



Agency for Health Care Administration

Care Provider Background Screening Clearinghouse

AHCA Clearinghouse Results Website Instruction Guide

Updated 11/21/2024

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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:

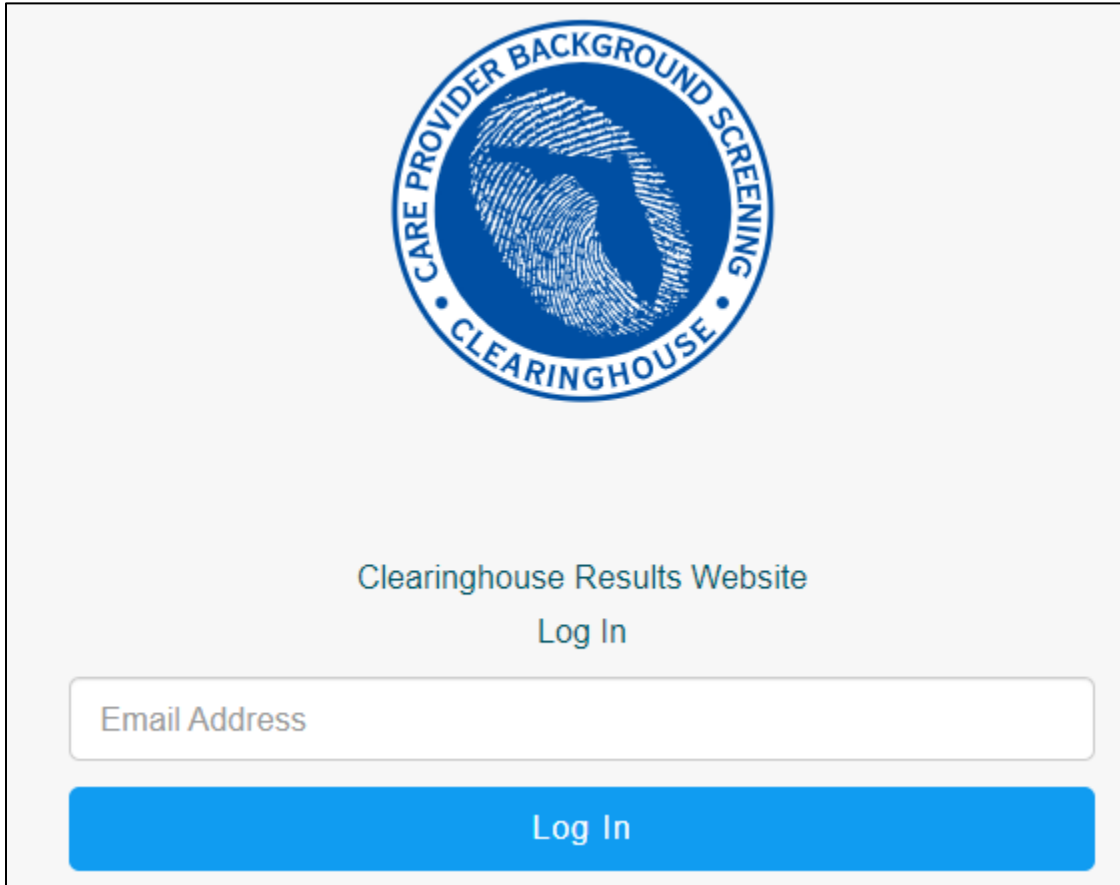
- Ability to share results of criminal history checks among specified agencies.
- Ability to view subsequent arrest information for employees with retained fingerprints (*only available to current employers of the individual*).
- Ability to track screenings from the time the screening request is initiated 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.

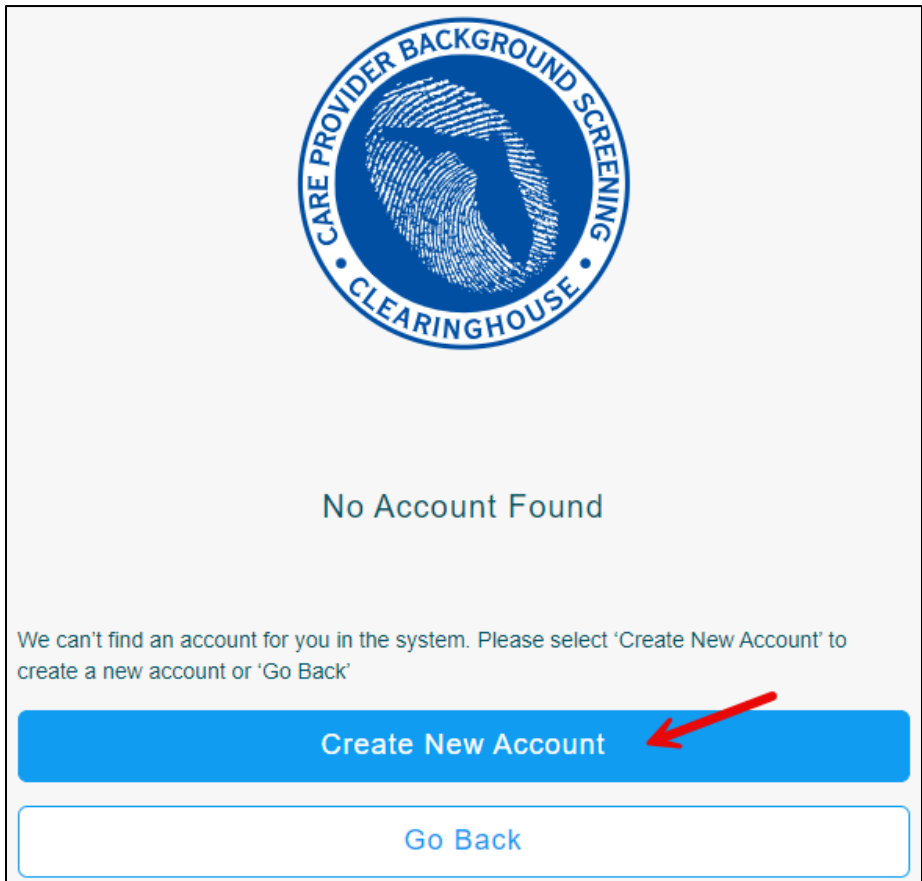
Create new CRW Account

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

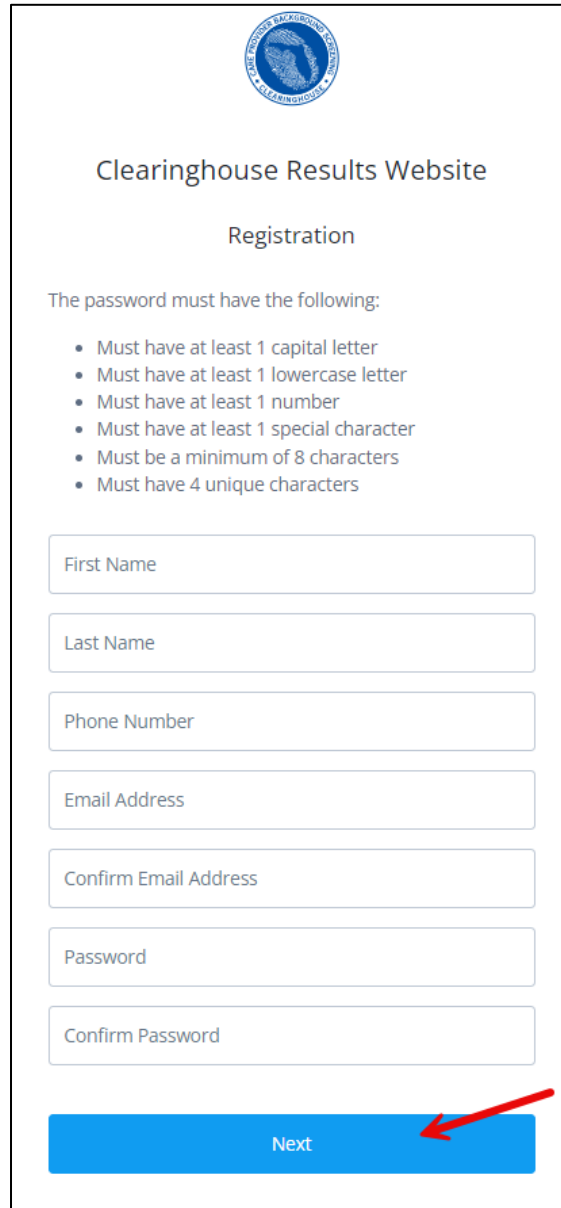


The image shows a login form for the Clearinghouse Results Website. At the top center is a circular logo with a fingerprint in the center. The text around the fingerprint reads "CARE PROVIDER BACKGROUND SCREENING" at the top and "CLEARINGHOUSE" at the bottom, separated by two small dots on each side. Below the logo, the text "Clearinghouse Results Website" is centered, followed by "Log In" also centered. Underneath 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" centered 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.



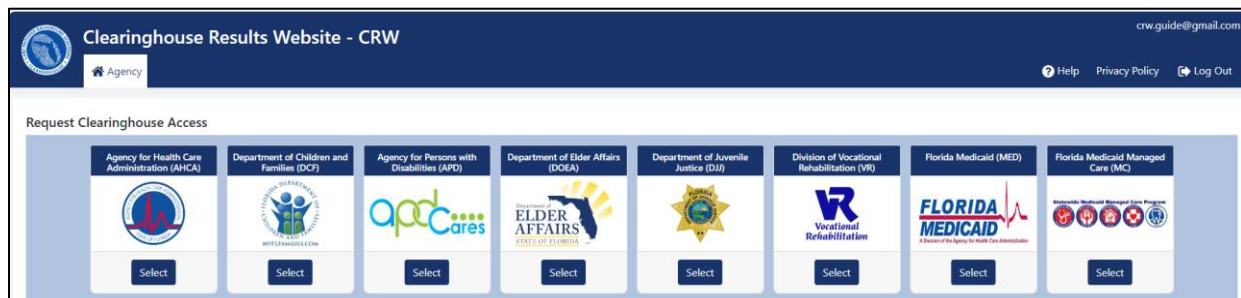
Fill the Registration fields, then click 'Next' to create new CRW Account.



The registration form is titled "Clearinghouse Results Website Registration". It includes a list of password requirements: at least 1 capital letter, 1 lowercase letter, 1 number, 1 special character, a minimum of 8 characters, and 4 unique characters. Below the list are input fields for First Name, Last Name, Phone Number, Email Address, Confirm Email Address, Password, and Confirm Password. A blue "Next" button is at the bottom, with a red arrow pointing to it.

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 "Request Clearinghouse Access" screen shows a grid of agency logos with "Select" buttons. The agencies listed 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).

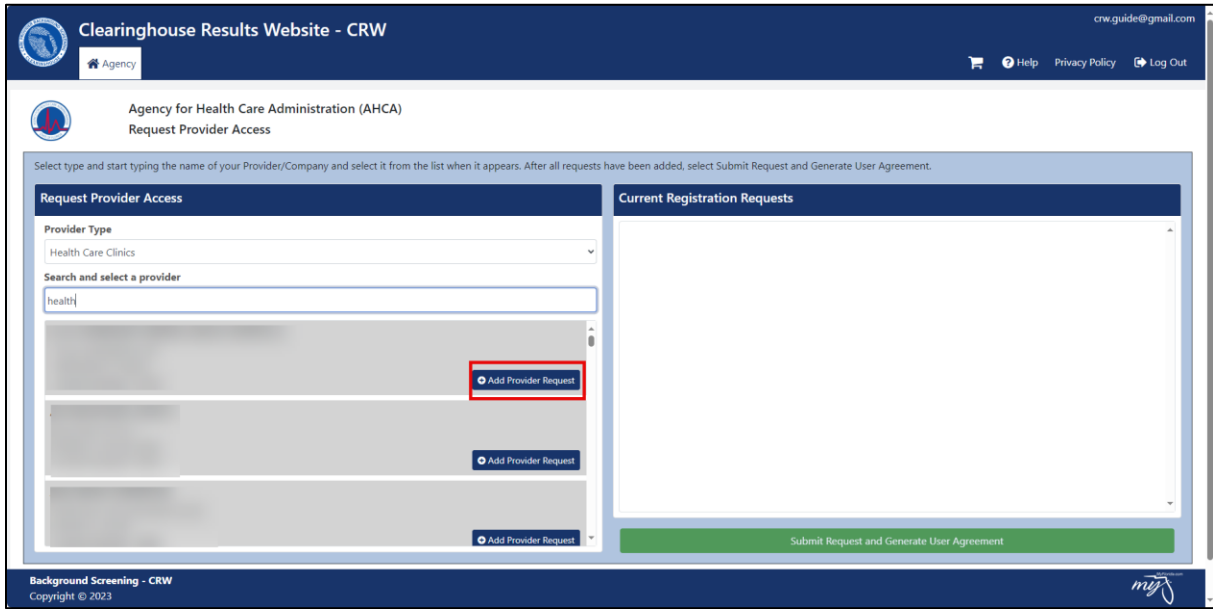
Select a Provider Type in the dropdown field.

The screenshot shows the 'Request Provider Access' form on the Clearinghouse Results Website - CRW. The page header includes the website name, a home icon, and user information (crw.guide@gmail.com). The main content area is titled 'Agency for Health Care Administration (AHCA) Request Provider Access'. Below the title, there is a instruction: 'Select type and start typing the name of your Provider/Company and select it from the list when it appears. After all requests have been added, select Submit Request and Generate User Agreement.' The form is divided into two main sections: 'Request Provider Access' and 'Current Registration Requests'. In the 'Request Provider Access' section, the 'Provider Type' dropdown menu is highlighted with a red box and shows '-- Please Select --'. Below it is a search field labeled 'Search and select a provider' which is currently empty. The 'Current Registration Requests' section is empty. At the bottom of the form, there 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.

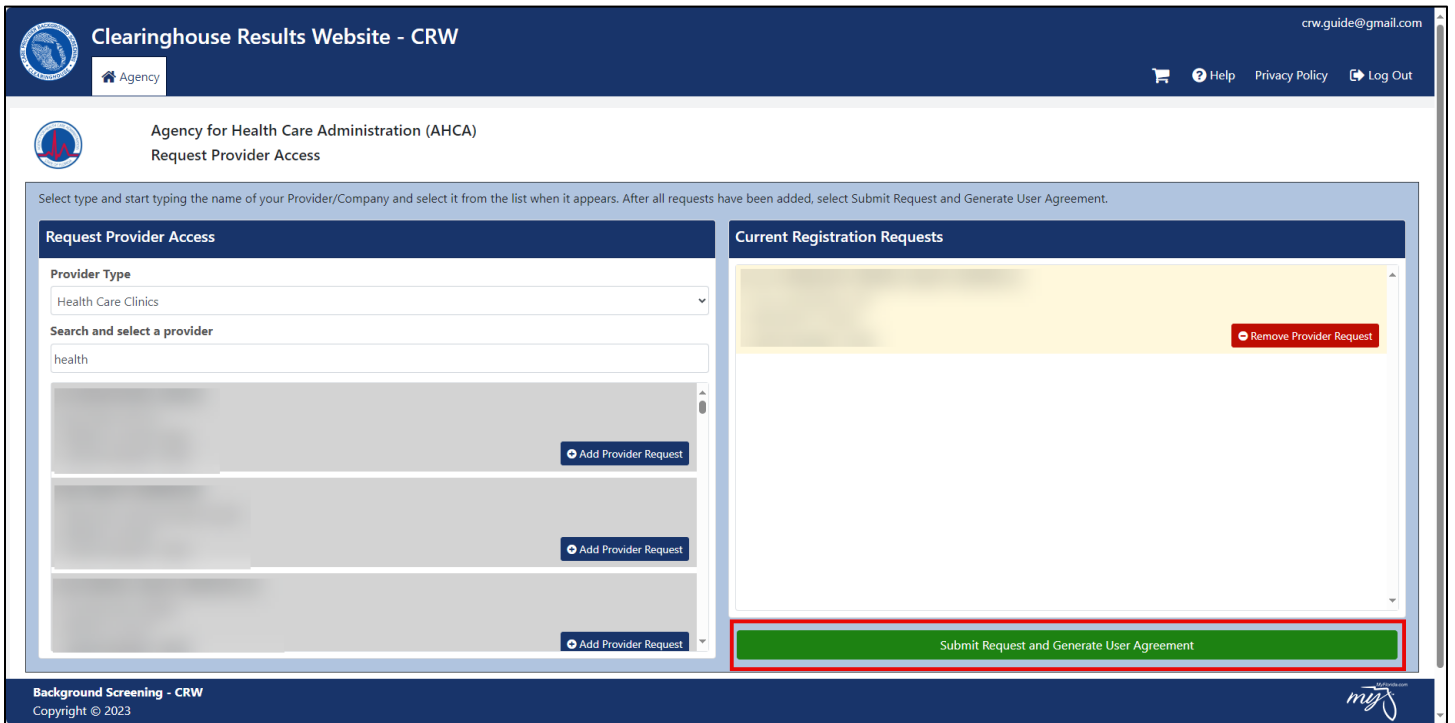
Type the Provider's name in the 'Search and select a provider' field. This field performs partial searches.

The screenshot shows the 'Request Provider Access' form on the Clearinghouse Results Website - CRW. The page header is the same as in the previous screenshot. The 'Request Provider Access' section now shows the 'Provider Type' dropdown menu set to 'Health Care Clinics'. The 'Search and select a provider' field is highlighted with a red box and contains the text 'health'. Below the search field, there are three blurred search results, each with an 'Add Provider Request' button. The 'Current Registration Requests' section remains empty. The green 'Submit Request and Generate User Agreement' button is still present at the bottom. The footer is also the same as in the previous screenshot.

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



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



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 Copyright © 2023 my

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.

The screenshot shows the 'Clearinghouse Results Website - CRW' interface. At the top, there is a navigation bar with the site logo, 'Agency' dropdown, and links for 'Help', 'Privacy Policy', and 'Log Out'. The main content area is titled 'Select an Agency for Clearinghouse Access'. It is divided into two sections: 'Agencies with access granted' (highlighted in green) and 'Request Clearinghouse Access' (highlighted in blue). The green section contains three agency cards: 'Agency for Health Care Administration (AHCA)', 'Department of Children and Families (DCF)', and 'Division of Vocational Rehabilitation (VR)'. The blue section contains five agency cards: 'Agency for Persons with Disabilities (APD)', 'Department of Elder Affairs (DOEA)', 'Department of Juvenile Justice (DJJ)', 'Florida Medicaid (MED)', and 'Florida Medicaid Managed Care (MC)'. Each card features the agency's logo and a 'Select' button. At the bottom, there is a footer with 'Background Screening - CRW' and a URL: 'https://crwdev.fclearinghouse.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.

The screenshot shows the 'Clearinghouse Results Website - CRW' interface for the 'Agency for Health Care Administration (AHCA) Clearinghouse Access Page'. The top navigation bar is identical to the previous screenshot. The main content area is titled 'AHCA - Background Screening Clearinghouse' and features a large green button labeled 'Access the Clearinghouse' with a red arrow pointing to it. Below this, there is a section for 'Requested Provider Access' with an 'Add Providers' button. A table lists the requested provider access:

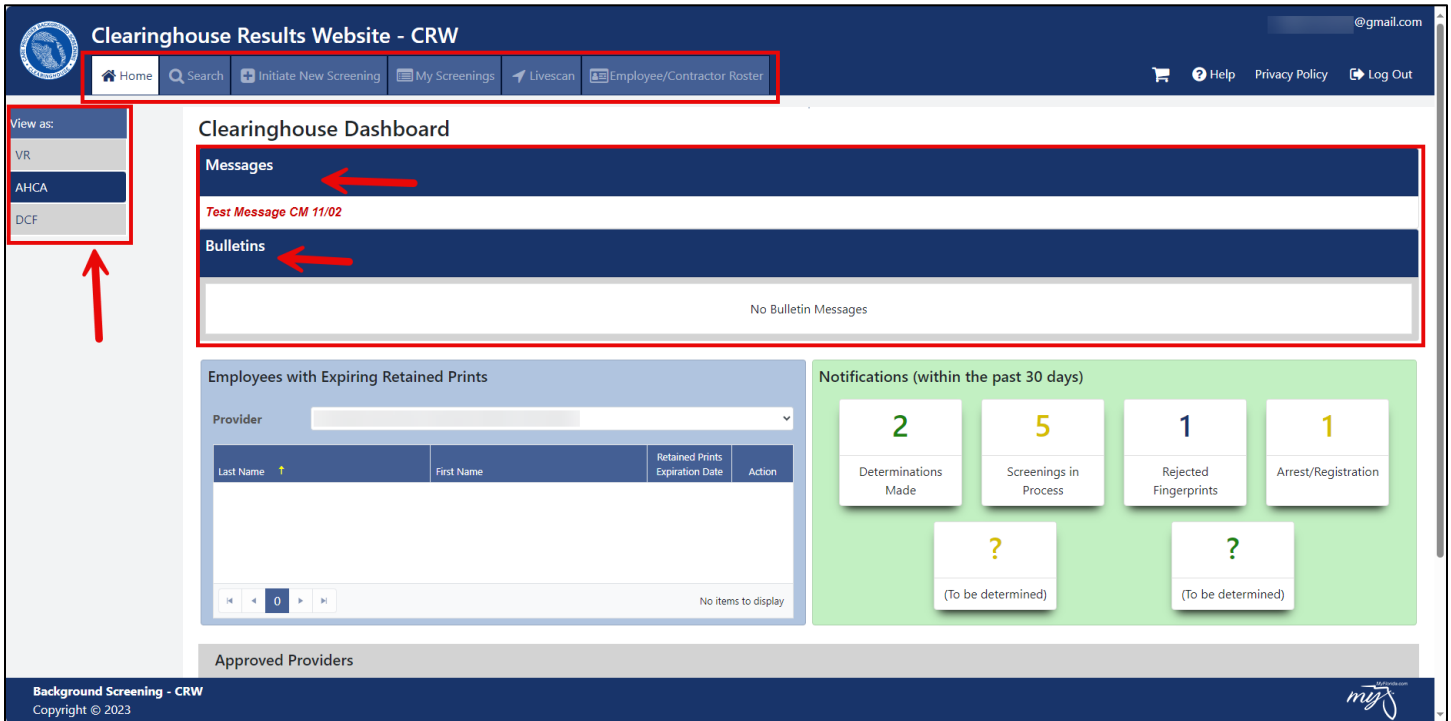
Provider Name	Provider Number	License Number	Role Status	Action
Provider with Clearinghouse Access			Approved	User Agreement

Below the table, there is a 'Users' section with a 'Provider Name' dropdown menu and a 'Status' dropdown menu. At the bottom, there is a footer with 'Background Screening - CRW' and 'Copyright © 2023'.

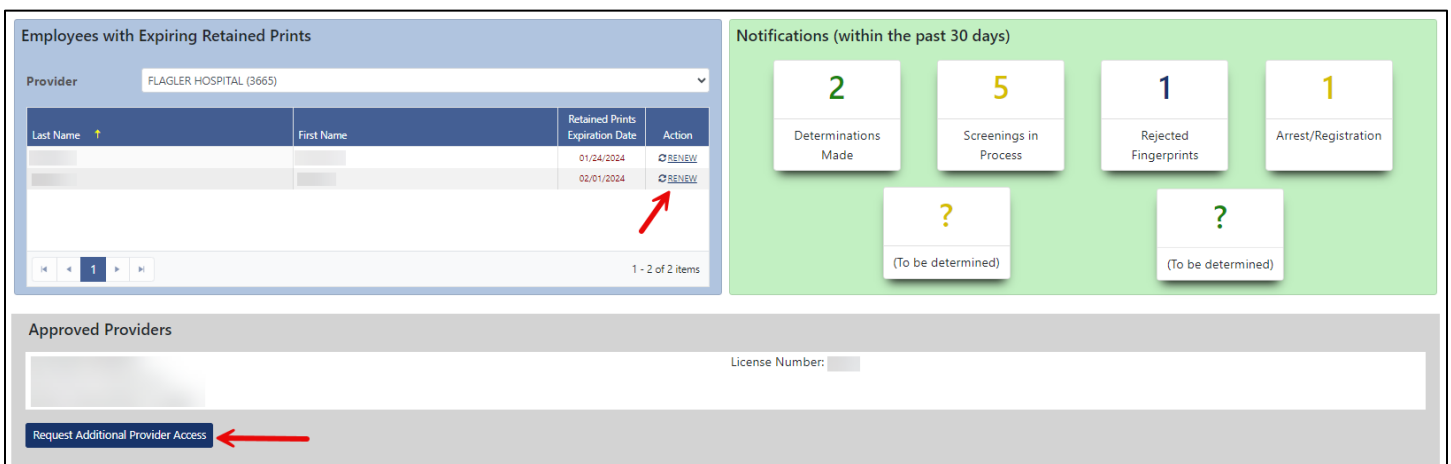
Clearinghouse Dashboard

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.



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.



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

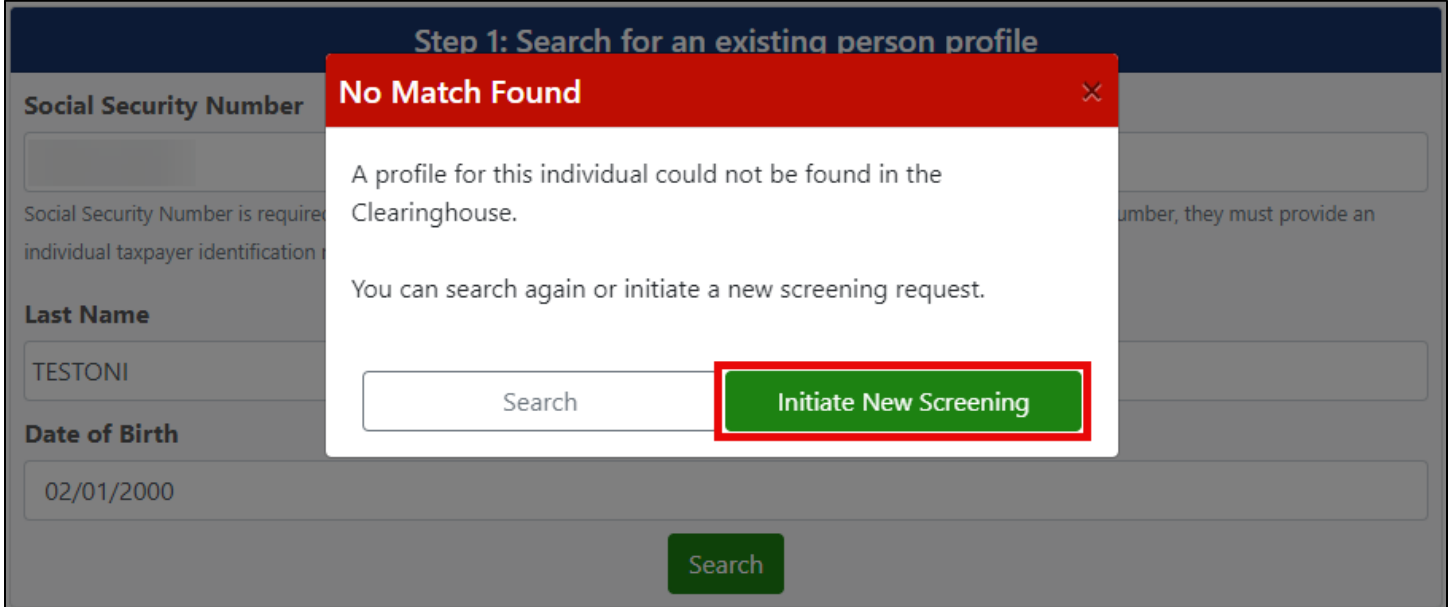
Date of Birth
MM/DD/YYYY

Search

Background Screening - CRW
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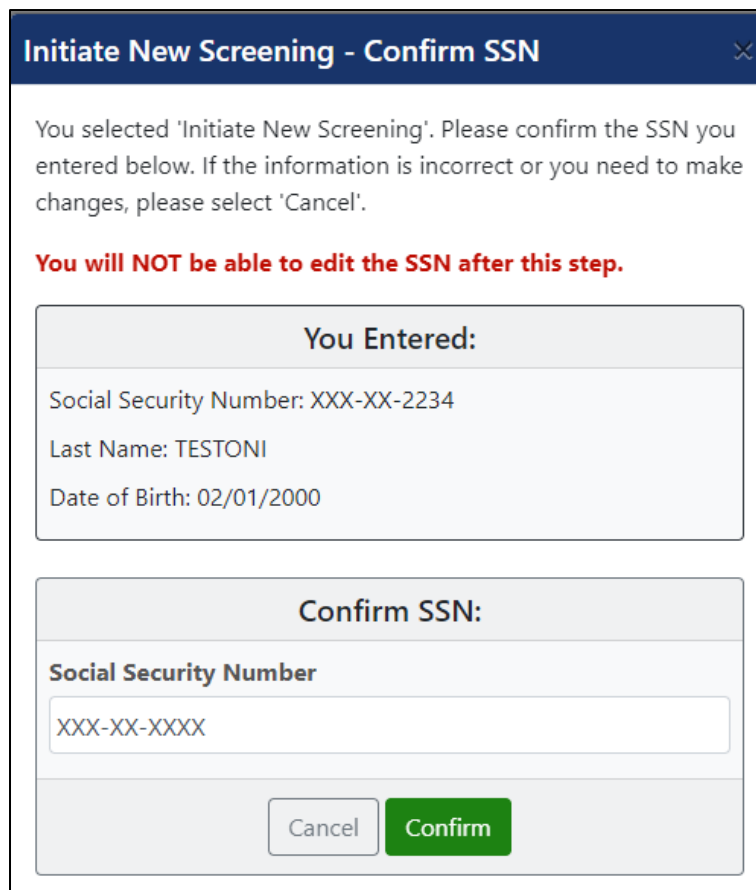
Initiate New Screening

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



The screenshot shows a web application interface for initiating a new screening. The main heading is "Step 1: Search for an existing person profile". Below this, there are input fields for "Social Security Number", "Last Name" (with the value "TESTONI"), and "Date of Birth" (with the value "02/01/2000"). A "Search" button is located at the bottom of the form. A red error message box is overlaid on the form, titled "No Match Found". The message reads: "A profile for this individual could not be found in the Clearinghouse. You can search again or initiate a new screening request." Below the message, there are two buttons: "Search" and "Initiate New Screening". The "Initiate New Screening" button is highlighted with a red border.

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.



The screenshot shows a confirmation dialog box titled "Initiate New Screening - Confirm SSN". The dialog contains the following text: "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'." Below this, there is a red warning message: "You will NOT be able to edit the SSN after this step." The dialog is divided into two sections: "You Entered:" and "Confirm SSN:". The "You Entered:" section displays the following information: "Social Security Number: XXX-XX-2234", "Last Name: TESTONI", and "Date of Birth: 02/01/2000". The "Confirm SSN:" section has a sub-heading "Social Security Number" and a text input field containing "XXX-XX-XXXX". At the bottom of the dialog, there are two buttons: "Cancel" and "Confirm".

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 a web form titled "Enter Person Profile". At the top, there is a breadcrumb trail: Home > Initiate New Screening > Enter Person Profile. The form is organized into several sections with labels and asterisks indicating required fields. The "First Name" field contains "TESTA" and the "Last Name" field contains "TESTONI". The "SSN" field contains "XXX-XX-2234" and the "Date of Birth" field contains "02/01/2000". The "Place of Birth" field is a dropdown menu with "-- Please Select --". The "Mailing Address" field is a large text area. The "City", "State", and "Zip Code" fields are dropdown menus. The "Phone Number" and "Email Address" fields are text areas. The "Sex", "Race", and "Hair Color" fields are dropdown menus. The "Eye Color", "Height", and "Weight" fields are dropdown menus. At the bottom left, there is a legend: "* = Required". At the bottom right, there are two buttons: "Cancel" and "Next". A red arrow points 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

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)

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](#)

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

Export to Excel | Print All

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:	[REDACTED]
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:	[REDACTED]
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.)

Requesting Health Care and/or Service Provider

[REDACTED]

LicenseNumber [REDACTED]
PhoneNumber [REDACTED]

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

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	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 TESTA TESTONI. The page has a dark blue header with the Clearinghouse logo and navigation links: Home, Search, Initiate New Screening, My Screenings, Livescan, and Employee/Contractor Roster. The user's email, crw.guide@gmail.com, is in the top right. A sidebar on the left shows a 'Photo Unavailable' icon and a box for 'Retained Prints Expiration Date' (Prints Not Retained) and 'Clearinghouse Screening Available?' (No). The main form is divided into three columns: Personal Information (First Name: TESTA, Middle Name: optional, Last Name: TESTONI, Aliases: optional, SSN: XXX-XX-2234, Date of Birth: 02/01/2000, Place of Birth: U.S. Virgin Islands), Mailing Address (123 test drive, Apt/Unit/Suite: optional, City: tallahassee, State: Florida, Zip Code: 32399, Phone Number: (123) 456-7890, Email Address: testoni.testner@gmail.com), and Physical Attributes (Sex: FEMALE, Race: ASIAN, Hair Color: Black, Eye Color: Brown, Height: 5' 06", Weight: 190). A red warning message at the bottom states: '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.' Below the message are 'Cancel' and 'Save' buttons. The footer includes 'Background Screening - CRW Copyright © 2023' and the 'my' logo.

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.

The image shows a green button labeled 'Initiate Agency Review'. Below it is a text box with the instruction: 'Select the 'Initiate Agency Review' button to request a FREE agency review of the screening on file with the Clearinghouse.' At the bottom of the box is another green button labeled 'Initiate Agency Review'.

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

The image shows a dark blue button labeled 'Initiate Renewal'. Below it is a text box with the instruction: '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.' At the bottom of the box is another dark blue button labeled 'Initiate Renewal'.

- [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.

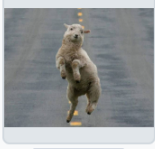
Person Profile – Public Rap Sheets and Arrest/Registration Notifications

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	Mailing Address	Sex
Middle Name	Apt/Unit/Suite	Race
Last Name	City	Hair Color
Aliases	State	Eye Color
SSN	Zip Code	Height
Date of Birth	Phone Number	Weight
Place of Birth	Email Address	

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	[Redacted]	Employee or Contracted Staff Person		11/14/2022		Edit
DCF	[Redacted]	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:	<input type="text"/>	<p style="font-size: x-small; color: blue;">Photo Unavailable</p>
SSN:	<input type="text"/>	
Date of Birth:	<input type="text"/>	
Provider:	<input type="text" value="-- Please Select --"/>	
Position:	<input type="text" value="-- Please Select --"/>	
Provisional Hire/Contract Date:	<input type="text" value="MM/DD/YYYY"/>	
<input type="button" value="Cancel"/> <input style="margin-left: 100px;" type="button" value="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	[Redacted]	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:

Position:

Provisional Hire/Contract Date:

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	[Redacted]	Employee or Contracted Staff Person		11/14/2022		Edit
DCF	[Redacted]	Employee or Staff Person		06/08/2021		

[+ Add Employment/Contract Record](#)

Edit Employment/Contract Record

Name:

SSN:

Date of Birth:

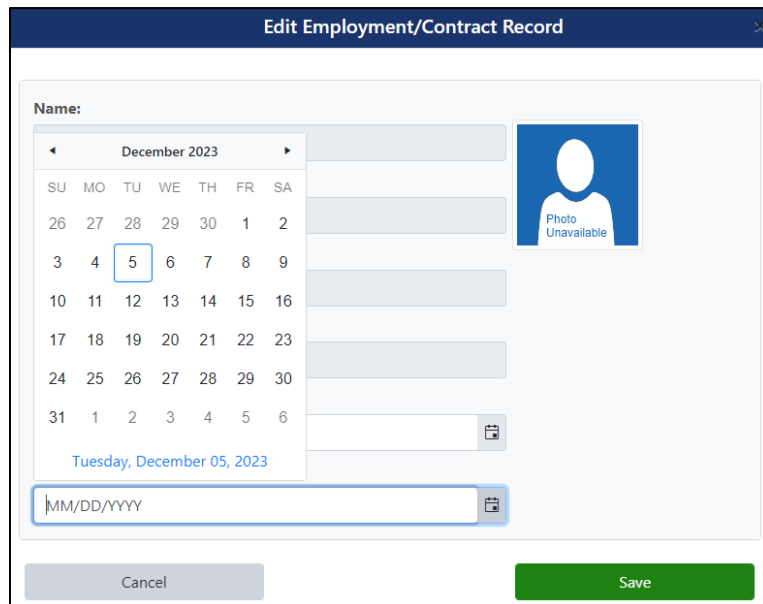
Provider:

Permanent Hire/Contract Date:

End Date:



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.



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.

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:						
<input type="text"/>		-- Any Provider --			<input type="button" value="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
<input type="button" value="1"/> <input type="button" value="10"/> items per page		1 - 7 of 7 items						
							<input type="button" value="Export to Excel"/>	<input type="button" value="Print All"/>

Screening in Process

The Screenings in Process section provides a listing of all screening requests that you have initiated or connected to, along with the current status.

Screenings In Process								<input type="button" value="Payment History"/>	
You may view, filter, export and print your agency and provider specific screening requests using the fields below. Screening requests will remain in this section for 90 days after initiated. If a screening request does not appear in this section, then the determination is complete or you have taken an action to remove it from view.									
Last Name:		Provider:			Screening Status:				
<input type="text"/>		-- Any Provider --			-- Any Status --				<input type="button" value="Search"/>
Full Name	SSN	Screening #	Date Submitted	Provider Name	Position	Screening Status	Screening Request Type	Action	
			10/05/2023		Employee/Staff Person	Screening In Process	Primary	View	
			12/05/2023		Home Health Aide	Awaiting Fingerprints	Primary	View	
<input type="button" value="1"/> <input type="button" value="10"/> items per page		1 - 2 of 2 items							
							<input type="button" value="Export to Excel"/>	<input type="button" value="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 **Zip Code** **City**

test system

County **State**

-- Please Select -- 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.

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 **Hire/Contract Date:** MM/DD/YYYY

[Search](#)

Employee/Contractor Roster [Add New Employee/Contractor Record](#)

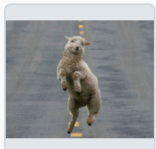
Last Name ↑	First Name ↑	Provider Name	Position Type	Provisional Hire / Contract Date	Permanent Hire / Contract Date	Date Retained Prints Expire	End Date	Action
			Household Member		02/05/2018	05/22/2027		Edit
			Household Member		01/31/2018	06/16/2022 Expired		Edit

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.

[Add Employment/Contract Record](#) [Print Results](#)



[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

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'.

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

Confirm Person Profile

First Name * **Middle Name (optional)** **Last Name ***

Surfix (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

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)

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
[Greyed out]

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 Payment Type ✓

Credit/Debit Card **Electronic Check**

Customer Information Customer Information

Country * Complete all required Country * Complete all required fields [*]

United States United States

First Name * Last Name * First Name * Last Name *

Address * Address *

Address 2 Address 2

City * State * City * State *

Select State Select State

ZIP/Postal Code * ZIP/Postal Code *

Phone Number Phone Number

Next Next >

Payment Information 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 *
 Complete all required fields [*]

This is a business account.

Routing Number *
 Account Number *

Re-enter Account Number. *
 Checking Savings

Next >

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

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

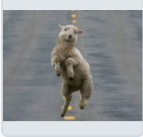
Transaction Amount	Payment Method	Payment Status
\$43.25	Check	Approved

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 [Redacted]

Middle Name [Redacted]

Last Name [Redacted]

Aliases [Redacted]

SSN [Redacted]

Date of Birth [Redacted]

Place of Birth [Redacted]

Mailing Address

Apt/Unit/Suite [Redacted]

City [Redacted]

State [Redacted]

Zip Code [Redacted]

Phone Number [Redacted]

Email Address [Redacted]

Sex [Redacted]

Race [Redacted]

Hair Color [Redacted]

Eye Color [Redacted]

Height [Redacted]

Weight [Redacted]

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
[Redacted]	[Redacted]	09/17/2024	Renewal In Process ←	09/17/2024	
[Redacted]	[Redacted]	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 navigation bar at the top. On the left is a profile picture of a dog and an 'Edit Profile' button. The main content area is divided into three columns: 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), and Demographics (Sex, Race, Hair Color, Eye Color, Height, Weight). On the right, a box shows 'Retained Prints Expiration Date: 8/1/2024' and 'Clearinghouse Status: Yes'. Below this is a table titled 'Agency for Persons with Disabilities Eligibility' with columns for Type, Item, Eligibility Status, and Eligibility Determination Date. The table lists three employment items: 'APD General', 'APD Developmental Disability Centers', and 'APD CDC', all with an 'Agency Review Required' status. A yellow button labeled 'Explanation of Results' is at the bottom right of the table. At the bottom center, a green button labeled 'Initiate Agency Review' is highlighted with a red arrow. Below the button is a text box explaining that clicking the button requests a FREE agency review of the screening on file with the Clearinghouse.

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

The screenshot shows the 'Confirm Person Profile' form. It has a breadcrumb trail: Home > Initiate Agency Review > Confirm Person Profile. The form is organized into several sections. The first section contains text input fields for First Name, Middle Name (optional), Last Name, Suffix (optional), and Aliases (optional). The second section contains text input fields for SSN, Date of Birth, and Place of Birth (a dropdown menu). The third section contains text input fields for Mailing Address, Apt/Unit/Suite (optional), City, State (a dropdown menu with '-- Please Select --'), and Zip Code. The fourth section contains text input fields for Phone Number and Email Address. The fifth section contains dropdown menus for Sex, Race, Hair Color, Eye Color, Height, and Weight. A legend at the bottom left indicates that an asterisk (*) denotes a required field. At the bottom right, there are 'Cancel' and 'Next' buttons.

[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](#) ←

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.

Confirmation Page

[Home](#) > [Initiate Agency Review](#) > [Person Profile](#) > [OIG List](#) > [NNAR](#) > [Provider/Position](#) > [Confirmation Page](#)

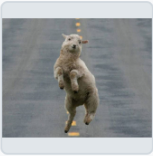
Agency Review Request Submitted Successfully

Your screening request was successfully submitted. Screening results are generally available within 5 - 7 business days. To return to the Homepage, select **Home**.

[Home](#)

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

[Add Employment/Contract Record](#) [Print Results](#)



[Edit Profile](#)

First Name		Mailing Address		Sex		Retained Prints Expiration Date 1/23/2029 Clearinghouse Status Yes
Middle Name		Apt/Unit/Suite		Race		
Last Name		City		Hair Color		
Aliases		State		Eye Color		
SSN		Zip Code		Height		
Date of Birth		Phone Number		Weight		
Place of Birth		Email Address				

Department of Juvenile Justice Eligibility

Type	Item	Eligibility Determination	Eligibility Determination Date
Employment	Caretakers	Agency Review In Process	09/17/2024

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

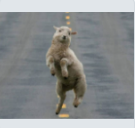
Screening in Process

Screening #	Provider Name	Submitted	Status	Status Date	Action
		09/17/2024	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.



[Edit Profile](#)

First Name [Redacted]

Middle Name [Redacted]

Last Name [Redacted]

Aliases [Redacted]

SSN [Redacted]

Date of Birth [Redacted]

Place of Birth [Redacted]

Mailing Address

Apt/Unit/Suite [Redacted]

City [Redacted]

State [Redacted]

Zip Code [Redacted]

Phone Number [Redacted]

Email Address [Redacted]

Sex [Redacted]

Race [Redacted]

Hair Color [Redacted]

Eye Color [Redacted]

Height [Redacted]

Weight [Redacted]

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	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
[Redacted]	[Redacted]	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'.

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

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

[Yellow dropdown menu]

Position

[Yellow dropdown menu with "Home Health Aide" selected]

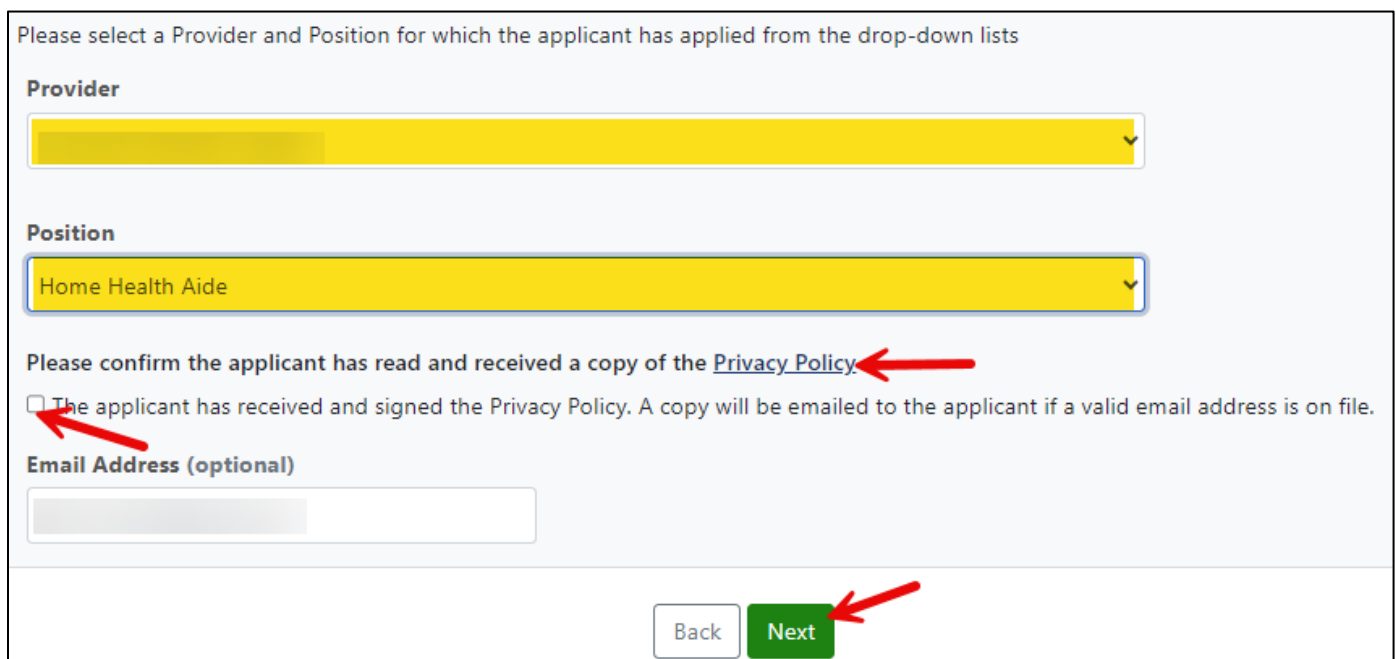
Please confirm the applicant has read and received a copy of the [Privacy Policy](#).

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)

[Text input field]

[Back] [Next]



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
[Greyed out]

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 shows two side-by-side payment selection options. The left option is 'Credit/Debit Card' and the right is 'Electronic Check'. Both are highlighted with red boxes. Below each option is a 'Customer Information' form. The forms are identical and contain the following fields: Country (dropdown menu with 'United States' selected), First Name (text input), Last Name (text input), Address (text input), Address 2 (text input), City (text input), State (dropdown menu with 'Select State' selected), ZIP/Postal Code (text input), and Phone Number (text input). A 'Next' button is located at the bottom right of each form.

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

The screenshot shows the 'Payment Information' screen. It contains the following fields: Credit Card Number (text input), Expiration Month (dropdown menu with 'Select a Month' selected), Expiration Year (dropdown menu with 'Select a Year' selected), Security Code (text input), Name on Credit Card (text input), Credit Card Type (radio buttons with logos for MasterCard, VISA, DISCOVER, and AMERICAN EXPRESS), Name on Account (text input), Routing Number (text input), Account Number (text input), and Re-enter Account Number (text input). There is a checkbox for 'This is a business account' and radio buttons for 'Checking' and 'Savings'. A 'Next' button is located at the bottom right. Two red boxes highlight the Routing Number and Account Number fields, with labels '012345678 Routing Number' and '01234567890 Account Number' respectively.

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	Customer Information ✓
Payment Type ✓ Credit/Debit Card	Address [Redacted] Phone Number [Redacted]
Customer Information ✓	Country United States Email Address [Redacted]
Address [Redacted] Phone Number [Redacted]	Payment Information ✓
Country United States Email Address [Redacted]	Electronic Check [Redacted] Name on Account [Redacted]
Payment Information ✓	Terms and Conditions Open a new window to print
Credit Card Visa Exp. 06/2029 Name on Credit Card [Redacted]	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
<input checked="" type="checkbox"/> Yes, I authorize this transaction.	
<input type="button" value="Cancel"/> <input type="button" value="Submit Payment"/>	<input type="button" value="Cancel"/> <input type="button" value="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	Payment Status
	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

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

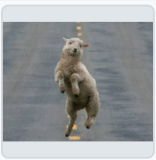
Transaction Amount	Payment Method	Payment Status
	Check	Approved

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 resubmission request.

➤ Add Employment/Contract Record
🖨 Print Results



[Edit Profile](#)

First Name [Redacted]

Middle Name [Redacted]

Last Name [Redacted]

Aliases [Redacted]

SSN [Redacted]

Date of Birth [Redacted]

Place of Birth [Redacted]

Mailing Address

Apt/Unit/Suite [Redacted]

City [Redacted]

State [Redacted]

Zip Code [Redacted]

Phone Number [Redacted]

Email Address [Redacted]

Sex [Redacted]

Race [Redacted]

Hair Color [Redacted]

Eye Color [Redacted]

Height [Redacted]

Weight [Redacted]

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	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
[Redacted]	[Redacted]	09/17/2024	Resubmission In Process ←	09/17/2024	
[Redacted]	[Redacted]	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.