and receive access.

Create new CRW Account

To Create a new CRW Account, enter a valid email address and select 'Log In'



The image shows a login form for the Clearinghouse Results Website. At the top center is a circular logo with a fingerprint in the center. The text 'CARE PROVIDER BACKGROUND SCREENING' is written along the top inner edge of the circle, and 'CLEARINGHOUSE' is written along the bottom inner edge. Below the logo, the text 'Clearinghouse Results Website' is centered. Underneath that, the text 'Log In' is centered. Below the text is a white rectangular input field with the placeholder text 'Email Address'. At the bottom of the form is a solid blue rectangular button with the text 'Log In' in white.

If the entered email address is not associated with an existing CRW Account, the create new account prompt displays. Select the 'Create New Account' Button.



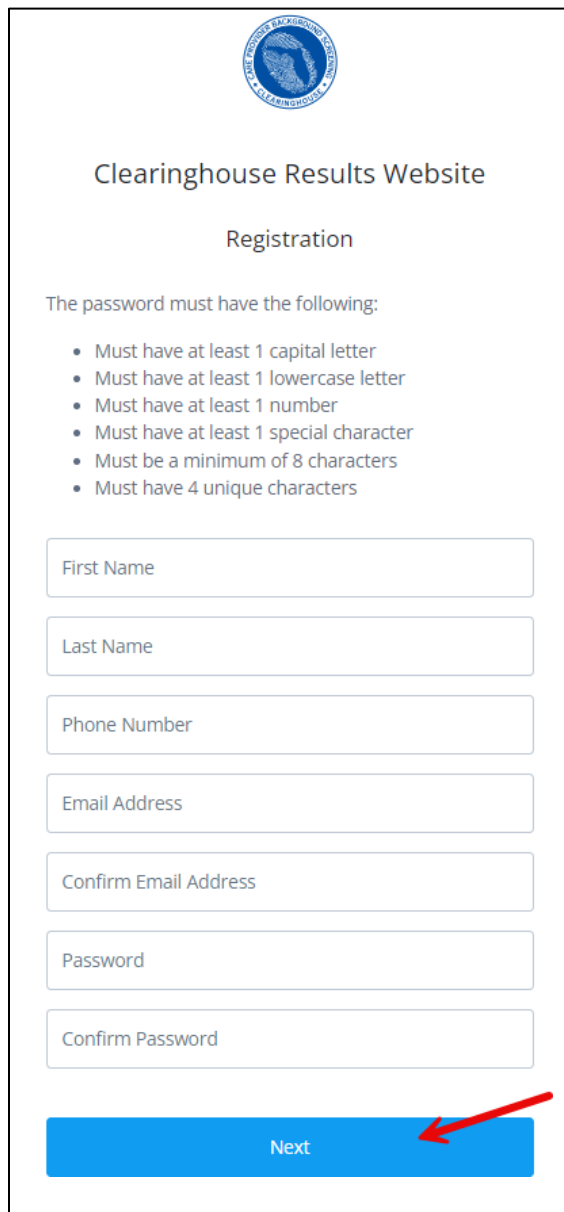
No Account Found

We can't find an account for you in the system. Please select 'Create New Account' to create a new account or 'Go Back'

[Create New Account](#)

[Go Back](#)

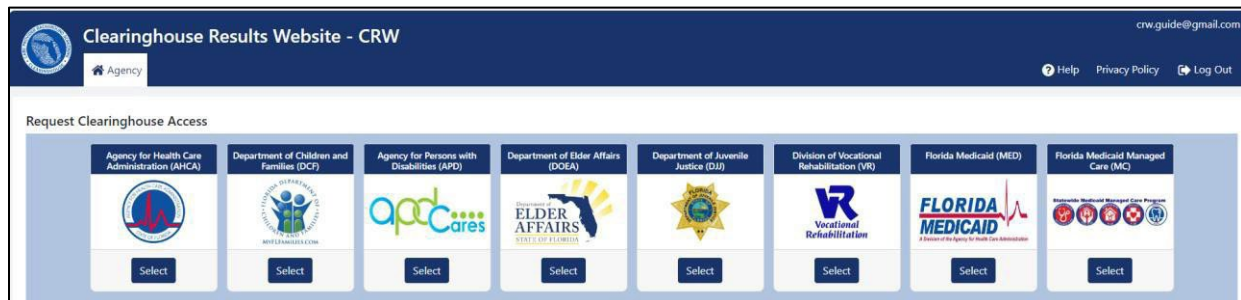
Fill the Registration fields, then click 'Next' to create a new CRW Account.



The image shows a registration form for the Clearinghouse Results Website. At the top is the Florida Department of Health logo. Below it, the title "Clearinghouse Results Website" is centered, followed by the subtitle "Registration". A text prompt states: "The password must have the following:" followed by a bulleted list of requirements: "Must have at least 1 capital letter", "Must have at least 1 lowercase letter", "Must have at least 1 number", "Must have at least 1 special character", "Must be a minimum of 8 characters", and "Must have 4 unique characters". Below the list are seven input fields: "First Name", "Last Name", "Phone Number", "Email Address", "Confirm Email Address", "Password", and "Confirm Password". At the bottom is a large blue button labeled "Next", which is pointed to by a red arrow.

Request for Agency Access

To gain access to CRW, you will need to be approved by an appropriate State Agency. Click the 'Select' button for the Agency your Provider is associated with.



The image shows the "Request Clearinghouse Access" page. The header is dark blue with the "Clearinghouse Results Website - CRW" title, a user email "crw.guide@gmail.com", and links for "Help", "Privacy Policy", and "Log Out". Below the header, the page title "Request Clearinghouse Access" is followed by a grid of eight agency selection cards. Each card contains the agency logo, name, and a "Select" button. The agencies are: Agency for Health Care Administration (AHCA), Department of Children and Families (DCF), Agency for Persons with Disabilities (APD), Department of Elder Affairs (DOEA), Department of Juvenile Justice (DJJ), Division of Vocational Rehabilitation (VR), Florida Medicaid (MED), and Florida Medicaid Managed Care (MC).

Select a Provider Type in the dropdown field.

The screenshot shows the 'Request Provider Access' form on the 'Clearinghouse Results Website - CRW'. The form is titled 'Agency for Health Care Administration (AHCA) Request Provider Access'. It includes a dropdown menu for 'Provider Type' with the text '-- Please Select --'. Below this is a search bar labeled 'Search and select a provider'. To the right is a section for 'Current Registration Requests'. At the bottom of the form is a green button labeled 'Submit Request and Generate User Agreement'. The footer of the page includes 'Background Screening - CRW Copyright © 2023' and a logo.

Type the Provider's name in the 'Search and select a provider' field. This field performs partial searches.

The screenshot shows the same 'Request Provider Access' form, but now the search bar is highlighted with a red box and contains the text 'health'. Below the search bar, there are three blurred rows of results, each with an 'Add Provider Request' button. The rest of the form and the footer are the same as in the previous screenshot.

Click the '+Add Provider Request' button on the Provider you are requesting access to.

The screenshot shows the 'Clearinghouse Results Website - CRW' interface. The user is logged in as 'crw.guide@gmail.com'. The page title is 'Agency for Health Care Administration (AHCA) Request Provider Access'. Below the title, there is a search bar with the text 'health' and a dropdown menu for 'Provider Type' set to 'Health Care Clinics'. A list of providers is displayed, with the first one highlighted. The '+Add Provider Request' button is highlighted with a red box. To the right, there is a section for 'Current Registration Requests' which is currently empty. At the bottom of the main content area, there is a green button labeled 'Submit Request and Generate User Agreement'.

Select the 'Submit Request and Generate User Agreement' button.

This screenshot shows the same interface as the previous one, but with a different focus. The 'Add Provider Request' button is no longer highlighted. Instead, the 'Submit Request and Generate User Agreement' button at the bottom of the main content area is highlighted with a red box. The 'Current Registration Requests' section now contains a single entry with a yellow background and a 'Remove Provider Request' button. The rest of the interface, including the search bar and provider list, remains the same.

The State Agency will review your access request. Once approved, an email confirmation will be sent to the email address entered during the registration process.

From:

Sent: Monday, January 15, 2024 11:31 AM

Subject: Your Request for Clearinghouse Access to CON Healthcare Facility has been APPROVED

Bgs Test,

Your request for access to the Florida Background Screening Clearinghouse website has been APPROVED for the following:

Agency: Agency for Persons with Disabilities

Provider/Company Name: CON Healthcare Facility

License Number: TestAHCA123

City: TALLAHASSEE

Zip: 32399

To access the Clearinghouse website, please select [Log In](#).

Thank you,

Agency for Persons with Disabilities

Agency Clearinghouse Access

Click the Select button on the Agency name to access the Clearinghouse.

 Clearinghouse Results Website - CRW crw.guide@gmail.com

Agency Help Privacy Policy Log Out

Select an Agency for Clearinghouse Access

Agency for Health Care Administration (AHCA)

Select

Request Clearinghouse Access

Department of Children and Families (DCF)

Select

Agency for Persons with Disabilities (APD)

Select

Department of Elder Affairs (DOEA)

Select

Department of Juvenile Justice (DJJ)

Select

Division of Vocational Rehabilitation (VR)

Select

Florida Medicaid (MED)

Select

Florida Medicaid Managed Care (MC)

Select

Background Screening - CRW
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If you have requested and been granted access to the CRW on behalf of multiple specified agencies, you can select the agency for this session.

Clearinghouse Results Website - CRW

kbaino.test2@gmail.com

Agency Help Privacy Policy Log Out

Select an Agency for Clearinghouse Access

Agencies with access granted

Agency for Health Care Administration (AHCA) Department of Children and Families (DCF) Division of Vocational Rehabilitation (VR)

Select Select Select

Request Clearinghouse Access

Agencies without access, will need to request

Agency for Persons with Disabilities (APD) Department of Elder Affairs (DOEA) Department of Juvenile Justice (DJJ) Florida Medicaid (MED) Florida Medicaid Managed Care (MC)

Select Select Select Select Select

Background Screening - CRW

https://crwdev.ficlearinghouse.com/AgencyAccess

In the Clearinghouse Access Page, you will see your approval status. If you are approved for access, please select the **Access the Clearinghouse** button to enter CRW Homepage for the specified agency.

Clearinghouse Results Website - CRW

crw.guide@gmail.com

Agency Help Privacy Policy Log Out

Agency for Health Care Administration (AHCA)
Clearinghouse Access Page

AHCA - Background Screening Clearinghouse

Access the Clearinghouse

Requested Provider Access

Add Providers

Provider Name	Provider Number	License Number	Role Status	Action
Provider with Clearinghouse Access			Approved	User Agreement

1 - 1 of 1 items

Users

Provider Name: -- Any Provider -- Status: -- Any Status --

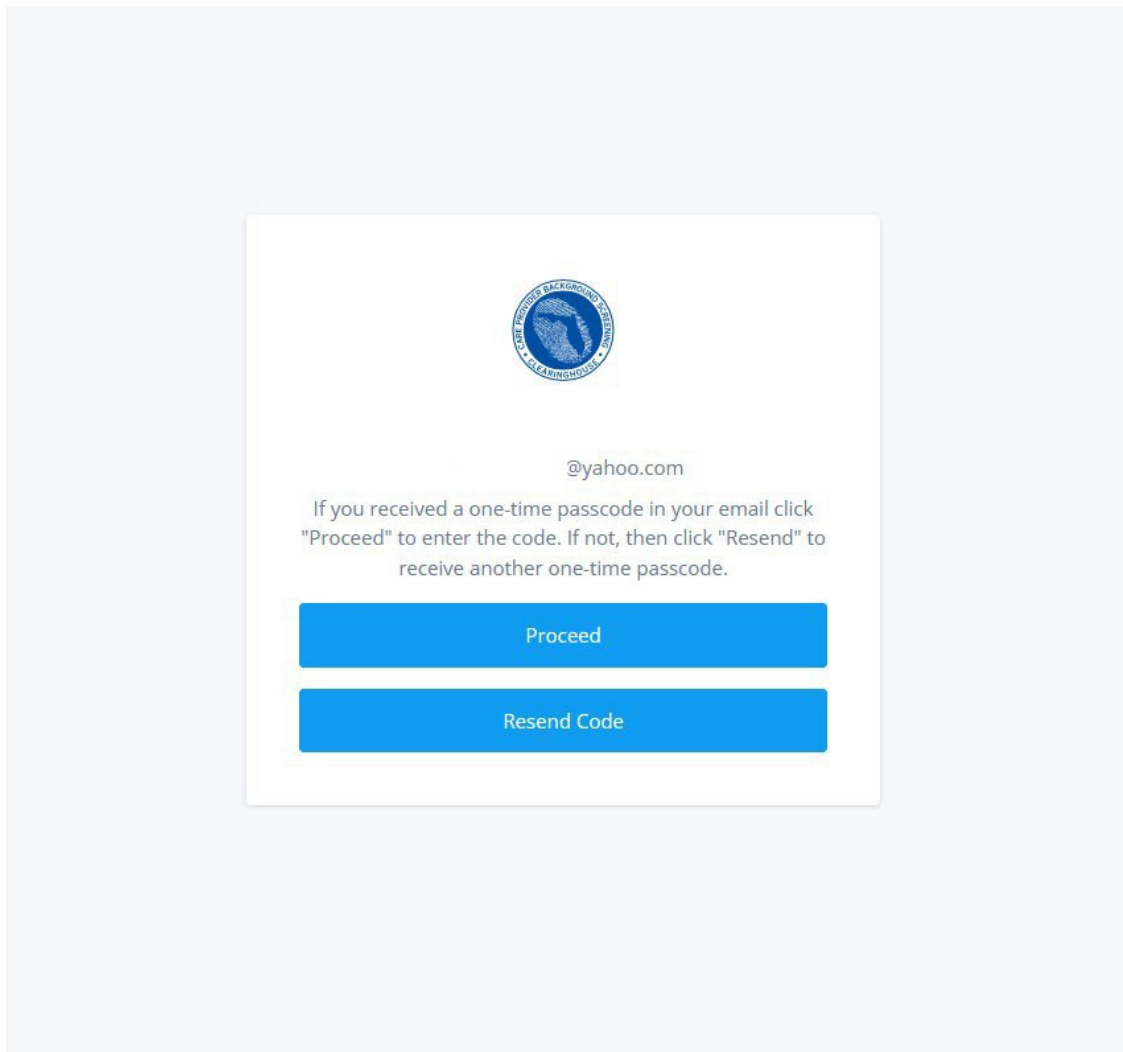
Last Name	First Name	Email Address	Provider	Status
-----------	------------	---------------	----------	--------

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Password Reset

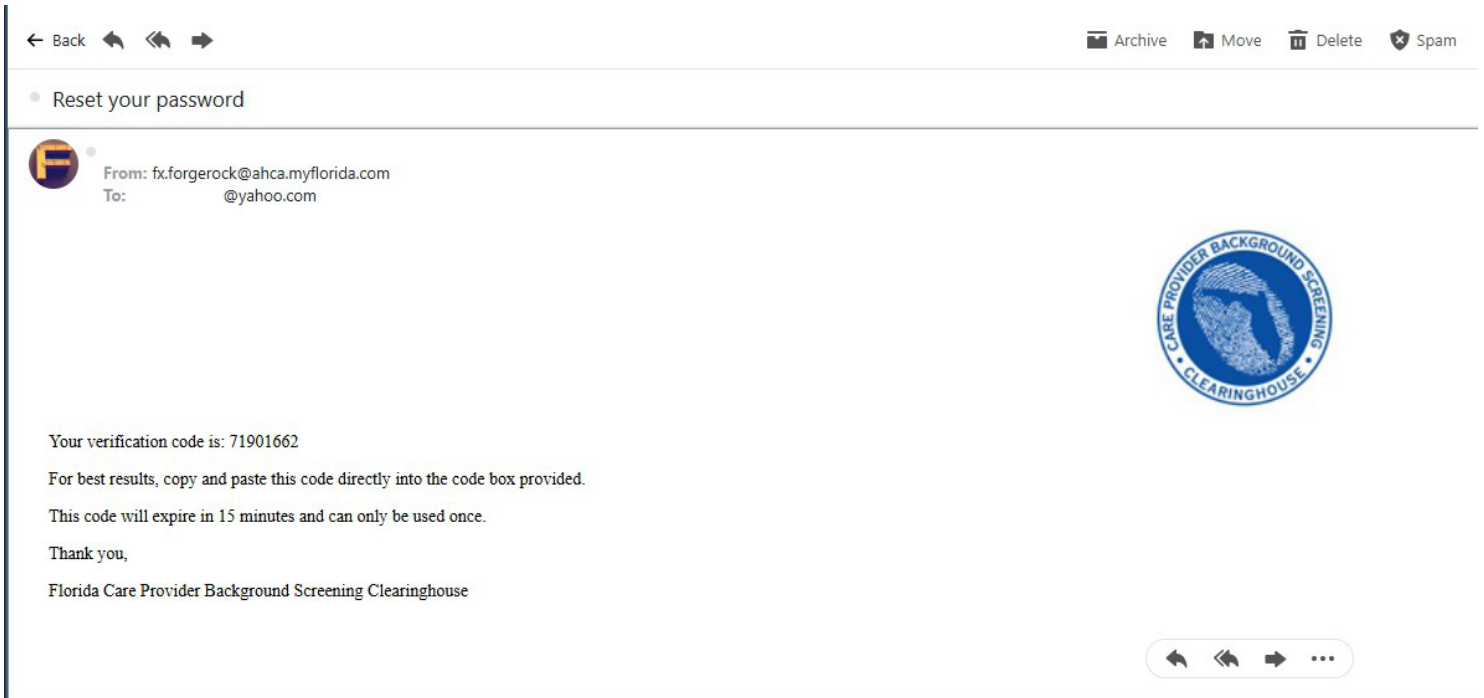
To reset your password, you will need to enter your email address into the email address box. Then click on the “Forgot password?” blue link above the password text box. Next, enter your email address.

Next, you will see a message that allows you to either proceed once you receive your email with your one-time passcode, or resend a passcode email if you did not receive one.



The screenshot shows a web interface for the State of Florida Background Check Clearinghouse. At the top center is a circular logo with a map of Florida and the text "STATE OF FLORIDA BACKGROUND CHECK CLEARINGHOUSE". Below the logo, the text "@yahoo.com" is displayed. Underneath, a message reads: "If you received a one-time passcode in your email click 'Proceed' to enter the code. If not, then click 'Resend' to receive another one-time passcode." At the bottom of the form are two blue buttons: "Proceed" and "Resend Code".

You will receive an email with a one-time passcode, that is valid for fifteen minutes. Once you receive the passcode, click “Proceed” to be able to enter your passcode.



Enter your passcode.

A verification screen with the Florida Care Provider Background Screening Clearinghouse logo at the top. Below the logo is a text input field labeled 'One Time Password' containing ten dots and a toggle icon. At the bottom is a large blue button labeled 'Next'.

Next, you will be prompted to create a new password. There are password requirements, which are listed above the password text box. Please read each of the requirements carefully. Enter a new password that meets all of the listed requirements. Finally, click the “Next” button to proceed.



Create Password

The password must have the following:

- Must have at least 1 capital letter
- Must have at least 1 lowercase letter
- Must have at least 1 number
- Must have at least 1 special character
- Must be a minimum of 8 characters
- Must have 4 unique characters
- Must be 4 characters different from last password
- Minimum password age is one day
- Must not be the same as the previous 24 passwords

Password

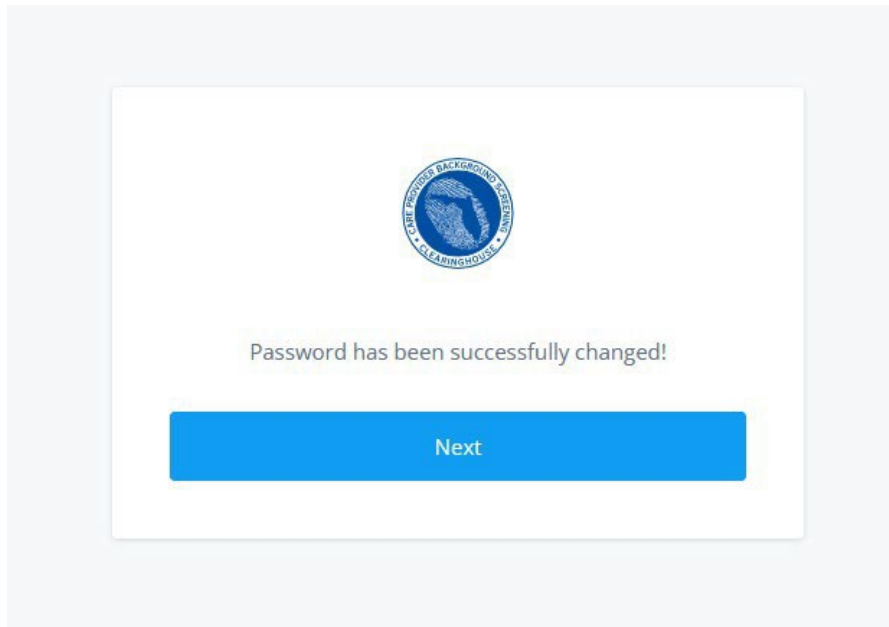
Testing1234!

Confirm Password

Testing1234!

Next

Finally, you will receive a message stating that your password has been successfully changed. Please click the "Next" button to proceed. Proceed to the sign in page to login to the system with your new password.



Clearinghouse Dashboard

A welcome message and your provider information will appear on the Clearinghouse Dashboard. This page will also display **important bulletins or messages** when appropriate.

Moving throughout the website is accomplished by clicking navigation tabs at the top of the page. These tabs will appear on all pages. The navigation tabs allow you to Search, Initiate New Screenings, My Screenings, Livescan, and Employee/Contractor Roster. To switch the specified agency for use on the website, you may select the Agency name under 'View As' from any screen in the system.

Clearinghouse Results Website - CRW

Home Search Initiate New Screening My Screenings Livescan Employee/Contractor Roster

View as: VR AHCA DCF

Clearinghouse Dashboard

Messages

Test Message CM 11/02

Bulletins

No Bulletin Messages

Employees with Expiring Retained Prints

Provider: [Dropdown]

Last Name	First Name	Retained Prints Expiration Date	Action
No items to display			

Notifications (within the past 30 days)

2 Determinations Made	5 Screenings in Process	1 Rejected Fingerprints	1 Arrest/Registration
? (To be determined)	? (To be determined)		

Approved Providers

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A list of Employees with Expiring retained prints can be found in the dashboard with a renewal link. Notifications are displayed with current status of recent screenings. Lastly, the approved providers list is displayed with a button to request additional access to another provider.

Employees with Expiring Retained Prints

Provider: FLAGLER HOSPITAL (3665)

Last Name	First Name	Retained Prints Expiration Date	Action
		01/24/2024	RENEW
		02/01/2024	RENEW

1 - 2 of 2 items

Notifications (within the past 30 days)

2
Determinations Made

5
Screenings in Process

1
Rejected Fingerprints

1
Arrest/Registration

?
(To be determined)

?
(To be determined)

Approved Providers

License Number:

[Request Additional Provider Access](#)

Search for Screening Results

The Search page allows you to review the eligibility status of an individual if they have undergone a screening or if they have a screening in process in the Clearinghouse. If the individual is not found, a screening may be initiated from this page. If the individual is found, their Profile page will appear.

Note: If you know an individual has not been screened, you may click the 'Initiate Screening' tab located on the navigation bar.

- Enter the individual's:
 - Social Security Number **AND**
 - Last Name **OR**
 - Date of Birth
- Select '**Search**'

Clearinghouse Results Website - CRW

crw.guide@gmail.com

Home Search Initiate New Screening My Screenings Livescan Employee/Contractor Roster Help Privacy Policy Log Out

Search

This site provides background screening results reviewed through the Care Provider Background Screening Clearinghouse on behalf of your specified agency, and professional licensure information from the Department of Health's Medical Quality Assurance division. These results are to be used for employment eligibility determinations.

It is the responsibility of the provider to ensure results are for the correct individual. These results are to be used for employment eligibility determinations. In accordance with section 435.11(1)(b), it is a misdemeanor of the first degree to use records information for purposes other than screening for employment or release records information to other persons for purposes other than screening for employment.

Step 1: Search for an existing person profile

Social Security Number

XXX-XX-XXXX

Social Security Number is required per Florida Statute 435.12(2)(d). If an individual cannot legally obtain a social security number, they must provide an individual taxpayer identification number (ITIN).

Last Name

Date of Birth

MM/DD/YYYY

Search

Background Screening - CRW
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Initiate New Screening

To initiate a new screening for an individual, select the 'Initiate Screening' button

Step 1: Search for an existing person profile

No Match Found

A profile for this individual could not be found in the Clearinghouse.

You can search again or initiate a new screening request.

Search

Initiate New Screening

Search

Confirm the Social Security Number before proceeding. You are NOT able to edit the Social Security Number after this step. To edit the Social Security Number, you will have to contact your regulatory agency.

Initiate New Screening - Confirm SSN

You selected 'Initiate New Screening'. Please confirm the SSN you entered below. If the information is incorrect or you need to make changes, please select 'Cancel'.

You will NOT be able to edit the SSN after this step.

You Entered:

Social Security Number: XXX-XX-2234

Last Name: TESTONI

Date of Birth: 02/01/2000

Confirm SSN:

Social Security Number

XXX-XX-XXXX

Cancel Confirm

If the individual does not have an SSN or ITIN number, please select the “Don’t have an SSN or ITIN?” option in the upper right-hand corner of the search box.

The screenshot shows a form titled "Step 1: Search for an existing person profile". It contains three main input sections: "Social Security Number" with a placeholder "XXX-XX-XXXX" and a link "Don't have a SSN or ITIN?" in the top right; "Last Name" with an empty text box; and "Date of Birth" with a placeholder "MM/DD/YYYY". A green "Search" button is located at the bottom center. A note below the SSN field states: "Social Security Number is required per Florida Statute 435.12(2)(d). If an individual cannot legally obtain a social security number, they must provide an individual taxpayer identification number (ITIN)."

Enter Profile Information

- Enter all required information, as designated by the red asterisks (*)
 - Enter the **mailing address** of the **individual being screened**
 - Please note that the height and weight limits are set by the Florida Department of Law Enforcement. If an applicant falls outside of the established limits, please select the closest match.
- Ensure all information is accurate and select the '**Next**' button

The screenshot shows the "Enter Person Profile" form. It includes a breadcrumb trail: Home > Initiate New Screening > Enter Person Profile. The form is divided into several sections with required fields marked with red asterisks (*). Fields include: First Name (*), Middle Name (optional), Last Name (*), Suffix (optional), Aliases (optional), SSN (*), Date of Birth (*), Place of Birth (*), Mailing Address (*), Apt/Unit/Suite (optional), City (*), State (*), Zip Code (*), Phone Number (*), Email Address (*), Sex (*), Race (*), Hair Color (*), Eye Color (*), Height (*), and Weight (*). Most fields are highlighted in yellow. At the bottom, there is a legend indicating that a red asterisk (*) means "Required". Below the legend are "Cancel" and "Next" buttons, with a red arrow pointing to the "Next" button.

Search Medicare/Medicaid Exclusions (OIG List)

Individuals who do not have a prior screening must be manually checked in the Office of Inspector General (OIG) List of Excluded Individuals and Entities (LEIE) upon initial screening. Once an individual has a record in the BGS system an automated review of the OIG LEIE will occur when the list is updated every 30 days.

When you **select the 'Perform OIG Search' button** you will be redirected to the OIG's website. Follow the instructions to search for the individual and complete the OIG LEIE search. Close the OIG website

and return to the BGS OIG Search page.

Check the appropriate affirmation option to confirm that either the search was conducted or if a search is not applicable for your Provider Type. Select the 'Next' button to continue.

Note: Health care providers that receive federal funding that employs an individual on the LEIE may be subject to civil monetary penalties (CMP). Individuals on the Exclusion List are not eligible for employment with providers of Medicare and/or Medicaid services.

Check OIG List

[Home](#) > [Initiate New Screening](#) > [Person Profile](#) > [OIG List](#)

To employ or contract with this individual you must complete an online search of the Office of Inspector General (OIG) List of Excluded Individuals and Entities (LEIE) and a Level 2 criminal history screening. The OIG LEIE website lists individuals and entities excluded from federally funded healthcare programs pursuant to sections 1128 and 1156 of the Social Security Act. There is no fee associated with conducting a search on the OIG LEIE website.

Anyone who receives federal funding and hires an individual or entity on the LEIE may be subject to civil monetary penalties (CMP). Individuals listed on the Exclusion list are not eligible for employment with providers that provide Medicare and Medicaid services.

[Perform OIG Search](#)

Please affirm a statement below related to the OIG LEIE search for this screening request:

☐ I affirm the OIG List of Excluded Individual/Entities (LEIE) was searched for the individual listed in this screening request
☐ I affirm the OIG List of Excluded Individuals/Entities (LEIE) is not applicable to this screening request as determined by my Provider Type

[Back](#) [Next](#)

Select Position, Confirm Privacy Policy, and Set ORI

To ensure the appropriate criteria are applied during the screening review, the position type and reason for screening the individual must be entered.

- Select the **provider** that the individual has applied to work for from the drop down list
 - Please note the provider drop down will only display if you are accessing the website on behalf of multiple providers.
- Select the **position** that the individual is applying for from the drop down list
- Select the '**Privacy Policy**' link to view and print the privacy policy. Check the affirmation box to confirm that the applicant has signed and agreed to the Privacy Policy.

The ORI number for the request will be determined based on the PROVIDER name used to submit the request. The ORI number is used to determine the screening purpose.

If you are not registered as a Florida Medicaid Provider (enrollment or re-enrollment) or a Medicaid Health Plan, you will NOT be able to request a review for Medicaid Provider Enrollment purposes.

Please select a Provider and Position for which the applicant has applied from the drop-down lists

Provider

Position

Please confirm the applicant has read and received a copy of the [Privacy Policy](#)

☐ The applicant has received and signed the Privacy Policy. A copy will be emailed to the applicant if a valid email address is on file.

Email Address (optional)

[Back](#) [Next](#)

Select Livescan Provider and Make Appointment

In accordance with section 408.809(3), Florida Statutes, all Level 2 screenings must be submitted electronically. You may search for and select a Livescan Service Provider below.

If you have access to a photo enabled and Clearinghouse compliant service provider (other than a private vendor) **you may skip this section by selecting ‘Continue without making an appointment’.**

Enter a name and/or zip code and/or city and/or county and/or State to locate a Livescan provider in your area. You may also select ‘Search’ to view the entire list.

Select Livescan Service Provider

[Home](#) > [Initiate New Screening](#) > [Person Profile](#) > [OIG List](#) > [NNAR](#) > [Provider/Position/PP](#) > [Livescan Service Provider](#)

In accordance with section 408.809 (3), Florida Statutes, all Level 2 screenings must be submitted electronically. You may search for and select a Clearinghouse approved photo enabled Livescan Service Provider below. The information listed is updated continuously as it is reported to the Clearinghouse by the Livescan vendor. Enter at least one of the following criteria to search for a specific Livescan service provider or locate a service provider in your area.

Location Name Zip Code City

County State

[Continue without making an appointment](#)

Make Appointment

After you have selected the Livescan service provider you would like to use, select the ‘**Make Appt**’ button to schedule an appointment with that service provider. While the website will be unique for each service provider, they will all provide the ability to enter the social security number to prepopulate all demographic information for the applicant, reducing duplicative data entry.

Once you schedule an appointment with the service provider, close the ‘Make Appt’ window to return to the Clearinghouse results website. To complete the screening request, scroll down to the bottom of the page then select ‘**Next**’.

Please contact the service provider with any questions about their ‘Make Appt’ page.

Select Livescan Service Provider

[Home](#) > [Initiate New Screening](#) > [Person Profile](#) > [OIG List](#) > [NNAR](#) > [Provider/Position/PP](#) > [Livescan Service Provider](#)

In accordance with section 408.809 (3), Florida Statutes, all Level 2 screenings must be submitted electronically. You may search for and select a Clearinghouse approved photo enabled Livescan Service Provider below. The information listed is updated continuously as it is reported to the Clearinghouse by the Livescan vendor. Enter at least one of the following criteria to search for a specific Livescan service provider or locate a service provider in your area.

Location Name Zip Code City

County State

[Continue without making an appointment](#)

[Export to Excel](#) [Print All](#)

Name	Address	City	County	Phone	Appointment	Cost	Hours	Website
								Make Appointment
						Price varies based on ORI. Please call for fee.	Hours vary by location, please visit website.	
						Please call for price	Mon. - Fri. 8:30-6:30, Sat 10 - 2	Make Appointment
						Price varies based on ORI. Please call for fee.	Hours vary by location, please visit website.	
						Please call for price	M-F 8:30-6:30, Sat 10-2	Make Appointment
								Make Appointment

Background Screening - CRW
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Print Livescan Request Form

Once the screening request is submitted, a Livescan Request Form will be generated for the applicant to take to their screening appointment. The request form contains important information, including the following:

1. The **ORI number** required for electronic fingerprint submission
2. The **Screening Request ID** used by Livescan service providers to link the screening results to the screening request
3. **Appointment information** (if an appointment was scheduled during the Livescan step)

Select 'Home' if you are done, or 'Initiate New Screening' to initiate a screening for another individual.

Confirmation Page

[Home](#) > [Initiate New Screening](#) > [Person Profile](#) > [OIG List](#) > [NNAR](#) > [Provider/Position/PP](#) > [Livescan Service Provider](#) > [Confirmation Page](#)

New Screening Request Submitted Successfully

Your screening request was successfully submitted. Screening results are generally available within 5 - 7 business days. To view the Livescan Request Form associated to this screening request, select **Print Livescan Request Form**. To return to the Homepage, select **Home**.

1 of 1 page

139%



ORI: EAHCA020Z
Screening ID: 9638306
Date of Request: 12/05/2023 08:46:47 AM



Agency for Health Care Administration

Livescan Request Form

You have applied for a position with a health care and/or service provider regulated by a specified agency in the Care Provider Background Screening Clearinghouse (Clearinghouse) that requires a fingerprint-based background check. Your fingerprints must be collected by a fingerprint vendor (Livescan Service Provider) authorized to conduct fingerprinting in Florida. As a result of the background check, your screening results will be listed on the Clearinghouse secure background screening result site. Authorized health care and/or service providers may access this secure site and print out screening results for individuals seeking employment in health care.

Applicant Information

Applicant's Name:	TESTA TESTONI	SSN:	
Mailing Address:	123 test drive tallahassee FL 32399	Sex:	F
Date of Birth:	02/01/2000	Height:	506
Place of Birth:	VI	Hair Color:	BLK
		Eye Color:	BRO

Livescan Service Provider Information
You must present this form and a current valid government-issued photo identification to be fingerprinted (i.e. driver's license, State ID or military identification card.)

Sample Livescan Request Form

ORI: EAHCA020Z
Screening ID: 9638306
Date of Request: 12/05/2023 08:46:47 AM


Agency for Health Care Administration

Livescan Request Form

You have applied for a position with a health care and/or service provider regulated by a specified agency in the Care Provider Background Screening Clearinghouse (Clearinghouse) that requires a fingerprint-based background check. Your fingerprints must be collected by a fingerprint vendor (Livescan Service Provider) authorized to conduct fingerprinting in Florida. As a result of the background check, your screening results will be listed on the Clearinghouse secure background screening result site. Authorized health care and/or service providers may access this secure site and print out screening results for individuals seeking employment in health care.

Applicant Information

Applicant's Name:	TESTA TESTONI	SSN:	
		Sex:	F
Mailing Address:	123 test drive tallahassee FL 32399	Height:	506
Date of Birth:	02/01/2000	Hair Color:	BLK
Place of Birth:	VI	Eye Color:	BRO

Livescan Service Provider Information

You must present this form and a current valid government-issued photo identification to be fingerprinted (i.e. driver's license, State ID or military identification card.)

Requesting Health Care and/or Service Provider

LicenseNumber
PhoneNumber

Please return this form to the requesting health care and/or service provider once your prints are taken.

Profile Page

The individual's profile page provides information useful in making hiring decisions. This page contains the screening eligibility status and the Department of Health professional licensure status if applicable.

Other features include the ability to:

- Edit demographic information, including mailing address
- Connect to a screening that is already in process for the individual
- Receive email notifications when the screening is complete
- Add employment history
- View Public Rap Sheets for initiated screenings
- View subsequent Arrest and/or Registration files for employees

This page also provides an employment history for the individual as reported by any health care or service provider regulated by a specified agency in the Clearinghouse.

To access the Profile Page, search for an existing employee with a screening submitted.



Edit Profile

First Name

Middle Name

Last Name

Aliases

SSN

Date of Birth

Place of Birth

Mailing Address

Apt/Unit/Suite

City

State

Zip Code

Phone Number

Email Address

Sex

Race

Hair Color

Eye Color

Height

Weight

Add Employment/Contract Record

Print Results

Retained Prints

Expiration Date

1/23/2029

Clearinghouse Status

Yes

Agency for Health Care Administration Eligibility

Type	Item	Eligibility Determination	Eligibility Determination Date
Employment	Medicaid / Medicare Participating Provider	Screening In Process	
Employment	Non-Medicaid / Medicare Participating Provider	Screening In Process	
Position	AHCA Provider/Facility Licensure	Screening In Process	

Initiate New Screening

Explanation of Results

Screening In Process

Screening #	Provider Name	Submitted	Status	Status Date	Action
		09/16/2024	Screening In Process	09/16/2024	

Florida Department of Health Licensure Status

Profession	License Number	Original Date	Expiration Date	License Status
No data found				

Employment/Contract History

Agency	Name	Position	Provisional Hire / Contract Date	Permanent Hire / Contract Date	End Date	Action
No Clearinghouse Employment/ Contract History records						

Add Employment/Contract Record

Person Profile – Edit Demographics

To edit the demographic information for an applicant, select the ‘Edit Profile’ button on the profile page, below the photo. You may edit and update all information except for the following:

- Social Security Number
- Last Name
- Date of Birth

Please note that the height and weight limits are set by the Florida Department of Law Enforcement. If an applicant falls outside of the established limits, please select the closest match.

Please contact the Background Screening Unit to update any of the items listed above.

The screenshot shows the 'Person Profile Edit' page for a user named TESTA TESTONI. The page has a dark blue header with the CRW logo and navigation links. The profile information is organized into columns: Personal Information (First Name, Middle Name, Last Name, Aliases, SSN, Date of Birth, Place of Birth), Mailing Address (Address, Apt/Unit/Suite, City, State, Zip Code, Phone Number, Email Address), and Physical Characteristics (Sex, Race, Hair Color, Eye Color, Height, Weight). A sidebar on the left shows a placeholder for a photo and a status box for 'Retained Prints' and 'Clearinghouse Screening Available?'. A red notice at the bottom of the form states that updates to last name, date of birth, or SSN require a government ID and Social Security Card. 'Cancel' and 'Save' buttons are at the bottom.

Personal Information	Mailing Address	Physical Characteristics
First Name: TESTA	Address: 123 test drive	Sex: FEMALE
Middle Name (optional):	Apt/Unit/Suite (optional):	Race: ASIAN
Last Name: TESTONI	City: tallahassee	Hair Color: Black
Aliases (optional):	State: Florida	Eye Color: Brown
SSN: XXX-XX-2234	Zip Code: 32399	Height: 5' 06"
Date of Birth: 02/01/2000	Phone Number: (123) 456-7890	Weight: 190
Place of Birth: U.S. Virgin Islands	Email Address: testoni.testner@gmail.com	

To edit your Last Name, Date of Birth, or Social Security Number, please send a copy of your government-issued ID and Social Security Card to your Agency for which you were screened.

Cancel Save

Person Profile – Screening Actions

Depending on the screening status, you have the following available actions:

- [Initiate an Agency Review](#) – request a free agency review of the screening in file.

A green button labeled 'Initiate Agency Review' is shown above a white box with a green header. The box contains the text: 'Select the 'Initiate Agency Review' button to request a FREE agency review of the screening on file with the Clearinghouse.' A green button labeled 'Initiate Agency Review' is at the bottom of the box.

- [Initiate a Renewal](#) – if employee's retained prints are expiring and within the renewal period, the 'Initiate Renewal' button will display.

A dark blue button labeled 'Initiate Renewal' is shown above a white box with a dark blue header. The box contains the text: 'Select the 'Initiate Renewal' button to request a renewal screening and extend the person's retained print expiration date. This is recommended by the Clearinghouse in order to save money and keep the person's fingerprints retained.' A green button labeled 'Initiate Renewal' is at the bottom of the box.

- [Initiate a Resubmission](#) – if the applicant has retained prints and has a 90-day lapse in employment, a resubmission is required.

Initiate Resubmission

Select the 'Initiate Resubmission' button to request a new national and state criminal history check. A resubmission is required when a person has a 90 day lapse in employment. The person's retained fingerprints will be resent to FDLE for an additional criminal history check.

Initiate Resubmission

Person Profile – Clearinghouse Status

The applicant's current Clearinghouse status and retained prints expiration date are listed next to the demographic section.



Edit Profile

First Name

Middle Name

Last Name

Aliases

SSN

Date of Birth

Place of Birth

Mailing Address

Apt/Unit/Suite

City

State

Zip Code

Phone Number

Email Address

Sex

Race

Hair Color

Eye Color

Height

Weight

Add Employment/Contract Record

Print Results

Retained Prints

Expiration Date

1/23/2029

Clearinghouse Status

Yes

Retained Prints Expiration Date:

- Fingerprints are retained for a period of 5 years by the Florida Department of Law Enforcement (FDLE).
- If the applicant does not have retained prints with FDLE the status will read 'Prints Not Retained'.

Clearinghouse Screening Available:

- **Yes** – The applicant has a screening in the Clearinghouse that can be shared.
- **No** – The applicant does not have a screening in the Clearinghouse that can be shared.

Person Profile – Public Rap Sheets and Arrest/Registration Notifications

The public record version of criminal history reports (or public rap sheets) is available to the provider that **initiated** the screening on the Clearinghouse results website.

Copies of **subsequent arrest or registration notifications** from the Florida Department of Law Enforcement are available to **current employers** of the applicant. The provider must have a current employment history record entered in the Clearinghouse results website for the applicant to view this information.

The public rap sheet and subsequent arrest or registration notifications can be found on the person profile page.

Print Results



Edit Profile

First Name

Middle Name

Last Name

Aliases

SSN

Date of Birth

Place of Birth

Mailing Address

Apt/Unit/Suite

City

State

Zip Code

Phone Number

Email Address

Sex

Race

Hair Color

Eye Color

Height

Weight

Retained Prints

Expiration Date

1/23/2029

Clearinghouse Status

Yes

Agency for Health Care Administration Eligibility

Arrest/Registration

Type	Item	Eligibility Determination	Eligibility Determination Date
Employment	Medicaid / Medicare Participating Provider	Arrest/Registration Review In Process	09/23/2024
Employment	Non-Medicaid / Medicare Participating Provider	Arrest/Registration Review In Process	09/23/2024
Position	AHCA Provider/Facility Licensure	Arrest/Registration Review In Process	09/23/2024

Initiate New Screening

Explanation of Results

Person Profile – Eligibility Determinations and DOH Licensure

The current eligibility determination and Department of Health licensure status for an applicant can be found in the eligibility and licensure sections of the person profile page.

The Agency for Health Care Administration's eligibility results are displayed by type according to the reason for screening.

Category	Eligibility	Description
Employment	Medicaid / Medicare Participating Provider	Status of an individual employed or applying to work in a facility that receives Medicaid or Medicare funds.
Employment	Non-Medicaid / Medicare Participating Provider	Status of an individual employed or applying to work in a facility that does not receive Medicaid or Medicare funds.
Position	Medicaid Provider Enrollment	Status of an individual provider or principal of a provider entity that is enrolled or is applying to enroll as a Medicaid provider. Principals of the provider entity include any officer, director, billing agent, managing employee, or affiliated person, or any partner or shareholder who has an ownership interest equal to 5 percent or more in the provider.
Position	AHCA Provider/Facility Licensure	Status of an individual who may hold a position as CFO, Administrator, Controlling Interest, or Owner/Operator in a facility that is licensed or is applying for licensure as an AHCA provider.

Please note that you MUST be registered as a Florida Medicaid Provider or Medicaid Health Plan to request a review for Medicaid Provider Enrollment purposes.

Definitions of eligibility determinations can be found by selecting the 'Explanation of Results' button.

Agency for Health Care Administration Eligibility

Arrest/Registration

Type	Item	Status	Eligibility Determination Date
Employment	Medicaid / Medicare Participating Provider	Eligible	11/01/2023
Employment	Non-Medicaid / Medicare Participating Provider	Eligible	11/01/2023
Position	AHCA Provider/Facility Licensure	Eligible	11/01/2023

Explanation of Results

Screening in Process

Screening #	Provider Name	Submitted	Status	Status Date	Action
		10/26/2023	Determination Made	11/01/2023	Make Livescan Appointment View/Print Livescan Request Form

Florida Department of Health Licensure Status

Profession	License Number	Original Date	Expiration Date	License Status
Certified Nursing Assistant		02/04/1989	05/31/2024	Clear

Person Profile – Employment/Contract History

All employment history records entered on the Clearinghouse results website for the applicant will display in the 'Employment/Contract History' section of the person profile page. All records, regardless of the specified agency of the provider, will be displayed. The provider's name will only display to users with access to the website on behalf of the provider.

The employment history records must be completed if users with access to the provider's record are to receive updates such as subsequent arrest notifications. Refer to the 'Add/Edit Employment/Contract Record' below for instructions on updating employment records.

Employment/Contract History

Agency	Name	Position	Provisional Hire / Contract Date	Permanent Hire / Contract Date	End Date	Action
AHCA		Employee or Contracted Staff Person		11/14/2022		Edit
DCF		Employee or Staff Person		06/08/2021		

Add Employment/Contract Record

Add Employment/Contract Record

According to section 435.12(2) (c) an employer of persons subject to screening by a specified agency must register with the clearinghouse and maintain the employment status of all employees within the clearinghouse. Initial employment status and **any changes in status must be reported within 5 business days.**

- To add employment history, open the individual's Profile Page and select 'Add Employment/Contract Record'

Employment/Contract History						
Agency	Name	Position	Provisional Hire / Contract Date	Permanent Hire / Contract Date	End Date	Action
AHCA		Employee or Contracted Staff Person		11/14/2022		Edit
DCF		Employee or Staff Person		06/08/2021		
						 + Add Employment/Contract Record

- Enter the required information and select 'Save'. This will bring you back to the profile page.

Add Employment/Contract Record

This individual has a screening in process and can be hired on a provisional basis only. Once an eligibility determination has been made, this record can be updated with either a permanent hire date or an end date.

Name:

SSN:

Date of Birth:

Provider:

-- Please Select --

Position:

Provisional Hire/Contract Date:

MM/DD/YYYY

Photo Unavailable

Cancel

Save

The new employment record will be displayed in the Employment/Contract History section.

Employment/Contract History						
Agency	Name	Position	Provisional Hire / Contract Date	Permanent Hire / Contract Date	End Date	Action
DCF		Household Member		01/31/2018		Edit
						+ Add Employment/Contract Record

Section **435.06(2)(d)** provides that an applicant may be hired **provisionally** for training and orientation purposes before the screening process is completed. You may add a **provisional hire date** for an applicant with a current 'Screening in Process' status in the Clearinghouse by selecting the 'Add Employment/Contract Record' button located at the bottom of the applicant's profile page.

Add Employment/Contract Record

This individual has a screening in process and can be hired on a provisional basis only. Once an eligibility determination has been made, this record can be updated with either a permanent hire date or an end date.

Name:

SSN:

Date of Birth:

Provider:

-- Please Select --

Position:

Provisional Hire/Contract Date:

MM/DD/YYYY

Photo Unavailable

Cancel

Save

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Edit Employment Record

You may edit an employee record from the 'Employment/Contract History' section on the profile page, or from the Employee/Contractor Roster tab. From either page, select the **'Edit'** link under the action column for the applicant record you wish to update and enter the required information and select **'Save'**.

Employment/Contract History						
Agency	Name	Position	Provisional Hire / Contract Date	Permanent Hire / Contract Date	End Date	Action
AHCA		Employee or Contracted Staff Person		11/14/2022		Edit
DCF		Employee or Staff Person		06/08/2021		
+ Add Employment/Contract Record						

Edit Employment/Contract Record

Name:

SSN:

Date of Birth:

Provider:

Permanent Hire/Contract Date:

11/14/2022



End Date:

MM/DD/YYYY





Cancel

Save

To quickly enter an ‘End Date’ for an employment record from the **Employee/Contractor Roster** tab, select the calendar icon in the ‘**End Date**’ column.

Edit Employment/Contract Record

Name:

December 2023

SU

MO

TU

WE

TH

FR

SA

26

27

28

29

30

1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

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26

27

28

29

30

31

1

2

3

4

5

6

Tuesday, December 05, 2023

Photo Unavailable

MM/DD/YYYY

Cancel

Save

My Screenings Tab

The My Screenings tab provides an overview of screenings submitted by you for the selected Agency.

My Screenings

This page provides details of your screening requests, payment history and important notifications that require review. You may click the notification card to filter and display those specific screening requests in the Screening List. You may review your payments by selecting 'Payment History' below.

2

Determinations Made

5

Screenings in Process

1

Rejected Fingerprints

1

Arrest/Registration

?

(To be determined)

?

(To be determined)

The number within each tile shows the number of screenings with the specified status. Clicking the tiles will navigate you to the screenings listing.

- View an individual’s profile page by selecting the first name of the individual.
 - To add employment history, you must open the individual’s profile page.
- Filter the list by using the filter options and selecting ‘Search’.
- Sort the records by selecting any column header.

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Determinations Made

The Determinations Made section provides a listing of all screening requests you have initiated or connected to with the final determination. A request will remain on the list for 7 days once a determination is made.

Completed Screenings

Last Name:

Provider:

-- Any Provider --

Search

Full Name	SSN	Screening # 	Date Submitted	Provider Name	Position	Screening Status	Screening Request Type	Action
			10/05/2023		Employee/Staff Person	Determination Made	Resubmission	View
			09/29/2023		Employee/Staff Person	Determination Made	Renewal	View
			09/13/2023		Employee/Staff Person	Determination Made	Renewal	View
			09/08/2023		Mental Health Personnel	Determination Made	Agency Review	View
			09/05/2023		Employee/Staff Person	Determination Made	Renewal	View
			09/05/2023		Employee/Staff Person	Determination Made	Renewal	View
			08/28/2023		Employee/Staff Person	Determination Made	Primary	View



1



10  items per page

1 - 7 of 7 items

Export to Excel

Print All

Livescan Tab

You may select the Livescan tab on the navigation bar to search for photo enabled and Clearinghouse compliant Livescan service providers. This list contains information as reported by the Livescan vendors and service providers to the Clearinghouse. To schedule an appointment please initiate a new screening.

- To filter your search, use the search criteria and select 'Search'

Select Livescan Service Provider

In accordance with section 408.809 (3), Florida Statutes, all Level 2 screenings must be submitted electronically. You may search for and select a Clearinghouse approved photo enabled Livescan Service Provider below. The information listed is updated continuously as it is reported to the Clearinghouse by the Livescan vendor. Enter as least one of the following criteria to search for a specific Livescan service provider or locate a service provider in your area.

Location Name

test system

Zip Code

City

County

-- Please Select --

State

Florida

Search

Export to Excel

Print All

Name	Address	City	County	Phone	Appointment	Cost	Hours
TEST SYSTEM - TEST SYSTEM	TEST SYSTEM	TEST SYSTEM	Other States	18005281358	Appointment required, please visit website.	Price varies based on ORI. Please call for fee.	Hours vary by location, please visit website.

1

25 items per page

1 - 1 of 1 items

Employee/Contractor Roster

The Employee/Contractor Roster tab provides a listing of your employees and contractors as entered through the Employment/Contract History section of the individual's profile page. The list defaults to current employees only.

- View an individual's profile page by selecting the Last Name or First Name of the individual.
- Filter the list by using the search options and selecting 'Search'.
- Sort the records by selecting any column header.
- To edit an employment record, select the 'Edit' button in the action column.
- Click the Calendar Icon under End Date to add an employees end date.

Employee/Contractor Roster

This page provides a listing of your employees and contractors. You can review an individual's profile and make edits to the individual's employment record. The notification cards provide you with important information regarding individuals who are listed as active employees/contractors.

0
Determinations Made

0
Screenings in Process

0
Rejected Fingerprints

0
Arrest/Registration

?
(To be determined)

?
(To be determined)

Last Name:

Provider:
-- Any Provider --

Employment Status:
Permanent

Position:
▼

Retained Prints Expiration Date:
MM/DD/YYYY

MM/DD/YYYY

Hire/Contract Date:
MM/DD/YYYY

MM/DD/YYYY

Search

Employee/Contractor Roster

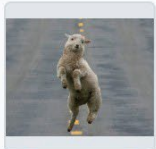
Add New Employee/Contractor Record

Last Name ↑	First Name ↑	Provider Name	Position Type	Provisional Hire / Contract Date	Permanent Hire / Contract Date	Date Retained Prints Expire	End Date	Action
			Household Member		02/05/2018	05/22/2027		Edit
			Household Member		01/31/2018	08/16/2022 Expired		Edit

Initiate Renewal

A person's Clearinghouse screening is eligible for renewal if the fingerprints are within 60 days of the expiration date.

- To initiate a renewal, select the **'Initiate Renewal'** button.



Edit Profile

First Name

Middle Name

Last Name

Aliases

SSN

Date of Birth

Place of Birth

Arkansas

Mailing Address

Apt/Unit/Suite

City

State

Zip Code

Phone Number

Email Address

Sex

Race

Hair Color

Eye Color

Height

Weight

Retained Prints

Expiration Date

9/22/2024

Clearinghouse Status

Yes

Add Employment/Contract Record

Print Results

Florida Medicaid Managed Care Eligibility

Type	Item	Eligibility Determination	Eligibility Determination Date
Position	Managed Care	Eligible	09/11/2024

Explanation of Results

Screening in Process

Screening #	Provider Name	Submitted	Status	Status Date	Action
		09/11/2024	Determination Made	09/11/2024	

Initiate Renewal

Select the 'Initiate Renewal' button to request a renewal screening and extend the person's retained print expiration date. This is recommended by the Clearinghouse in order to save money and keep the person's fingerprints retained.

Initiate Renewal

- Verify Person's Demographic information is correct, then click 'Next'.

Confirm Person Profile

Home > Initiate Agency Review > Confirm Person Profile

First Name *

Middle Name (optional)

Last Name *

Suffix (optional)

Aliases (optional)

SSN *

Date of Birth *

Place of Birth *

Mailing Address *

Apt/Unit/Suite (optional)

City *

State *

Zip Code *

Phone Number *

Email Address *

Sex *

Race *

Hair Color *

Eye Color *

Height *

Weight *

* = Required

Cancel

Next

Search Medicare/Medicaid Exclusions (OIG List)

Individuals who do not have a prior screening must be manually checked in the Office of Inspector General (OIG) List of Excluded Individuals and Entities (LEIE) upon initial screening. Once an individual has a record in the BGS system an automated review of the OIG LEIE will occur when the list is updated every 30 days.

When you **select the ‘Perform OIG Search’ button** you will be redirected to the OIG’s website. Follow the instructions to search for the individual and complete the OIG LEIE search. Close the OIG website and return to the BGS OIG Search page.

Check the appropriate affirmation option to confirm that either the search was conducted or if a search is not applicable for your Provider Type. Select the ‘Next’ button to continue.

Note: Health care providers that receive federal funding that employs an individual on the LEIE may be subject to civil monetary penalties (CMP). Individuals on the Exclusion List are not eligible for employment with providers of Medicare and/or Medicaid services.

Check OIG List

[Home](#) > [Initiate New Screening](#) > [Person Profile](#) > [OIG List](#)

To employ or contract with this individual you must complete an online search of the Office of Inspector General (OIG) List of Excluded Individuals and Entities (LEIE) and a Level 2 criminal history screening. The OIG LEIE website lists individuals and entities excluded from federally funded healthcare programs pursuant to sections 1128 and 1156 of the Social Security Act. There is no fee associated with conducting a search on the OIG LEIE website.

Anyone who receives federal funding and hires an individual or entity on the LEIE may be subject to civil monetary penalties (CMP). Individuals listed on the Exclusion list are not eligible for employment with providers that provide Medicare and Medicaid services.

Perform OIG Search

Please affirm a statement below related to the OIG LEIE search for this screening request:

☐ I affirm the OIG List of Excluded Individual/Entities (LEIE) was searched for the individual listed in this screening request

☐ I affirm the OIG List of Excluded Individuals/Entities (LEIE) is not applicable to this screening request as determined by my Provider Type

Back

Next

Select Position, Confirm Privacy Policy, and Set ORI

To ensure the appropriate criteria are applied during the screening review, the position type and reason for screening the individual must be entered.

- Select the **provider** that the individual has applied to work for from the drop-down list
 - Please note the provider drop down will only display if you are accessing the website on behalf of multiple providers.
- Select the **position** that the individual is applying for from the drop-down list
- Select the '**Privacy Policy**' link to view and print the privacy policy. Check the affirmation box to confirm that the applicant has signed and agreed to the Privacy Policy.

The ORI number for the request will be determined based on the PROVIDER name used to submit the request. The ORI number is used to determine the screening purpose.

If you are not registered as a Florida Medicaid Provider (enrollment or re-enrollment) or a Medicaid Health Plan, you will NOT be able to request a review for Medicaid Provider Enrollment purposes.

Please select a Provider and Position for which the applicant has applied from the drop-down lists

Provider

Position

Please confirm the applicant has read and received a copy of the [Privacy Policy](#)

☐ The applicant has received and signed the Privacy Policy. A copy will be emailed to the applicant if a valid email address is on file.

Email Address (optional)

Add to Cart or Pay Now

Select 'Add To Cart' if you need to process another screening or 'Pay Now' to initiate payment for the current screening.

Please select a Provider and Position for which the applicant has applied from the drop-down lists

Provider

Position

-- Select Position Type --

Please confirm the applicant has read and received a copy of the [Privacy Policy](#)

☒ The applicant has received and signed the Privacy Policy. A copy will be emailed to the applicant if a valid email address is on file.

Email Address (optional)

Back

Add To Cart

\$ Pay Now

Initiate Renewal Payment

The cost of a renewal is the current fee for a national criminal history check plus a service fee. Resubmission payment options include:

- Credit Card
 - VISA
 - MasterCard
 - Discover
 - American Express
- E-Checking
 - Personal or Business checking/savings account

To pay for the renewal:

- Select payment method
- Select 'Pay Total Amount' to continue

Please note that all renewal payments will be collected by the Agency for Health Care Administration.

Select Payment Type

Division

Agency for Health Care Administration

Transaction Amount

Service Charge

Total Amount

Select Payment Method

☒Credit Card ☐Checking

Pay Total Amount

Terms, Conditions & Fees for Payments:

A non-refundable convenience fee of 3.25% will be added to all credit card payments and \$0.18 on all e-check (checking) payments. Please allow 2 to 5 business days for the payments to be settled and posted.

Refund Policy

The refund processing of your payment will begin upon receipt of the Application for Refund form. Applications for refund are processed in accordance with Florida Administrative Code 12-26.002 and Florida Administrative Code 69I-44.020. We will notify you if, for any reason, we are not able to process the refund. Section 215.26, Florida Statutes, requires all requests for refunds be submitted within 3 years of the initial payment to the State of Florida. Depending upon the users's method of payment, refunds may be issued using the original method of payment.

You have 15 minutes to complete this payment.

Enter Payment Information

Enter the customer information in the fields marked with asterisks (*) based upon the payment method you selected, then click 'Next'.

Payment

Payment Type

Credit/Debit Card

Customer Information

Country *

United States

First Name *

Last Name *

Address *

Address 2

City *

State *

Select State

ZIP/Postal Code *

Phone Number

Next

Payment Information

Payment

Payment Type

Electronic Check

Customer Information

Country *

United States

First Name *

Last Name *

Address *

Address 2

City *

State *

Select State

ZIP/Postal Code *

Phone Number

Next

Payment Information

Enter payment information in the fields marked with asterisks (*) based upon the payment method you selected, then click 'Next'.

Payment Information

Complete all required fields:

Credit Card Number * ?

Credit Card Type

Expiration Month *
Select a Month

Expiration Year *
Select a Year

Security Code * ?

Name on Credit Card *

Name on Account *

☐ This is a business account.

Routing Number *

Account Number *

Re-enter Account Number *

☐ Checking ☐ Savings

Next >

IMPORTANT – Please note that payment information will NOT be saved.

Review Payment Information & Submit Renewal Request

Review your payment information and select 'Submit Payment' to process your payment.

Payment

Payment Type

Credit/Debit Card

Customer Information

Address

Phone Number

Country
United States

Email Address

Payment Information

Credit Card
Visa
Exp. 05/2029

Name on Credit Card

Customer Information

Address

Phone Number

Country
United States

Email Address

Payment Information

Electronic Check

Name on Account

Terms and Conditions

[Open a new window to print](#)

governing Agency for Health Care Administration's state.

6. For inquiries relating to this electronic debit authorization, including revocation of this authorization, I may contact Agency for Health Care Administration at 850-412-3858.

7. I understand the Originating ID for this transaction is "123456789". Please make sure your banking institution has released any debit blocks (if applicable) for this ID to ensure successful payment.

8. I (we) agree that ACH transactions I (we) authorized comply with all applicable

☒ Yes, I authorize this transaction.

Cancel Submit Payment

Cancel Submit Payment

Renewal Confirmation

An email confirmation and receipt will be sent to the address on record.

Credit Card

Renewal Request Successfully Submitted

Renewal Request Successfully Submitted

Your screening request was successfully submitted. Your payment confirmation number is 12974003

Division

Agency for Health Care Administration

Transaction Amount	Payment Method	Payment Status
\$43.25	Credit	Approved

To view the Payment Confirmation, select the **Print Payment Confirmation**. To return to the Homepage, select **Home**

Print Payment Confirmation

Home

E-Checking

Renewal Request Successfully Submitted

Renewal Request Successfully Submitted

Your screening request was successfully submitted. Your payment confirmation number is 12974153

Division

Department of Children and Families

Transaction Amount	Payment Method	Payment Status
\$43.25	Check	Approved

To view the Payment Confirmation, select the **Print Payment Confirmation**. To return to the Homepage, select **Home**

Print Payment Confirmation

Home

Search for the applicant and open their profile page to view the status of a renewal request.

➕ Add Employment/Contract Record
🖨️ Print Results



[Edit Profile](#)

First Name
Middle Name
Last Name
Aliases
SSN
Date of Birth
Place of Birth

Mailing Address
Apt/Unit/Suite
City
State
Zip Code
Phone Number
Email Address

Sex
Race
Hair Color
Eye Color
Height
Weight

Retained Prints
Expiration Date
9/22/2024
Clearinghouse Status
Yes

Agency for Health Care Administration Eligibility

Type	Item	Eligibility Determination	Eligibility Determination Date
Employment	Medicaid / Medicare Participating Provider	Renewal In Process	09/17/2024
Employment	Non-Medicaid / Medicare Participating Provider	Renewal In Process	09/17/2024
Position	AHCA Provider/Facility Licensure	Renewal In Process	09/17/2024

[🔍 Explanation of Results](#)

Screening in Process

Screening #	Provider Name	Submitted	Status	Status Date	Action
		09/17/2024	Renewal In Process	09/17/2024	
		09/16/2024	Determination Made	09/17/2024	

Renewal In Process

A Fingerprint Renewal is in process. No further action is required at this time.

Initiate Agency Review

If an individual has been screened by another specified agency **and** entered into the Clearinghouse, a provider may request an agency review **at no cost**. This will allow the specified agency to make an eligibility determination for employment purposes. Benefits of requesting an agency review include the following:

- Agency Review requests are **FREE** for the provider and individual.
- The applicant or employee does NOT need to visit a Livescan location and submit new fingerprints.
- The provider will receive a copy of the public rap sheet after initiating an agency review.

To initiate an agency review for an individual, select the **‘Initiate Agency Review’** button.

The screenshot shows a user profile page with a header section containing personal information and a table for 'Agency for Persons with Disabilities Eligibility'. Below the table is a green button labeled 'Initiate Agency Review'. A red arrow points to this button.

Header Information:

- Profile Picture:** A small image of a person.
- Edit Profile:** A button with a pencil icon.
- Personal Information:** First Name, Middle Name, Last Name, Aliases, SSN, Date of Birth, Place of Birth.
- Mailing Address:** Apt/Unit/Suite, City, State, Zip Code, Phone Number, Email Address.
- Demographics:** Sex, Race, Hair Color, Eye Color, Height, Weight.
- Retention:** Retained Prints, Expiration Date (8/1/2024), Clearinghouse Status (Yes).

Agency for Persons with Disabilities Eligibility Table:

Type	Item	Eligibility Status	Eligibility Determination Date
Employment	APD General	Agency Review Required	
Employment	APD Developmental Disability Centers	Agency Review Required	
Employment	APD CDC	Agency Review Required	

Initiate Agency Review Button:

Select the 'Initiate Agency Review' button to request a FREE agency review of the screening on file with the Clearinghouse.

Initiate Agency Review

Verify Person’s Demographic information is correct, then click ‘Next’.

The screenshot shows a 'Confirm Person Profile' form with various fields for personal and demographic information. The form includes a navigation bar at the top and a footer with 'Cancel' and 'Next' buttons.

Form Fields:

- First Name ***, **Middle Name (optional)**, **Last Name ***
- Suffix (optional)**, **Aliases (optional)**
- SSN ***, **Date of Birth ***, **Place of Birth ***
- Mailing Address ***, **Apt/Unit/Suite (optional)**
- City ***, **State *** (dropdown), **Zip Code ***
- Phone Number ***, **Email Address ***
- Sex ***, **Race ***, **Hair Color ***
- Eye Color ***, **Height ***, **Weight ***

Footer: * = Required, Cancel, Next

Search Medicare/Medicaid Exclusions (OIG List)

Individuals who do not have a prior screening must be manually checked in the Office of Inspector General (OIG) List of Excluded Individuals and Entities (LEIE) upon initial screening. Once an individual has a record in the BGS system an automated review of the OIG LEIE will occur when the list is updated every 30 days.

When you **select the ‘Perform OIG Search’ button** you will be redirected to the OIG’s website. Follow the instructions to search for the individual and complete the OIG LEIE search. Close the OIG website and return to the BGS OIG Search page.

Check the appropriate affirmation option to confirm that either the search was conducted or if a search is not applicable for your Provider Type. Select the ‘Next’ button to continue.

Note: Health care providers that receive federal funding that employs an individual on the LEIE may be subject to civil monetary penalties (CMP). Individuals on the Exclusion List are not eligible for employment with providers of Medicare and/or Medicaid services.

Check OIG List

[Home](#) > [Initiate New Screening](#) > [Person Profile](#) > [OIG List](#)

To employ or contract with this individual you must complete an online search of the Office of Inspector General (OIG) List of Excluded Individuals and Entities (LEIE) and a Level 2 criminal history screening. The OIG LEIE website lists individuals and entities excluded from federally funded healthcare programs pursuant to sections 1128 and 1156 of the Social Security Act. There is no fee associated with conducting a search on the OIG LEIE website.

Anyone who receives federal funding and hires an individual or entity on the LEIE may be subject to civil monetary penalties (CMP). Individuals listed on the Exclusion list are not eligible for employment with providers that provide Medicare and Medicaid services.

[Perform OIG Search](#)

Please affirm a statement below related to the OIG LEIE search for this screening request:

☐ I affirm the OIG List of Excluded Individual/Entities (LEIE) was searched for the individual listed in this screening request

☐ I affirm the OIG List of Excluded Individuals/Entities (LEIE) is not applicable to this screening request as determined by my Provider Type

[Back](#) [Next](#)

Select Position, Confirm Privacy Policy, and Set ORI

To ensure the appropriate criteria are applied during the screening review, the position type and reason for screening the individual must be entered.

- Select the **provider** that the individual has applied to work for from the drop-down list
 - Please note the provider drop down will only display if you are accessing the website on behalf of multiple providers.
- Select the **position** that the individual is applying for from the drop-down list

The ORI number for the request will be determined based on the PROVIDER name used to submit the request. The ORI number is used to determine the screening purpose.

If you are not registered as a Florida Medicaid Provider (enrollment or re-enrollment) or a Medicaid Health Plan, you will NOT be able to request a review for Medicaid Provider Enrollment purposes.

Please select a Provider and Position for which the applicant has applied from the drop-down lists

Provider

CON Healthcare Facility (AHCATest123) ▼

Position

Nursing Assistant (non-certified) or Patient Aid ▼

[Back](#) [Next](#) 

Once the screening request is submitted, select 'Home' if you are done or 'Initiate New Screening' to initiate a screening for another individual.

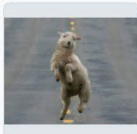
[Home](#)

Screening #	Provider Name	Submitted	Status	Status Date	Action
		09/17/2024	Agency Review In Process	09/17/2024	

Initiate Resubmission

The retention of fingerprints provides a cost savings for applicants that are in the Clearinghouse but have had a lapse in employment greater than 90 days. If there has been a 90-day lapse in employment, these applicants would only require a new national criminal history check – a resubmission of the retained fingerprints. A new state criminal history search will also be conducted, at no additional charge.

To initiate a Resubmission for an individual, select the **'Initiate Resubmission'** button.



First Name

Middle Name

Last Name

Aliases

SSN

Date of Birth

Place of Birth

Mailing Address

Apt/Unit/Suite

City

State

Zip Code

Phone Number

Email Address

Sex

Race

Hair Color

Eye Color

Height

Weight

Retained Prints

Expiration Date

1/23/2029

Clearinghouse Status

Yes

[Edit Profile](#)

Agency for Health Care Administration Eligibility

Type	Item	Eligibility Determination	Eligibility Determination Date
Employment	Medicaid / Medicare Participating Provider	Eligible	09/17/2024
Employment	Non-Medicaid / Medicare Participating Provider	Eligible	09/17/2024
Position	AHCA Provider/Facility Licensure	Eligible	09/17/2024

[Initiate New Screening](#)[Explanation of Results](#)

Screening in Process

Screening #	Provider Name	Submitted	Status	Status Date	Action
		09/16/2024	Determination Made	09/17/2024	

Initiate Resubmission

Select the 'Initiate Resubmission' button to request a new national and state criminal history check. A resubmission is required when a person has a 90 day lapse in employment. The person's retained fingerprints will be resent to FDLE for an additional criminal history check.

[Initiate Resubmission](#)

Verify Person's Demographic information is correct, then click 'Next'.

[Home](#) > [Initiate Agency Review](#) > [Confirm Person Profile](#)

First Name *

Middle Name (optional)

Last Name *

Suffix (optional)

Aliases (optional)

SSN *

Date of Birth *

Place of Birth *

Mailing Address *

Apt/Unit/Suite (optional)

City *

State *

Zip Code *

Phone Number *

Email Address *

Sex *

Race *

Hair Color *

Eye Color *

Height *

Weight *

* = Required

Cancel

Next

Search Medicare/Medicaid Exclusions (OIG List)

Individuals who do not have a prior screening must be manually checked in the Office of Inspector General (OIG) List of Excluded Individuals and Entities (LEIE) upon initial screening. Once an individual has a record in the BGS system an automated review of the OIG LEIE will occur when the list is updated every 30 days.

When you **select the 'OIG Search' button** you will be redirected to the OIG's website. Follow the instructions to search for the individual and complete the OIG LEIE search. Close the OIG website and return to the BGS OIG Search page.

Check the appropriate affirmation option to confirm that either the search was conducted or if a search is not applicable for your Provider Type. Select the 'Next' button to continue.

Note: Health care providers that receive federal funding that employs an individual on the LEIE may be subject to civil monetary penalties (CMP). Individuals on the Exclusion List are not eligible for employment with providers of Medicare and/or Medicaid services.

Check OIG List

[Home](#) > [Initiate New Screening](#) > [Person Profile](#) > [OIG List](#)

To employ or contract with this individual you must complete an online search of the Office of Inspector General (OIG) List of Excluded Individuals and Entities (LEIE) and a Level 2 criminal history screening. The OIG LEIE website lists individuals and entities excluded from federally funded healthcare programs pursuant to sections 1128 and 1156 of the Social Security Act. There is no fee associated with conducting a search on the OIG LEIE website.

Anyone who receives federal funding and hires an individual or entity on the LEIE may be subject to civil monetary penalties (CMP). Individuals listed on the Exclusion list are not eligible for employment with providers that provide Medicare and Medicaid services.

Perform OIG Search

Please affirm a statement below related to the OIG LEIE search for this screening request:

☐ I affirm the OIG List of Excluded Individual/Entities (LEIE) was searched for the individual listed in this screening request

☐ I affirm the OIG List of Excluded Individuals/Entities (LEIE) is not applicable to this screening request as determined by my Provider Type

Back

Next

Select Position, Confirm Privacy Policy, and Set ORI

To ensure the appropriate criteria are applied during the screening review, the position type and reason for screening the individual must be entered.

- Select the **provider** that the individual has applied to work for from the drop-down list
 - Please note the provider drop down will only display if you are accessing the website on behalf of multiple providers.
- Select the **position** that the individual is applying for from the drop-down list
- Select the '**Privacy Policy**' link to view and print the privacy policy. Check the affirmation box to confirm that the applicant has signed and agreed to the Privacy Policy.

The ORI number for the request will be determined based on the PROVIDER name used to submit the request. The ORI number is used to determine the screening purpose.

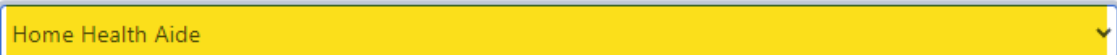
If you are not registered as a Florida Medicaid Provider (enrollment or re-enrollment) or a Medicaid Health Plan, you will NOT be able to request a review for Medicaid Provider Enrollment purposes.

Please select a Provider and Position for which the applicant has applied from the drop-down lists

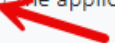
Provider



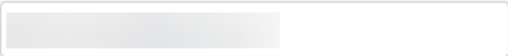
Position



Please confirm the applicant has read and received a copy of the [Privacy Policy](#) 

☐ The applicant has received and signed the Privacy Policy. A copy will be emailed to the applicant if a valid email address is on file. 

Email Address (optional)



Add to Cart or Pay Now

Select 'Add To Cart' if you need to process another screening or 'Pay Now' to initiate payment for the current screening.

Please select a Provider and Position for which the applicant has applied from the drop-down lists

Provider

Position

Board Member

Back

Add To Cart

\$ Pay Now

Initiate Resubmission Payment

The cost of a resubmission is the current fee for a national criminal history check plus a service fee. Resubmission payment options include:

- Credit Card
 - VISA
 - MasterCard
 - Discover
 - American Express
- E-Checking
 - Personal or Business checking/savings account

To pay for the resubmission:

- Select payment method
- Select 'Pay Total Amount' to continue

Please note that all resubmission payments will be collected by the Agency for Health Care Administration.

Select Payment Type

Division
Agency for Health Care Administration

Transaction Amount Service Charge Total Amount

Select Payment Method

☒Credit Card ☐Checking

Terms, Conditions & Fees for Payments:
A non-refundable convenience fee of 3.25% will be added to all credit card payments and \$0.18 on all e-check (checking) payments. Please allow 2 to 5 business days for the payments to be settled and posted.

Refund Policy
The refund processing of your payment will begin upon receipt of the Application for Refund form. Applications for refund are processed in accordance with Florida Administrative Code 12-26.002 and Florida Administrative Code 69I-44.020. We will notify you if, for any reason, we are not able to process the refund. Section 215.26, Florida Statutes, requires all requests for refunds be submitted within 3 years of the initial payment to the State of Florida. Depending upon the user's method of payment, refunds may be issued using the original method of payment.

You have 15 minutes to complete this payment.

Enter Payment Information

Enter the customer information in the fields marked with asterisks (*) based upon the payment method you selected, then click 'Next'.

The screenshot displays the 'Payment' section of a form. It features two tabs: 'Credit/Debit Card' and 'Electronic Check'. Both tabs show a 'Customer Information' section with the following fields: Country (dropdown menu), First Name (text input), Last Name (text input), Address (text input), Address 2 (text input), City (text input), State (dropdown menu), ZIP/Postal Code (text input), and Phone Number (text input). The 'Credit/Debit Card' tab has a 'Next' button, while the 'Electronic Check' tab has a 'Next >' button. The 'Electronic Check' tab also has a green checkmark in the top right corner.

Enter payment information in the fields marked with asterisks (*) based upon the payment method you selected, then click 'Next'.

The screenshot displays the 'Payment Information' section of a form. It features two tabs: 'Credit Card' and 'Electronic Check'. The 'Credit Card' tab has the following fields: Credit Card Number (text input), Credit Card Type (dropdown menu with icons for MasterCard, Visa, Discover, and American Express), Expiration Month (dropdown menu), Expiration Year (dropdown menu), Security Code (text input), and Name on Credit Card (text input). The 'Electronic Check' tab has the following fields: Name on Account (text input), Routing Number (text input), Account Number (text input), and Re-enter Account Number (text input). Both tabs have a 'Next' button. The 'Electronic Check' tab also has a 'Next >' button. The 'Credit Card' tab has a 'Next' button. The 'Electronic Check' tab has a 'Next >' button. The 'Credit Card' tab has a 'Next' button. The 'Electronic Check' tab has a 'Next >' button.

IMPORTANT – Please note that payment information will NOT be saved.

Review Payment Information & Submit Resubmission Request

Review your payment information and select 'Submit Payment' to process your payment.

Payment	
Payment Type ✓	
Credit/Debit Card	
Customer Information ✓	
Address	Phone Number
Country	Email Address
United States	
Payment Information ✓	
Credit Card	Name on Credit Card
Visa	
Exp. 05/2029	
Cancel	Submit Payment

Customer Information	
Customer Information ✓	
Address	Phone Number
Country	Email Address
United States	
Payment Information ✓	
Electronic Check	Name on Account
Terms and Conditions Open a new window to print	
governing Agency for Health Care Administration's state.	
6. For inquiries relating to this electronic debit authorization, including revocation of this authorization, I may contact Agency for Health Care Administration at 850-412-3658.	
7. I understand the Originating ID for this transaction is "123456789". Please make sure your banking institution has released any debit blocks (if applicable) for this ID to ensure successful payment.	
8. I (we) agree that ACH transactions I (we) authorized comply with all applicable	
☒ Yes, I authorize this transaction.	
Cancel	Submit Payment

Resubmission Confirmation

An email confirmation and receipt will be sent to the address on record.

Credit Card

Resubmission Request Successfully Submitted

Resubmission Request Successfully Submitted

Your screening request was successfully submitted. Screening results are generally available within 5 - 7 business days. Your payment confirmation number is 12971343

Division

Agency for Health Care Administration

Transaction Amount

Payment Method

Credit

Payment Status

Approved

To view the Payment Confirmation, select the **Print Payment Confirmation**. To return to the Homepage, select **Home**

Print Payment Confirmation

Home

E-Checking

Resubmission Request Successfully Submitted

Resubmission Request Successfully Submitted

Your screening request was successfully submitted. Screening results are generally available within 5 - 7 business days. Your payment confirmation number is 12971365

Division

Agency for Health Care Administration

Transaction Amount

Payment Method

Check

Payment Status

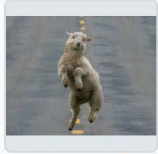
Approved

To view the Payment Confirmation, select the **Print Payment Confirmation**. To return to the Homepage, select **Home**

Print Payment Confirmation

Home

Search for the applicant and open their profile page to view the status of a resubmission request.



Edit Profile

First Name

Middle Name

Last Name

Aliases

SSN

Date of Birth

Place of Birth

Mailing Address

Apt/Unit/Suite

City

State

Zip Code

Phone Number

Email Address

Sex

Race

Hair Color

Eye Color

Height

Weight

Retained Prints

Expiration Date

1/23/2029

Clearinghouse Status

Yes

Add Employment/Contract Record

Print Results

Agency for Health Care Administration Eligibility

Type	Item	Eligibility Determination	Eligibility Determination Date
Employment	Medicaid / Medicare Participating Provider	Resubmission In Process	09/17/2024
Employment	Non-Medicaid / Medicare Participating Provider	Resubmission In Process	09/17/2024
Position	AHCA Provider/Facility Licensure	Resubmission In Process	09/17/2024

Initiate New Screening

Explanation of Results

Screening in Process

Screening #	Provider Name	Submitted	Status	Status Date	Action
		09/17/2024	Resubmission In Process	09/17/2024	
		09/16/2024	Determination Made	09/17/2024	

Resubmission In Process

A Fingerprint Resubmission is in process. No further action is required at this time.