



Department of Children and Families/
Agency for Persons with Disabilities

Care Provider Background Screening Clearinghouse

DCF/APD Clearinghouse Results Website Instruction Guide

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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**.
- Allows user to connect to a screening request in process for notification when results are available (reduces duplicative screening).
- Creates a "status" report and a "completed screening listing" report of screenings requested by the user 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 **10 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

Background Screening Home Page

To gain access to the Clearinghouse results website you must first register on the AHCA Portal and receive access. Since AHCA is the parent agency for the Clearinghouse, access is granted through the AHCA web portal. Please refer to the Portal Registration guide for your agency at this link http://ahca.myflorida.com/MCHQ/Central_Services/Background_Screening/BGS_results.shtml for registration and log in instructions.

To access the Clearinghouse results website through the Portal please log in at <https://apps.ahca.myflorida.com/SingleSignOnPortal>. On the Portal Landing, select **Background Screening Clearinghouse – Department of Children and Families**. **APD providers should also select 'Background Screening Clearinghouse – Department of Children and Families' since DCF conducts APD provider screenings.*

AHCA Portal - Portal Landing User ID: test.dcf1
Email: [test.dcf1@myflorida.com](#)

Program Access
Select the appropriate link below to be directed to the Program's access page.


[Background Screening Clearinghouse - Department of Children and Families](#) 
Department of Children and Families

Request Program Access
Choose from the list of programs below and select "Request Program Access".

-- Select Program --


On the Background Screening Clearinghouse Program – **Department of Children and Families** – Access Page you will see your approval status. If you are approved, please select the **Background Screening Clearinghouse** link to access the Clearinghouse results website.

Background Screening Clearinghouse Program - Department of Children and Families - Access Page User ID: test.dcf1
Email: [test.dcf1@myflorida.com](#)

Background Screening Clearinghouse Application Access
[Background Screening Clearinghouse](#) 
Click the link above to access the Background Screening Clearinghouse results website.

Select Your Desired Task Below
[Add Additional Providers](#)

List of Providers
If you need to reprint a user agreement, select the checkbox next to the appropriate provider(s), and select Reprint Registration Agreement. If you select Reprint Registration Agreement without identifying a specific provider below, all agreements will be printed.

Provider Name	City	Status	OCA Number
<input type="checkbox"/> SUMMER CAMP ABC	Tallahassee	Approved 	123456789

If you have requested and been granted access to the Clearinghouse results website on behalf of multiple specified agencies, you will be prompted to select the agency for this session before viewing the home page. For more information about how to request access on behalf of multiple agencies, see the advanced registration guides at this link for your scenario:

http://ahca.myflorida.com/MCHQ/Central_Services/Background_Screening/BGS_results.shtml.



A welcome message and your provider information will appear on the BGS Home page. This page will also display important **bulletin messages** and information 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 screenings, review your screenings in process and screening results, look up Livescan service providers, review your employee roster, and log out. To switch the specified agency for use on the website, you may select 'Switch Agency View' from any screen in the system. This will return you to the 'Select Agency For This Session' screen.



Department of Children and Families

[Home](#) [Search](#) [Initiate Screening](#) [Screenings in Process](#) [Screening Results](#) [LiveScan](#) [Employee/Contractor Roster](#) [Log Out](#)

Home

[Switch Agency View](#)

Welcome to the Care Provider Background Screening Clearinghouse (Clearinghouse) results website. This secure site allows you to search existing screenings processed through the Clearinghouse, initiate a new screening, locate a Livescan service provider, track and review screening results you have requested, and maintain employment statuses of your applicants. The links provided above will assist you in navigating the site.

For instructions on using the website please review the [Clearinghouse Instruction Guide](#)

Bulletins

Bulletin messages and important information will display here when appropriate.

Provider Information

Test Provider
123 Street
City, FL 33333

OCA Number: 123456789

If your contact information for this system has changed, please return to the [AHCA Portal](#) to update your information.

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**'

Search



[Switch Agency View](#)

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

If we become aware of a change in an individual's eligibility status, an email notification will be sent to the most recent employer of record in the Clearinghouse or the last provider to submit a screening request through the Clearinghouse. It is recommended employers check the screening results of staff regularly as an individual's status may change based on information received.

Search Criteria

Enter the information below. 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.

SSN:

AND enter at least one of the following:

Last Name:

Or:

Date of Birth:

Initiate New Screening

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

Home **Search** Initiate Screening Screenings in Process Screening Results LiveScan Employee/Contractor Roster Log Out

Search [Switch Agency View](#)

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

If we become aware of a change in an individual's eligibility status, an email notification will be sent to the most recent employer of record in the Clearinghouse or the last provider to submit a screening request through the Clearinghouse. It is recommended employers check the screening results of staff regularly as an individual's status may change based on information received.

Search Criteria

Enter the information below. 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.

SSN:

AND enter at least one of the following:


Last Name:

Or:

Date of Birth:

Search Result

A screening result for this individual was not found in the Clearinghouse results website. You may initiate a screening by selecting the "Initiate Screening" button.



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

[Switch Agency View](#)

Initiate Screening

Enter Profile

To initiate a screening please enter the information below. Fields with an (*) are required.

* First Name: Agency	* Address Line 1: 123	* Sex: MALE
Middle Name:	Address Line 2:	* Race: WHITE
* Last Name: Test	* City: City	* Hair Color: Brown
Aliases:	* State: Florida	* Eye Color: Brown
* SSN: 015-00-0000	* ZIP: 32308	* Height: 6' 00"
* Date of Birth: 12/24/1978 mm/dd/yyyy	County:	* Weight: 185 lbs.
* Place of Birth: Florida	Phone Number: xxx-xxx-xxxx	
	Email Address:	
	Verify Email Address:	

Cancel Next

*Required

Prior States List

Select all prior states in which the applicant has resided in the last 5 years. If none apply, select the 'None Apply' box to continue. At least one state, or the 'None Apply' box must be selected. Any prior states selected previously are already captured.

Prior States List

[Switch Agency View](#)

TEST, AGENCY

Select all prior states in which the applicant has resided in the last 5 years. If none apply, select the 'None Apply' box to continue. At least one state, or the 'None Apply' box must be selected. Any prior states selected previously are already captured.

None Apply

<input type="checkbox"/> Alabama	<input type="checkbox"/> Florida	<input type="checkbox"/> Louisiana	<input type="checkbox"/> Nebraska	<input type="checkbox"/> Oregon	<input type="checkbox"/> Virgin Islands
<input type="checkbox"/> Alaska	<input type="checkbox"/> Georgia	<input type="checkbox"/> Maine	<input type="checkbox"/> Nevada	<input type="checkbox"/> Pennsylvania	<input type="checkbox"/> Virginia
<input type="checkbox"/> American Samoa	<input type="checkbox"/> Guam	<input type="checkbox"/> Maryland	<input type="checkbox"/> New Hampshire	<input type="checkbox"/> Puerto Rico	<input type="checkbox"/> Washington
<input type="checkbox"/> Arizona	<input type="checkbox"/> Hawaii	<input type="checkbox"/> Massachusetts	<input type="checkbox"/> New Jersey	<input type="checkbox"/> Rhode Island	<input type="checkbox"/> West Virginia
<input type="checkbox"/> Arkansas	<input type="checkbox"/> Idaho	<input type="checkbox"/> Michigan	<input type="checkbox"/> New Mexico	<input type="checkbox"/> South Carolina	<input type="checkbox"/> Wisconsin
<input type="checkbox"/> California	<input type="checkbox"/> Illinois	<input type="checkbox"/> Minnesota	<input type="checkbox"/> New York	<input type="checkbox"/> South Dakota	<input type="checkbox"/> Wyoming
<input type="checkbox"/> Colorado	<input type="checkbox"/> Indiana	<input type="checkbox"/> Mississippi	<input type="checkbox"/> North Carolina	<input type="checkbox"/> Tennessee	
<input type="checkbox"/> Connecticut	<input type="checkbox"/> Iowa	<input type="checkbox"/> Missouri	<input type="checkbox"/> North Dakota	<input type="checkbox"/> Texas	
<input type="checkbox"/> Delaware	<input type="checkbox"/> Kansas	<input type="checkbox"/> Montana	<input type="checkbox"/> Ohio	<input type="checkbox"/> Utah	
<input type="checkbox"/> District Of Columbia	<input type="checkbox"/> Kentucky	<input type="checkbox"/> N. Mariana Islands	<input type="checkbox"/> Oklahoma	<input type="checkbox"/> Vermont	

Select Position and Confirm Privacy Policy

To ensure the appropriate criteria is 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 o 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.

Initiate Screening

[Switch Agency View](#)

TEST, AGENCY

Select Position

Screening Information

Provider:

* Position:

* The applicant/employee has received and signed the [Privacy Policy](#).

Cancel

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 'Submit'**.

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

Initiate Screening

[Switch Agency View](#)

TEST, AGENCY

In accordance with section 408.809 (3), Florida Statutes, all Level 2 screenings must be submitted electronically. You may search and select a LiveScan service provider below. If you have access to LiveScan services other than a private vendor you may skip this section by selecting "Next".

Select LiveScan Service Provider

Search Criteria

Enter at least one of the following criteria to search for a specific LiveScan service provider or locate a service provider in your area.

LiveScan Service Provider: City: County:

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, select **'Submit'**.

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

Initiate Screening [Switch Agency View](#)

TEST, AGENCY

In accordance with section 408.809 (3), Florida Statutes, all Level 2 screenings must be submitted electronically. You may search and select a LiveScan service provider below. If you have access to LiveScan services other than a private vendor you may skip this section by selecting "Next".

Select LiveScan Service Provider

Search Criteria

Enter at least one of the following criteria to search for a specific LiveScan service provider or locate a service provider in your area.

LiveScan Service Provider: City: County:

LiveScan List

The information listed below is updated continuously as it is reported to AHCA by the LiveScan service provider. The information is subject to change at any time without notice. We recommend you contact the vendor service provider directly or visit their website to confirm the information is still correct.

To schedule an appointment, you may contact the service provider directly or select the online link under the Appointment column.

LiveScan Service Provider [?]	Address	City	County	Phone	Appointment	Cost	Hours	Action [?]
Test Livescan Location	123 Lane City, FL 33333	City	County	(555) 555-5555	Walk-ins Appointments			<input type="button" value="Make Appt"/>

Displaying items 1 - 1 of 1

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.

Initiate Screening [Switch Agency View](#)

TEST, AGENCY

Screening Request Submitted

Your screening request has been submitted. A notification regarding updates for this request will be sent to the email address of record for this account.

[Print Livescan Request Form](#) 

If you wish to initiate a screening for another individual, select the "Initiate New Screening" button below.

[Home](#) [Initiate New Screening](#)

Sample LiveScan Request Form

ORI: EDCFSC30Z

Screening ID: 211189

Date of Request: 3/19/2014



LiveScan Request Form

Agency for Health Care Administration

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:	AGENCY TEST	SSN:	XXX-XX-0001
Mailing Address:	123 LANE	Sex:	MALE
	CITY, Florida 33333	Height:	6' 00"
Date of Birth:	1/1/1990	Hair Color:	Brown
Place of Birth:	Florida	Eye Color:	Brown

(State or Country if not U.S.)

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.)

An appointment has been scheduled for you by the health care provider listed below to have your finger prints taken at:

Test Livescan Location

123 Lane
City, FL 33333
(555) 555-555

Appointment Date: 4/1/2014 Appointment Time: 12:00 AM

If you are unable to make this appointment, contact the requesting health care provider to reschedule.

TCN: _____ Technician's Name: _____

Requesting Health Care and/or Service Provider

Test Provider	OCA Number: 123456789
123 Street	Phone Number: (850) 555-5555
City, FL 33333	

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.

Person Profile

[Switch Agency View](#)

First Name: AGENCY
Middle Name:
Last Name: TEST
Aliases:

Address Line 1: 123 LANE
Address Line 2:
City: CITY
State: Florida
ZIP: 33333

Sex: MALE
Race: WHITE
Hair Color: Brown
Eye Color: Hazel
Height: 5' 05"
Weight: 150 lbs.



SSN: XXX-XX-0000
Date of Birth: 12/24/1978
Place of Birth: Georgia

County:
Phone Number:
Email Address:

Edit

Screenings in Process

Screening #	Provider	Submitted Date	Status	Status Date	Action
2051506	TEST - DCF General - 02370441Z	01/23/2017	Determination Made	01/23/2017	Reprint Privacy Policy Remove

Connected screenings

Provider:

Connect to Screenings ?

Initiate Agency Review

Initiate Resubmission

Retained Prints Expiration Date: 1/23/2022
Clearinghouse Screening Available?: Yes

Department of Children and Families Eligibility ?

Item	Status	Eligibility Determination Date
DCF General	Eligible	1/23/2017
DCF Child Care	Eligible	1/23/2017
DCF Substance Abuse - Adult Only	Eligible	1/23/2017
DCF Summer Camps	Agency Review Required	
DCF Mental Health	Agency Review Required	
APD General	Agency Review Required	
APD Developmental Disability Centers	Agency Review Required	
APD CDC	Agency Review Required	

Employment/Contract History (As reported to Florida's Background Screening Clearinghouse by provider employers.)

Provider	Position	Provisional Hire/Contract Date	Permanent Hire/Contract Date	End Date	Action
No records to display.					

Add Employment/Contract Record

New Search

View/Print Version

Explanation of Results

Person Profile – Edit Demographics

To edit the demographic information for an applicant select the 'Edit' 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.

Person Profile

First Name: BGS	* Address Line 1: 123 LANE	* Sex: MALE
Middle Name:	Address Line 2:	* Race: WHITE
Last Name: DEVTEAM298	* City: CITY	* Hair Color: Brown
Aliases:	* State: Florida	* Eye Color: Hazel
SSN: XXX-XX-0298	* ZIP: 33333	* Height: 5' 05"
Date of Birth: 12/24/1972	County:	* Weight: 150 lbs.
* Place of Birth: Georgia	Prior States:	

**Required*

Cancel Save

Person Profile - Screenings in Process

A list of screening requests in process will be displayed on the person profile page. This section allows providers to

- Initiate a New Screening (if the applicant is NOT in the Clearinghouse)
- Connect to a Screening
- Initiate an Agency Review
- Connect to an Agency Review
- Initiate a Resubmission (if the applicant has retained prints)
- Connect to a Resubmission

Information on initiating requests can be found in later sections of this document.

Connecting to a screening, agency review, or resubmission will allow providers to receive notifications and updates on an applicant's screening status without the need to request and pay for a new screening.


Person Profile
[Switch Agency View](#)

First Name: AGENCY
Middle Name:
Last Name: TEST
Aliases:

SSN: XXX-XX-2006
Date of Birth: 12/24/1972
Place of Birth: Georgia

Address Line 1: 123 LANE
Address Line 2:
City: CITY
State: Florida
ZIP: 33333
County:
Prior States:

Sex: MALE
Race: WHITE
Hair Color: Brown
Eye Color: Hazel
Height: 5' 05"
Weight: lbs.



▼ **Screenings in Process**

Screening	Provider	Submitted	Status	Status	Action
211184		03/17/2014	Determination Made	03/17/2014	Reprint Privacy Policy Remove

 - Connected screenings

Provider:

Person Profile - Clearinghouse Status

The applicant's current Clearinghouse status and retained prints expiration date are listed below the screenings in process section.

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
- **Awaiting Privacy Policy** – The applicant has a screening with retained prints and a photograph but is missing the required privacy policy to be entered into the Clearinghouse.
 - Select 'View Privacy Policy' to print a copy of the policy for the applicant to sign.
 - **Select 'Confirm Privacy Policy'** to submit the required information.
 - *The document does **not** need to be forwarded to Department of Children and Families for review.*

Person Profile [Switch Agency V](#)

First Name: AGENCY

Middle Name:

Last Name: TEST104

Aliases:

SSN: XXX-XX-0104

Date of Birth: 12/24/1972

Place of Birth: Georgia

Address Line 1: 123 LANE

Address Line 2:

City: CITY

State: Florida

ZIP: 33333

County:

Prior States:

Sex: MALE


Race: WHITE

Hair Color: Brown

Eye Color: Hazel

Height: 5' 05"

Weight: 150 lbs.



▼ **Screenings in Process**

Screening #	Provider	Submitted Date	Status	Status Date	Action
No screenings found					

Retained Prints Expiration Date: 1/19/2020

Clearinghouse Screening Available?: Awaiting Privacy Policy

Person Profile - Public Rap Sheets and Arrest/Registration Notifications

The public record version of a criminal history report (or public rap sheet) 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, below the screenings in process section.

▼ Screenings in Process

Screening	Provider	Submitted	Status	Status	Action
211184		03/17/2014	Determination Made	03/17/2014	Reprint Privacy Policy Remove

- Connected screenings

Provider:

?
 ?

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 Department of Children and Families' eligibility results are displayed according to the reason for screening.

Item/Screening Purpose	Description
DCF General	Status of an individual requesting to be licensed, to be employed, or to volunteer in the following areas: Foster Care, Child Welfare or Substance Abuse.
DCF Child Care	Status of an individual requesting to be licensed, to be employed, or to volunteer in the following areas: Child Care, Family Child Care Home, Religious Exempt, Afterschool or Enrichment Program.
DCF Substance Abuse – Adult Only	Status of an individual eligible to work only in DCF substance abuse programs with adult clients.
DCF Summer Camps	Status of an individual requesting to be employed or to volunteer in a summer camp.
DCF Mental Health	Status of an individual requesting to be employed or to volunteer in a mental health program.

APD General	Status of an individual requesting to be an owner, operator, licensee, employee, or volunteer of a provider authorized to conduct background screening under APD.
APD Developmental Disabilities Centers	Status of an individual requesting to be employed, volunteer, or be a contractor at one of the following APD DDC facilities: Sunland, Tacachale, or the Developmental Disabilities Defendant Program (DDDP).
APD CDC	Status of an individual requesting to be employed as an APD Consumer Directed Care (CDC) provider.

Definitions of eligibility determinations can be found by hovering over the question mark next to 'Department of Children and Families Eligibility' or selecting the 'Explanation of Results' button at the bottom of the profile page.

Person Profile - Employment/Contract History and View/Print Version of Results

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 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.

A printable version of the person profile page and results can be accessed by selecting the 'View/Print Version' button below the 'Employment/Contract History' section. This will open a new window with a printable version of the information.

▼ **Employment/Contract History** (As reported to Florida's Background Screening Clearinghouse by provider employers.)

Provider	Position	Provisional Hire/Contract Date	Permanent Hire/Contract Date	End Date	Action
	Employee - Administrator		03/18/2014		
	Chief Financial Officer		03/17/2014		
	Employee - Administrator		03/17/2014		Edit

Add Employment/Contract Record

New Search

View/Print Version

Explanation of Results

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 10 business days**.

- To add employment history, open the individual's Profile Page and select 'Add Employment/Contract Record'
- Enter the required information and select 'Save'. This will bring you back to the profile page. □ The new employment record will display in the Employment/Contract History section.

▼ **Employment/Contract History** (As reported to Florida's Background Screening Clearinghouse by provider employers.)

Provider	Position	Provisional Hire/Contract Date	Permanent Hire/Contract Date	End Date	Action
	Employee - Financial Officer		03/12/2014		Edit





Add Employment/Contract Record



Applicant Name:	SSN:	Date of Birth:	Race:	Sex:
TEST, AGENCY	XXX-XX-2006	12/24/1972	WHITE	MALE

* Provider:

* Position:

* Permanent Hire/Contract Date: 

* Required

▼ **Employment/Contract History** (As reported to Florida's Background Screening Clearinghouse by provider employers.)

Provider	Position	Provisional Hire/Contract Date	Permanent Hire/Contract Date	End Date	Action
	Chief Financial Officer		03/17/2014		
TEST PROVIDER - 1234	Employee - Administrator		03/17/2014		Edit




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

Applicant Name:	SSN:	Date of Birth:	Race:	Sex:
TEST, AGENCY	XXX-XX-2006	12/24/1972	WHITE	MALE

* Provider:

* Position:

* Provisional Hire/Contract Date:

* Required

Back Save

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**'.

Edit Employment/Contract Record

Applicant Name:	SSN:	Date of Birth:	Race:	Sex:
TEST, AGENCY	XXX-XX-2006	12/24/1972	WHITE	MALE

* Provider:

* Position:

* Permanent Hire/Contract Date:

End Date:

* Required

Back 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. Enter the required information and select '**Save**'.

Home Search Initiate Screening Screenings in Process Screening Results LiveScan **Employee/Contractor Roster** Log Out

Employees/Contractors [Switch Agency View](#)

Search Options

Position:

Provider:

Hire/Contract Date: to:

Retained Prints Expiration Date: to:

Status:

Apply

Enter End Date for Position x

End Date:

Save Cancel

Employee/Contractor Roster

Last Name	First Name	Provider	Permanent Hire/Contract Date	Retained Prints Expiration Date	End Date	Action
<u>TEST</u>	AGENCY	TEST PROVIDER - 123456789	Employee - General	03/09/2014	03/09/2019	Edit

Screenings in Process Tab

The Screenings in Process tab provides a listing of all screening requests you have initiated or connected to and the current status. A request will remain on the list for 7 days once a determination is made.

- View an individual's profile page by selecting the last name of the individual
- Filter the list by using the search options and selecting 'Apply'
- Sort the records by selecting any column header
- If you no longer wish to receive email notifications for an individual, select the 'Remove' link under the Action column
 - The screening will be removed for your list however the screening will continue to be processed

Screenings in Process

[Switch Agency View](#)

This page provides a listing of your screening requests and the current status. A request will remain on the list for 7 days once a determination is made. You may also filter the list using the fields below. If you wish to no longer receive notification on an individual request select "Remove". The request will be removed from your listing however the screening process will continue.

Search Options

Provider:

Last Name:


Screening Status:

Submitted Date: To:

Screenings List

Last Name	First Name	SSN	Screening #	Submitted	Provider	Position	Screening Status	Updated	Action
TEST1	TEST	XXX-XX-0309	210676	03/08/2014	TEST PROVIDER - 1234	Employee - Financial Officer	Results Received from FDLE	03/08/2014	Remove Reprint Fingerprint Form
TEST2	TEST	XXX-XX-0003	210733	03/08/2014	TEST PROVIDER - 1234	Employee - Financial Officer	Awaiting Fingerprints	03/08/2014	Remove Reprint Fingerprint Form
TEST3	TEST	XXX-XX-0313	210752	03/08/2014	TEST PROVIDER - 1234	Employee - Financial Officer	Fingerprints Rejected 1st - TCR # E2013137000000000313	03/08/2014	Remove Rejected Fingerprint Form

Displaying items 1 - 10 of 111

 - Connected screenings

Screening Results Tab

The Screening Results tab provides a listing of all screening requests you have initiated or connected to with the final determination.

- View an individual's profile page by selecting the last 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 'Apply'
- Sort the records by selecting any column header
- If you no longer wish to receive email notifications for an individual, select the 'Remove' link under the Action column ○ The screening will be removed for your list however the screening will remain in the database

The page will default with an empty screenings list. You MUST select a Screening Purposes to view results.

Home Search Initiate Screening Screenings in Process **Screening Results** Livescan Employee/Contractor Roster Log Out

Screening Results [Switch Agency View](#)

This page provides a listing of screening requests with final determinations. Select the last name of the individual in the list below to open the Profile page. From the Profile page you may review the individual's information and enter a hiring decision by selecting "Add Employment/Contract Record". You may also print a copy of the profile for your personnel files.

Filter Options (Fields with an (*) are required)

Provider:

Last Name:

Determination Status:

Eligibility Determination Date: to

* Screening Purpose: ?

Search

Screenings List

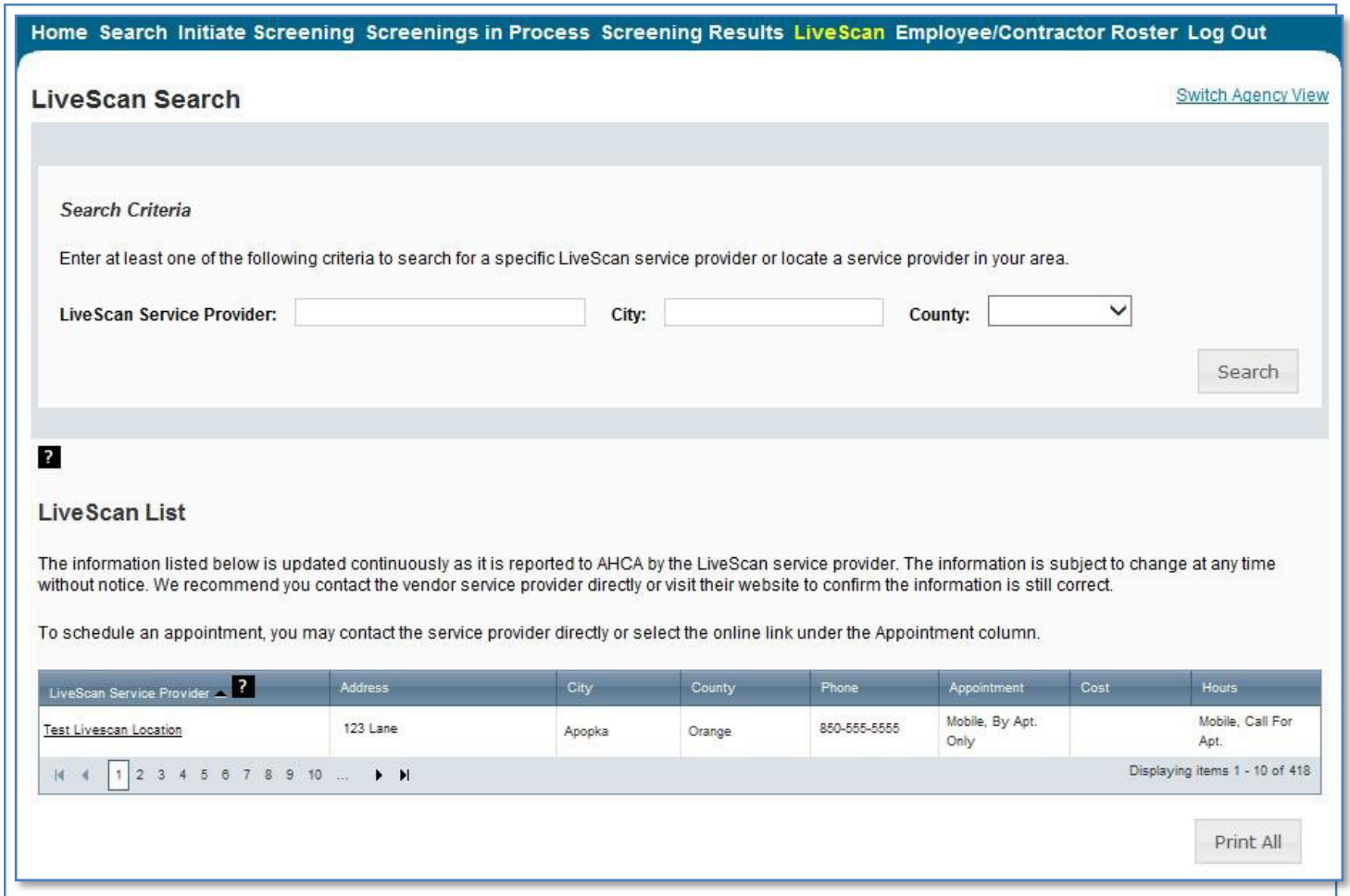
Last Name	First Name	SSN	Screening Purpose	Determination	Eligibility Determination Date	Action
No Screening Results found						

Displaying items 0 - 0 of 0

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'



The screenshot displays the 'LiveScan Search' interface. At the top, a navigation bar includes links for Home, Search, Initiate Screening, Screenings in Process, Screening Results, LiveScan (highlighted), Employee/Contractor Roster, and Log Out. Below the navigation bar, the 'LiveScan Search' section features a 'Switch Agency View' link and a 'Search Criteria' section. The search criteria section prompts the user to enter at least one of the following criteria to search for a specific LiveScan service provider or locate a service provider in their area. The criteria include 'LiveScan Service Provider' (text input), 'City' (text input), and 'County' (dropdown menu). A 'Search' button is located to the right of the input fields. Below the search criteria, there is a 'LiveScan List' section. The list section includes a warning icon and text stating that the information is updated continuously and is subject to change. It also provides instructions on how to schedule an appointment. The list itself is a table with columns for LiveScan Service Provider, Address, City, County, Phone, Appointment, Cost, and Hours. The first row shows a 'Test Livescan Location' with the address '123 Lane', city 'Apopka', county 'Orange', phone '850-555-5555', and appointment 'Mobile, By Apt. Only'. The table includes a pagination bar at the bottom showing '1' of 10 items and a 'Print All' button.

Home Search Initiate Screening Screenings in Process Screening Results **LiveScan** Employee/Contractor Roster Log Out

LiveScan Search

[Switch Agency View](#)

Search Criteria

Enter at least one of the following criteria to search for a specific LiveScan service provider or locate a service provider in your area.

LiveScan Service Provider: City: County:

?

LiveScan List

The information listed below is updated continuously as it is reported to AHCA by the LiveScan service provider. The information is subject to change at any time without notice. We recommend you contact the vendor service provider directly or visit their website to confirm the information is still correct.

To schedule an appointment, you may contact the service provider directly or select the online link under the Appointment column.

LiveScan Service Provider ?	Address	City	County	Phone	Appointment	Cost	Hours
Test Livescan Location	123 Lane	Apopka	Orange	850-555-5555	Mobile, By Apt. Only		Mobile, Call For Apt.

1 2 3 4 5 6 7 8 9 10 ... ▶▶▶ Displaying items 1 - 10 of 418

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 of the individual
- Filter the list by using the search options and selecting 'Apply'
- Sort the records by selecting any column header
- To edit an employment record, select the 'Edit' button in the action column

Home Search Initiate Screening Screenings in Process Screening Results LiveScan **Employee/Contractor Roster** Log Out

Employees/Contractors [Switch Agency View](#)

Search Options

Position:

Provider:

Hire/Contract Date: to:

Retained Prints Expiration Date: to:

Status:

Employee/Contractor Roster

Last Name	First Name	Provider	Position	Provisional Hire/ Contract Date	Permanent Hire/ Contract Date	Retained Prints Expiration Date	End Date	Action
TEST1	TEST	TEST PROVIDER - 123456789	Employee - General		03/09/2014	03/09/2019		Edit
TEST2	TEST	TEST PROVIDER - 123456789	Employee - General		03/17/2014	03/12/2019		Edit

1 | Displaying items 1 - 5 of 5

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.

Person Profile


[Switch Agency View](#)

First Name: AGENCY
Middle Name:
Last Name: TEST
Aliases:

SSN: XXX-XX-0000
Date of Birth: 12/24/1972
Place of Birth: Georgia

Address Line 1: 123 LANE
Address Line 2:
City: CITY
State: Florida
ZIP: 33333
County:
Phone Number:
Email Address:

Sex: MALE
Race: WHITE
Hair Color: Brown
Eye Color: Hazel
Height: 5' 05"
Weight: 150 lbs.



▼ **Screenings in Process**

Screening #	Provider	Submitted Date	Status	Status Date	Action
No screenings found					

Retained Prints Expiration Date: 1/23/2022
Clearinghouse Screening Available?: Yes

Department of Children and Families Eligibility ?

Item	Status	Eligibility Determination Date
DCF General	Agency Review Required	
DCF Child Care	Agency Review Required	
DCF Substance Abuse - Adult Only	Agency Review Required	
DCF Summer Camps	Agency Review Required	
DCF Mental Health	Agency Review Required	
APD General	Agency Review Required	
APD Developmental Disability Centers	Agency Review Required	
APD CDC	Agency Review Required	

Select Position and Confirm Privacy Policy

To ensure the appropriate criteria is 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 applicant/employee has received and signed the [Privacy Policy](#).' At the bottom right, there are three buttons: 'Cancel', 'Back', and 'Next', with a red arrow pointing to the 'Next' button."/>

Initiate Screening [Switch Agency View](#)

TEST, AGENCY

Select Position

Screening Information

Provider:

* Position:

* The applicant/employee has received and signed the [Privacy Policy](#).

Cancel Back **Next**

Agency Review Request Submitted

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

Initiate Agency Review [Switch Agency View](#)

DEVTEAM6, BGS

Agency Review Request Submitted

Your agency review request was submitted. A notification regarding updates for this request will be sent to the email address of record for this account.

If you wish to initiate a screening for another individual, select the "Initiate New Screening" button below.

Home Initiate New Screening

Open the applicant's profile page to view the status of an agency review request, or connect to an agency review.

Person Profile

[Switch Agency View](#)

First Name: AGENCY
Middle Name:
Last Name: TEST
Aliases:

SSN: XXX-XX-0000
Date of Birth: 12/24/1972
Place of Birth: Georgia

Address Line 1: 123 LANE
Address Line 2:
City: CITY
State: Florida
ZIP: 33333

County:
Phone Number:
Email Address:

Sex: MALE
Race: WHITE
Hair Color: Brown
Eye Color: Hazel
Height: 5' 05"
Weight: 150 lbs.



Screenings in Process

Screening #	Provider	Submitted Date	Status	Status Date	Action
2052274	TEST - DCF General - 02370441Z	01/23/2017	Screening In Process	01/23/2017	Reprint Privacy Policy Remove

- Connected screenings

Provider:



Retained Prints Expiration Date: 1/23/2022
Clearinghouse Screening Available?: Yes

Department of Children and Families Eligibility

Item	Status	Eligibility Determination Date
DCF General	Screening In Process	
DCF Child Care	Screening In Process	
DCF Substance Abuse - Adult Only	Screening In Process	
DCF Summer Camps	Agency Review Required	
DCF Mental Health	Agency Review Required	
APD General	Agency Review Required	
APD Developmental Disability Centers	Agency Review Required	
APD CDC	Agency Review Required	

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.

Person Profile

[Switch Agency View](#)

First Name: AGENCY
Middle Name:
Last Name: TEST104
Aliases:

SSN: XXX-XX-0104
Date of Birth: 12/24/1972
Place of Birth: Georgia

Address Line 1: 123 LANE
Address Line 2:
City: CITY
State: Florida
ZIP: 33333
County:
Prior States:

Sex: MALE
Race: WHITE
Hair Color: Brown
Eye Color: Hazel
Height: 5' 05"
Weight: 150 lbs.



Edit

Screenings in Process

Screening #	Provider	Submitted Date	Status	Status Date	Action
No screenings found					

Initiate Resubmission



Retained Prints Expiration Date: 1/19/2020
Clearinghouse Screening Available?: Yes

Department of Children and Families Eligibility

Item	Status	Eligibility Determination Date
DCF General	Resubmission Required - 90 day Lapse in Employment	
DCF Substance Abuse - Adult Only	Resubmission Required - 90 day Lapse in Employment	
DCF Summer Camps	Resubmission Required - 90 day Lapse in Employment	
DCF Mental Health	Resubmission Required - 90 day Lapse in Employment	
APD General	Resubmission Required - 90 day Lapse in Employment	



Select Position and Confirm Privacy Policy

To ensure the appropriate criteria is 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.

Initiate Screening [Switch Agency View](#)

TEST, AGENCY

Select Position

Screening Information

Provider:

* Position:

* The applicant/employee has received and signed the [Privacy Policy](#).

Initiate Payment – Credit Card

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 MasterCard Discover American Express
- E-Checking (skip to page 43 for E-Checking instructions) 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.

Payment - Initiation Page

[Switch Agency View](#)

Clearinghouse Payment

As the parent agency of the Care Provider Background Screening Clearinghouse (Clearinghouse), all payments submitted to the Clearinghouse will be collected and processed by the Agency for Health Care Administration.

Division

TEST PROVIDER - 1234

Transaction Amount

\$99.99

Service Charge

Total Amount

Select Payment Method

Credit Card Checking



Pay Total Amount



Terms, Conditions & Fees for Payments: A non-refundable convenience fee of 2.50% 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.

[Cancel Screening Request](#)

Enter Payment Information – Credit Card

Enter the customer information and select Next. Then enter the card payment information and select Next.

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

Customer Information

Complete all required fields [*]

Country *

United States

First Name *

Nancy

Last Name *

Nurse

Address *

2727 Mahan Dr.

Address 2

City *

Tallahassee

State *

FL - Florida

ZIP/Postal Code *

32308

Phone Number




Next >

Payment Information

Payment Information

Complete all required fields [*]


Credit Card Number * 

Credit Card Type




Expiration Month *


 

Expiration Year *

Security Code * 

Name on Credit Card *


CREDIT CARD



Next >

Review Payment Information – Credit Card

Review your payment information and select Submit Payment, to submit your payment. ***Skip to page 47 to submit the resubmission request.***

Payment	
Payment Type	✓
Credit/Debit Card	
Customer Information	✓
Edit	
Address Nancy Nurse 2727 Mahan Dr. Tallahassee, FL 32308	
Country United States	Email Address
Payment Information	
Edit	
Credit Card [Blurred Card Number]	Name on Credit Card Nancy Nurse
Cancel	 Submit Payment

Initiate Payment – E-Checking

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 (refer to page 38 for Credit Card instructions)
 - 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.

Payment - Initiation Page

[Switch Agency View](#)

Clearinghouse Payment

As the parent agency of the Care Provider Background Screening Clearinghouse (Clearinghouse), all payments submitted to the Clearinghouse will be collected and processed by the Agency for Health Care Administration.

Division

TEST PROVIDER - 1234

Transaction Amount

\$99.99

Service Charge

Total Amount

Select Payment Method

Credit Card Checking



Pay Total Amount



Terms, Conditions & Fees for Payments: A non-refundable convenience fee of 2.50% 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.

[Cancel Screening Request](#)

Enter Payment Information – E-Checking

Select the Payment type and then hit Next. Fill out the Customer Information, and then hit Next. Finally, enter the Payment Information and hit Next.

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

Payment Information

Complete all required fields [*]

Name on Account *

Nancy Nurse



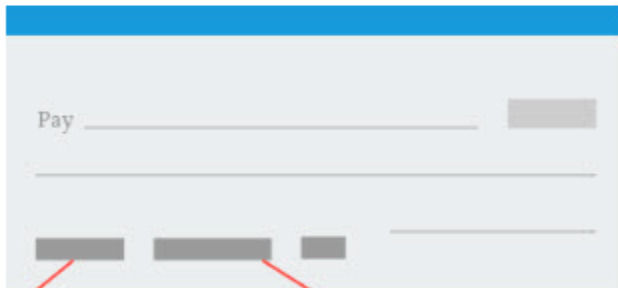
This is a business account.

Routing Number *

012345678



BANK OF AMERICA, N.A.



012345678

Routing Number

01234567890

Account Number

Account Number * ?

012345678901234567890



Re-enter Account Number. *

012345678901234567890



Checking Savings

CHECKING



Next >

Review Payment Information – E-Checking

You **must read the Full Terms and Conditions** and then check the acknowledgement box to authorize the transaction. Select the Submit Payment button, to submit your payment.

Payment Type ✓	
Electronic Check	
Customer Information ✓	
Edit	
Address Nancy Nurse 2727 Mahan Dr. Tallahassee, FL 32308	
Country United States	Email Address
Payment Information ✓	
Edit	
Electronic Check	Name on Account Nancy Nurse
Terms and Conditions Open a new window to print	
<div style="border: 1px solid black; background-color: yellow; padding: 5px;"><p>Yes, I authorize this transaction. Please print this page if you would like a copy of this authorization for your records.</p><p>By checking "Yes" and opting to pay by electronic debit against the bank account specified above, I agree and stipulate to all statements:</p><ol style="list-style-type: none">1. I am the legal owner, have power of attorney, or have legal authority in relation to the bank account specified above to be used for payment.2. Such bank account is open, validly issued, in good standing and able to accept electronic debits.</div>	
<input checked="" type="checkbox"/> Yes, I authorize this transaction.	
Cancel	Submit Payment

Submit Resubmission Request

Select 'Submit Resubmission Request' to complete this request. An email confirmation and receipt will be sent to the address on record.

Payment Confirmation [Switch Agency View](#)

Division TEST PROVIDER - 1234	Account Number 732385	
Transaction Amount \$16.00	Service Charge \$0.00	Total Amount \$16.00
Payment Method Checking	Payment Status Approved	Approval Code 1368467

Print This Page ←

Submit Resubmission Request ←

Resubmission Request Submitted

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

Initiate Screening

TEST, AGENCY

[Switch Agency View](#)

Screening Request Submitted

Your screening request has been submitted. A notification regarding updates for this request will be sent to the email address of record for this account.


If you wish to initiate a screening for another individual, select the "Initiate New Screening" button below.

[Home](#) [Initiate New Screening](#)

Open the applicant's profile page to view the status of a resubmission request.

Person Profile

[Switch Agency View](#)

First Name: AGENCY **Address Line 1:** 123 LANE **Sex:** MALE
Middle Name: **Address Line 2:** **Race:** WHITE
Last Name: TEST104 **City:** CITY **Hair Color:** Brown
Aliases: **State:** Florida **Eye Color:** Hazel
 ZIP: 33333 **Height:** 5' 05"
SSN: XXX-XX-0104 **County:** **Weight:** 150 lbs.
Date of Birth: 12/24/1972 **Prior States:** 

Place of Birth: Georgia

[Edit](#)

Screenings in Process

Screening #	Provider	Submitted Date	Status	Status Date	Action
658769	Summer Camps Test 1 - A11111	01/19/2015	Screening in Process	01/19/2015	Reprint Privacy Policy Remove

- Connected screenings

Provider: [Connect to Screenings](#) [Initiate Resubmission](#)

Retained Prints Expiration Date: 1/19/2020
Clearinghouse Screening Available?: Yes

Department of Children and Families Eligibility

Item	Status	Eligibility Determination Date
DCF General	Screening in Process	
DCF Substance Abuse - Adult Only	Screening in Process	
DCF Summer Camps	Screening in Process	

Initiate Clearinghouse Renewal

Per Florida Statute, retained fingerprints must be renewed every **5 years** in order to maintain eligibility for employment. To maintain the retention of fingerprints within the Clearinghouse the employer must request a Clearinghouse Renewal through the Clearinghouse Results Website (CRW) prior to the retained prints expiration date. By initiating a Clearinghouse Renewal through the CRW, the current fingerprints retained on file at the Florida Department of Law Enforcement will be resent to the Federal Bureau of Investigation allowing for an updated criminal history to be processed by the Clearinghouse. If the employer does not initiate a Clearinghouse Renewal an employee's prints will no longer be retained, the employee's eligibility determination will expire, and the employee will have to be re-fingerprinted at a Livescan Service Provider at an increased cost to comply with background screening requirements.

Providers may initiate a Clearinghouse Renewal 60 days before the Retained Prints Expiration Date is reached.


If the Clearinghouse Renewal is not initiated before the retained prints expiration date a new screening will need to be initiated in the Clearinghouse and the employee will have to be fingerprinted again.

Employers will receive notification of upcoming expiring retained prints for those employees listed on the Employee/Contractor Roster.

Clearinghouse Results Website Home Page

A welcome message and your provider information will appear on the Clearinghouse Results Website Home page. This page will also display the **Employees with Expiring Retained Prints** table and bulletin messages.

If an employee is on your Employee/Contractor roster and their retained prints expiration date is within the renewal window, their information will display in the Employee's with Expiring Retained Prints table. You can renew an employee by selecting **Renew**, their **Last Name**, or from the **Person Profile** page.



Agency for Health Care Administration

[Home](#) [Search](#) [Initiate Screening](#) [Screenings in Process](#) [Screening Results](#) [Livescan](#) [Employee/Contractor Roster](#) [Log Out](#)

Home [Switch Agency View](#)

Welcome to the Care Provider Background Screening Clearinghouse (Clearinghouse) results website. This secure site allows you to search existing screenings processed through the Clearinghouse, initiate a new screening, locate a Livescan service provider, track and review screening results you have requested, and maintain employment statuses of your applicants. The links provided above will assist you in navigating the site.

For instructions on using the website please review the [Clearinghouse Instruction Guide](#)

Employees With Expiring Retained Prints

Provider:

Selection	Last Name	First Name	RetainedPrints Expiration Date
RENEW	TEST2	APPLICANT	Nov 30 2017
RENEW	TEST3	APPLICANT	Nov 30 2017

Page 1 of 1

[← Previous](#) 1 [Next →](#)


Bulletins

Please Initiate All Screenings Prior to Fingerprinting

Utilizing the Clearinghouse website to initiate screening requests is required by law and provides the following benefits:

- Ability to track screenings from request to determination
- Provides email notifications regarding status updates
- Provides TCR number for rejected fingerprints
- Provides a **FREE** copy of the Florida Public Rap Sheet for 30-days

Or, to initiate a Clearinghouse Renewal for an individual, select the **Initiate Renewal** button from the Person Profile page.



Agency for Health Care Administration

[Home](#)
[Search](#)
[Initiate Screening](#)
[Screenings in Process](#)
[Screening Results](#)
[Livescan](#)
[Employee/Contractor Roster](#)
[Log Out](#)

Person Profile [Switch Agency View](#)


* **First Name:** APPLICANT
Middle Name:
* **Last Name:** TEST2
Suffix:
Aliases:

* **SSN:** XXX-XX-1235
* **Date of Birth:** 12/24/1972
* **Place of Birth:** Cuba

* **Address Line 1:** 123 LANE
Address Line 2:
* **City:** CITY
* **State:** Florida
* **ZIP:** 33333
County:

Phone Number:
Email Address:

* **Sex:** MALE
* **Race:** WHITE
* **Hair Color:** Black
* **Eye Color:** Black
* **Height:** 5' 05"
* **Weight:** 140 lbs.



▼ **Screenings in Process**

Screening #	Provider	Submitted Date	Status	Status Date	Action
2878744		10/25/2017	Determination Made	10/25/2017	Reprint Privacy Policy

←

Retained Prints Expiration Date: 11/30/2017
Clearinghouse Screening Available?: Yes

Agency for Health Care Administration Eligibility ?

Type	Item	Status	Eligibility Determination Date
Employment	Medicaid / Medicare Participating Provider	Eligible	10/25/2017
Employment	Non-Medicaid / Medicare Participating Provider	Eligible	10/25/2017
Position	Medicaid Provider Enrollment	Agency Review Required	
Position	AHCA Provider/Facility Licensure	Eligible	10/25/2017

Select Provider and Position

To ensure the appropriate criteria is applied during the Clearinghouse Renewal review, the provider and position type for the Clearinghouse Renewal must be selected.

- Select the **Provider** that the individual is employed by 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 employee's **Position** from the drop down list
- Select **Next**

Initiate Renewal [Switch Agency View](#)

TEST2, APPLICANT


Select Position

Screening Information

Provider:

* Position:

Cancel Back **Next**



Clearinghouse Renewal Payment

Payment options are Credit Card or E-Check.

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

To pay for the renewal:

- Select Payment Method
 - Credit Card
 - OR
 - Checking
- Select **Pay Total Amount** to continue

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

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

Clearinghouse Payment

As the parent agency of the Care Provider Background Screening Clearinghouse (Clearinghouse), all payments submitted to the Clearinghouse will be collected and processed by the Agency for Health Care Administration.

Division

CON Healthcare Facility-

Transaction Amount

\$43.25

Service Charge

\$1.41

Total Amount

\$44.66

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/debit card payments or \$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.











[Cancel Screening Request](#)

Enter Payment Information


First, enter the Customer Information section. Then, enter the payment information in the fields marked with asterisks (*) based upon the payment method you selected. Hit the “Next” button when finished entering or editing the payment.

Payment Information

Complete all required fields [*]

Credit Card Number * 	Credit Card Type
<input type="text" value="XXXXXXXXXX"/> 	   
Expiration Month *	Expiration Year *
<input type="text" value="MM"/> 	<input type="text" value="YY"/> 
Security Code * 	
<input type="text" value="XXX"/>	
Name on Credit Card *	
<input type="text" value="Nancy Nurse"/> 	

CREDIT CARD

 [Next >](#)

Payment Information

Complete all required fields [*]

Name on Account *

Nancy Nurse

This is a business account.

Routing Number *

BANK OF AMERICA, N.A.



012345678
Routing Number

01234567890
Account Number

Account Number *

Re-enter Account Number. *

Checking Savings

CHECKING



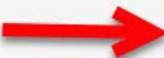
Next >

Review Payment Details

Finally, verify the entered customer and payment details. For E-Checking, read the Full Terms and Conditions, and check the acknowledgement box to authorize the payment. Select the Submit Payment button, to submit the payment.

Payment

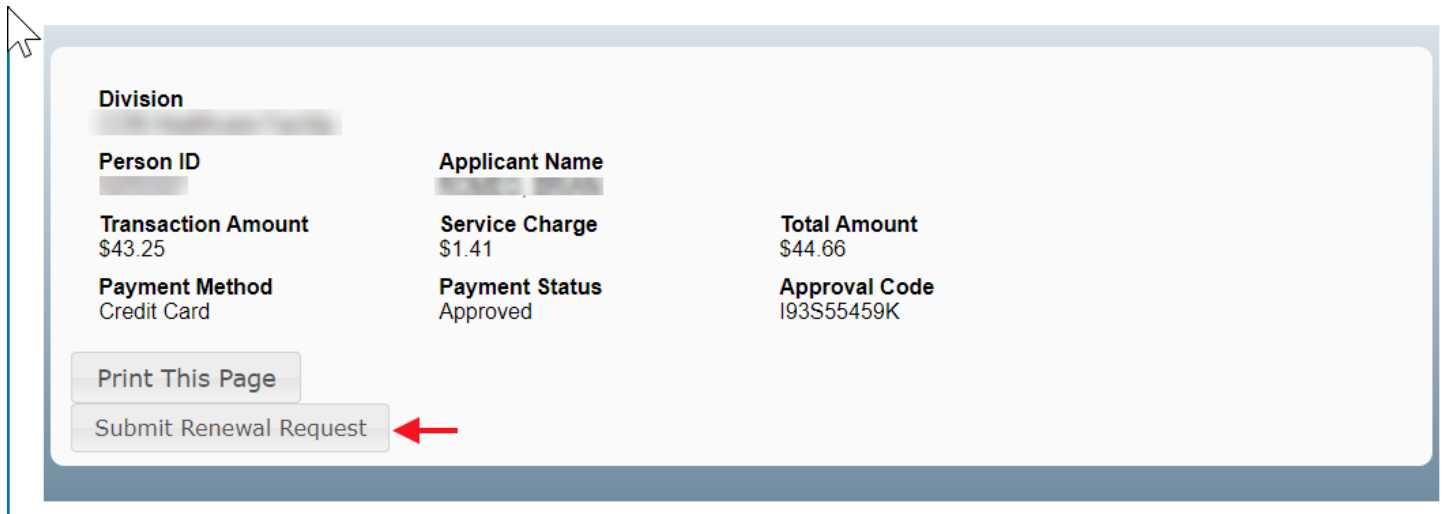
Payment Type	✓
Credit/Debit Card	
Customer Information	✓
<input type="button" value="Edit"/>	
Address Nancy Nurse 2727 Mahan Dr. Tallahassee, FL 32308	Email Address
Country United States	
Payment Information	✓
<input type="button" value="Edit"/>	
Credit Card [Blurred Card Number]	Name on Credit Card Nancy Nurse



Payment Type ✓	
Electronic Check	
Customer Information ✓	
Edit	
Address Nancy Nurse 2727 Mahan Dr. Tallahassee, FL 32308	
Country United States	Email Address
Payment Information ✓	
Edit	
Electronic Check	Name on Account Nancy Nurse
Terms and Conditions Open a new window to print	
<div style="border: 1px solid black; background-color: yellow; padding: 5px;"><p>Yes, I authorize this transaction. Please print this page if you would like a copy of this authorization for your records.</p><p>By checking "Yes" and opting to pay by electronic debit against the bank account specified above, I agree and stipulate to all statements:</p><ol style="list-style-type: none">1. I am the legal owner, have power of attorney, or have legal authority in relation to the bank account specified above to be used for payment.2. Such bank account is open, validly issued, in good standing and able to accept electronic debits.</div>	
<input checked="" type="checkbox"/> Yes, I authorize this transaction.	
Cancel	Submit Payment

Submit Renewal Request

Select **Submit Renewal Request** to complete this request. An email confirmation and receipt will be sent to the address on record.



Division ██████████		
Person ID ██████████	Applicant Name ██████████	
Transaction Amount \$43.25	Service Charge \$1.41	Total Amount \$44.66
Payment Method Credit Card	Payment Status Approved	Approval Code I93S55459K

Print This Page

Submit Renewal Request ←

Renewal Request Submitted

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

Initiate Renewal [Switch Agency View](#)

TEST2, APPLICANT

Renewal Request Submitted

Your renewal request has been submitted. A notification regarding updates for this request will be sent to the email address of record for this account.

If you wish to initiate a screening for another individual, select the "Initiate New Screening" button below.

[Home](#) [Initiate New Screening](#)

Person Profile – Renewal in Process

Open the employee's profile page to view the status of a Clearinghouse Renewal request.

An informational message displays indicating no further action can be taken until a determination has been made.