



Agency for Health Care Administration

Care Provider Background Screening Clearinghouse

AHCA Clearinghouse Results Website Instruction Guide

4/2/2025

Table of Contents

Clearinghouse Results Website Overview	5
Clearinghouse Results Website Access	6
Create new CRW Account.....	Error! Bookmark not defined.
Request for Agency Access	6
Agency Clearinghouse Access	12
Clearinghouse Dashboard	14
Search for Screening Results	16
Initiate New Screening.....	17
Enter Profile Information.....	18
Select Position, Confirm Privacy Policy, and Set ORI.....	19
Select Livescan Provider and Make Appointment.....	21
Make Appointment.....	21
Print Livescan Request Form	22
Profile Page.....	23
Person Profile – Edit Demographics.....	24
Person Profile – Screening Actions.....	25
Person Profile – Clearinghouse Status	26
Person Profile – Public Rap Sheets and Arrest/Registration Notifications	26
Person Profile – Eligibility Determinations and DOH Licensure.....	Error! Bookmark not defined.
Person Profile – Employment/Contract History	28
Add Employment/Contract Record	28
Edit Employment Record	30
My Screenings Tab.....	31
Determinations Made.....	31
Screening in Process.....	32
Rejected Fingerprints.....	Error! Bookmark not defined.
Arrest/Registration	Error! Bookmark not defined.
Livescan Tab.....	32
Employee/Contractor Roster	33
Initiate Renewal.....	34
Search Medicare/Medicaid Exclusions (OIG List).....	Error! Bookmark not defined.
National Nurse Aide Registry (NNAR) Search.....	Error! Bookmark not defined.
Select Position, Confirm Privacy Policy, and Set ORI.....	Error! Bookmark not defined.
Add to Cart or Pay Now	39
Initiate Renewal Payment.....	39
Enter Payment Information.....	40
Review Payment Information & Submit Renewal Request.....	42

Renewal Confirmation	42
Initiate Agency Review	43
Select Position, Confirm Privacy Policy, and Set ORI.....	Error! Bookmark not defined.
Agency Review Request Submitted	45
Initiate Resubmission	46
Select Position, Confirm Privacy Policy, and Set ORI.....	Error! Bookmark not defined.
Add to Cart or Pay Now	47
Initiate Resubmission Payment	48
Enter Payment Information	49
Review Payment Information & Submit Resubmission Request	50
Resubmission Confirmation.....	50

Clearinghouse Results Website Overview

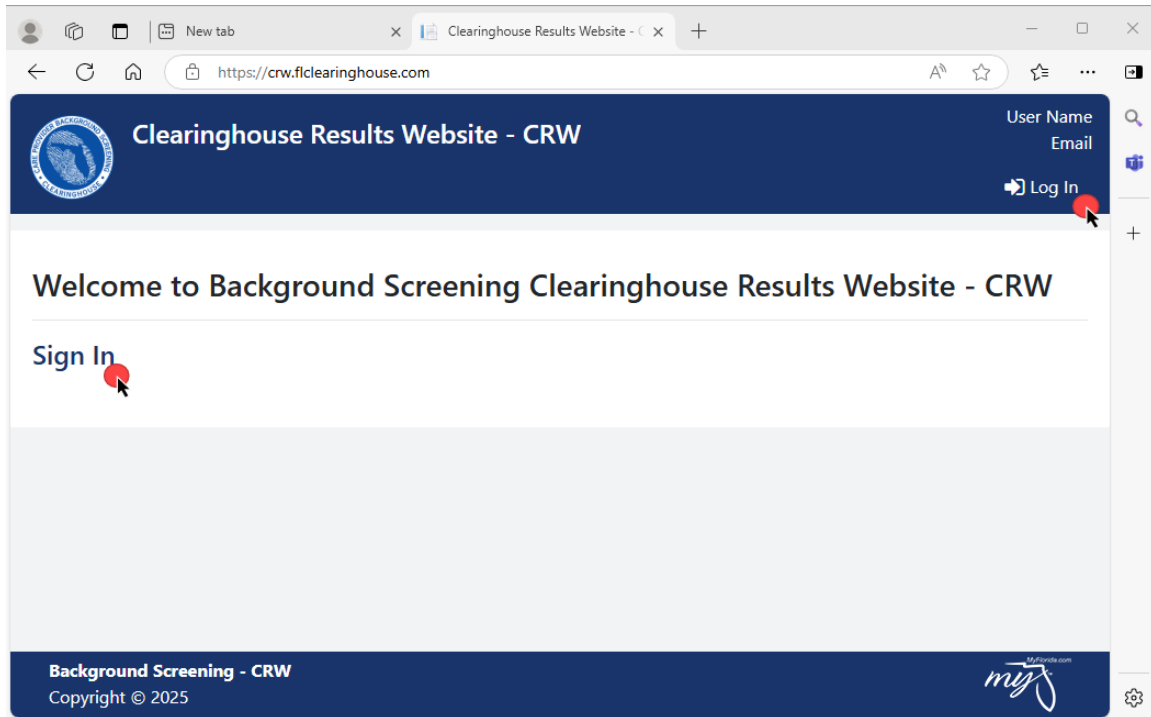
In response to the requirements passed during the 2012 Legislative session, the Agency for Health Care Administration (Agency) created the Care Provider Background Screening Clearinghouse (Clearinghouse) Website for use by all specified agencies. The enhanced website allows users to initiate a screening, 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 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

Create a New Clearinghouse Results Website (CRW) Account

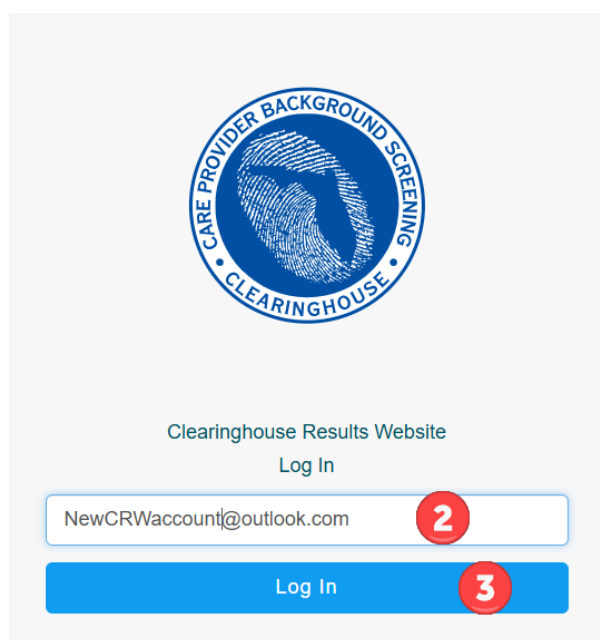
Register on the CRW Portal.

Clearinghouse Results Website (CRW)




Steps

1. Select **Log In** or **Sign In** on the landing page (above).
2. Enter your school-based email address that will be your username.
3. Select **Log In**



4. Select **Create New Account**




No Account Found

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

Create New Account **4**

Go Back

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



Clearinghouse Results Website

Registration

The password must have the following:

- Must have at least 1 capital letter
- Must have at least 1 lowercase letter
- Must have at least 1 number
- Must have at least 1 special character
- Must be a minimum of 8 characters
- Must have 4 unique characters

First Name
Education

Last Name
Account

Phone Number
(850) 555-1212

Email Address
NewCRWaccount@outlook.com

Confirm Email Address
NewCRWaccount@outlook.com

Password
CJISC0mpli@nt
Must have at least 1 special character

Confirm Password
CJISC0mpli@nt

Next **5**

6. Agree to the Clearinghouse Terms & Conditions

Terms & Conditions



This system is the property of the State of Florida, and is to be used in accordance with applicable State of Florida Policies. Unauthorized access or activity is a violation of the State of Florida Policies and may be a violation of law. Use of this system constitutes consent to monitoring, recording, and auditing for unauthorized use, in accordance with the State of Florida Policies, local laws, and regulations. Unauthorized use may result in penalties including, but not limited to, reprimand, dismissal, financial penalties, and legal action.

Click **Next** to complete registration and redirect to the login page, to confirm your credentials.

The screenshot displays the 'Clearinghouse Results Website - CRW' interface. At the top, there is a navigation bar with the site title, a home icon labeled 'Agency', and links for 'Help', 'Privacy Policy', and 'Log Out'. The main content area is titled 'Request Clearinghouse Access' and features a grid of ten agency selection cards. Each card includes the agency's logo and a 'Select' button. 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)
- Florida Medicaid Managed Care (MC)
- DOE-Districts/Charters/Specialty (DOEPUBS)
- DOE-Private Schools (DOEPRIV)

At the bottom of the page, there is a footer with the text 'Background Screening - CRW Copyright © 2025' and the 'myfloridachild' logo.

Login to CRW

Login to CRW with the credentials you just created.

The screenshot shows the top navigation bar of the Clearinghouse Results Website - CRW. On the left is the Florida Department of Education logo. The main header text reads "Clearinghouse Results Website - CRW". On the right, there are fields for "User Name" and "Email", and a "Log In" button with a right-pointing arrow. Below the header, a welcome message says "Welcome to Background Screening Clearinghouse Results Website - CRW". Underneath is a "Sign In" link. The footer contains the text "Background Screening - CRW" and "Copyright © 2025" on the left, and a logo on the right.

Request Agency Access

Click the 'Select' button for either District/Charter/Specialty Schools or Private Schools.

The screenshot displays the "Request Agency Access" section of the website. The top navigation bar includes the Florida Department of Education logo, the text "Clearinghouse Results Website - CRW", and a "Home" icon labeled "Agency". On the right side of the header, there are links for "Help", "Privacy Policy", and "Log Out", along with the email address "CRW@ginak.33mail.com". The main content area is titled "Request Clearinghouse Access" and features a grid of ten agency cards. Each card contains the agency's logo, name, and a "Select" button. The cards 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), Florida Medicaid Managed Care (MC), DOE-Districts/Charters/Specialty (DOEPUBS), and DOE-Private Schools (DOEPRIV). The last two cards, DOE-Districts/Charters/Specialty and DOE-Private Schools, are highlighted with a red border. The footer is identical to the first screenshot, showing "Background Screening - CRW" and "Copyright © 2025" on the left, and a logo on the right.

Enter your district or school name. This field performs partial searches.

Clearinghouse Results Website - CRW

CRW@ginak.33mail.com

Agency

Help Privacy Policy Log Out

DOE-Districts/Charters/Specialty (DOEPUBS)
Request Provider Access

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.

Request Provider Access

Enter text to search by District or Charter School name

Oran

ORANGE DISTRICT OFFICE
445 W AMELIA ST
ORLANDO, FL 32801-1129
License Number: [Add Provider Request](#)

ST. JOHNS CLASSICAL ACADEMY ORANGE PARK
1324 KINGSLEY AVE
ORANGE PARK, FL 32003-4508
License Number: [Add Provider Request](#)

UCP WEST ORANGE CHARTER
1441 WINTER GARDEN-VINELAND RD
ORLANDO, FL 34787-6706
License Number: [Add Provider Request](#)

Current Registration Requests

[Submit Request and Generate User Agreement](#)

Background Screening - CRW
Copyright © 2025

Click **+Add Provider Request** button on the school/district for which you are requesting access. Select the 'Submit Request and Generate User Agreement' button. Clearinghouse staff will review and approve your access request.

Clearinghouse Results Website - CRW

CRW@ginak.33mail.com

Agency

Help Privacy Policy Log Out

DOE-Districts/Charters/Specialty (DOEPUBS)
Request Provider Access

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.

Request Provider Access

Enter text to search by District or Charter School name

Oran

ST. JOHNS CLASSICAL ACADEMY ORANGE PARK
1324 KINGSLEY AVE
ORANGE PARK, FL 32003-4508
License Number: [Add Provider Request](#)

UCP WEST ORANGE CHARTER
1441 WINTER GARDEN-VINELAND RD
ORLANDO, FL 34787-6706
License Number: [Add Provider Request](#)

Current Registration Requests

ORANGE DISTRICT OFFICE
445 W AMELIA ST
ORLANDO, FL 32801-1129
License Number: [Remove Provider Request](#)

[Submit Request and Generate User Agreement](#)

Background Screening - CRW
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Print and complete the User Agreement. Scan and email or fax to the address/number provided.

Clearinghouse Results Website - CRW CRW@ginak.33mail.com

Agency Help Privacy Policy Log Out


Provider User Agreements

Please print and sign the user registration agreement. You may mail, email, or fax the agreement to the Background Screening Unit for approval.


Your request for access to the Clearinghouse results website will be in **Pending status until staff receives and processes your user registration agreement.**

IMPORTANT - Please note that an email will be sent to the address on file once your request for access has been approved.

Provider User Agreement 1 / 2 58%



1



2

**Background Screening (BGS)
Provider User Registration Agreement**

Scan and E-Mail To: DOBGS@AHCA.MY.floridastate.gov
Subject Line: BGS User Agreement

Fax To: (855) 447-0470

User Information:
Name: Regina Richardson
E-Mail Address: CRW@ginak.33mail.com
Phone Number: _____

Selected Provider:
Provider Name: ORANGE DISTRICT OFFICE
Address: 445 W AMELIA ST ORLANDO, FL 32801-1129
Phone Number: 0
Fax Number: _____
Primary Contact: _____
Provider Type: District School (EDOEPLRS2)
File Number: _____

Each person with access to this web site must abide by the following:

- Do not disclose or lend your USER ID AND/ OR PASSWORD to anyone. They are for your use only and will serve as your "electronic signature".
- This user shall remain fully responsible for the consequences of unauthorized or illegal transactions.
- Do not borrow or use this information for unauthorized or illegal purposes.
- Do not make any disclosure of the data that is not specifically authorized.
- Do not intentionally cause corruption or disruption of these files.


If you become aware of any violation of these security requirements or suspect that someone may have used your User ID or Password, immediately report that violation to the OSU District/Clearinghouse (DOBGS) Background Screening Unit at DOBGS@AHCA.MY.floridastate.gov.

I understand that as a user of the Background Screening Program, I consent that I am authorized to submit electronic requests, retrieve screening results and monitor employment status on behalf of the provider listed above. By accessing this system, I agree to follow the Agency for Health Care Administration's policies regarding acceptable use and protection of confidential information. By submitting electronic requests, I affirm that the information contained in the request is true and the results received will be used only for determining employment eligibility in accordance with the applicable Florida Statutes. In accordance with section 405.111(9)(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. By signing this document, I acknowledge reading, understanding and agreeing to its contents.

User Information:
User Name: Regina Richardson
Signature: _____ Date: _____

Criminal History Access Request:
I am requesting access to view criminal history information. I attest that I have taken the required CIS Security Awareness Training and have a secure device to access the information. I acknowledge that this access is necessary in fulfilling my assigned responsibilities. By signing this document, I acknowledge that system usage may be monitored, recorded, and subject to audit. Unauthorized use of the system is prohibited and may be subject to criminal and/or civil penalties.
User Name: Regina Richardson
Signature: _____ Date: _____

Review and Approval by Provider:
Administrator: _____
Provider: ORANGE DISTRICT OFFICE

Background Screening - CRW
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Staff will review and an email notification will be sent to the email address with which you created your CRW account.

Agency Clearinghouse Access

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

The screenshot shows the 'Clearinghouse Results Website - CRW' interface. At the top, there is a navigation bar with the Florida Department of Health logo, the text 'Clearinghouse Results Website - CRW', a user email 'rr.ahca.test@gmail.com', and links for 'Agency', 'Help', 'Privacy Policy', and 'Log Out'. Below the navigation bar, the main heading is 'Select an Agency for Clearinghouse Access'. A large green box contains a card for 'DOE Districts/Charters/Specialty (DOEPUBS)' with the Florida Department of Education logo and a 'Select' button. A red arrow points to this 'Select' button. Below this, a section titled 'Request Clearinghouse Access' displays a grid of agency cards. Each card includes the agency name, logo, and a 'Select' button. The agencies shown 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), Florida Medicaid Managed Care (MC), and DOE-Private Schools (DOEPRIV).

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.

This screenshot shows the same 'Clearinghouse Results Website - CRW' interface but with a different user email 'kbaino.tester2@gmail.com'. The 'Select an Agency for Clearinghouse Access' section now features a green background with the text 'Agencies with access granted' in red. Three agency cards are displayed: Agency for Health Care Administration (AHCA), Department of Children and Families (DCF), and Division of Vocational Rehabilitation (VR). The 'Request Clearinghouse Access' section has a blue background with the text 'Agencies without access, will need to request' in red. Five agency cards are shown: 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). The URL 'https://crwdev.flclearinghouse.com/AgencyAccess' is visible in the footer.

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 your specific school or district.

rr.ahca.test@gmail.com
Clearinghouse Results Website - CRW

[Home Agency](#)
[Help](#)
[Privacy Policy](#)
[Log Out](#)

DOE-Districts/Charters/Specialty (DOEPUBS)
Clearinghouse Access Page

DOEPUBS - Background Screening Clearinghouse

Access the Clearinghouse

Requested Provider Access + Add Providers

Provider Name	Provider Number	License Number	Role Status	Action
ORANGE DISTRICT OFFICE - Teacher Certification	489001		Approved	User Agreement
ORANGE DISTRICT OFFICE - School Employment	489001		Approved	User Agreement
ORANGE DISTRICT OFFICE - Restricted Contractors	489001		Approved	User Agreement

1 - 3 of 3 items

Users

Provider Name:
Status:

Last Name	First Name	Email Address	Provider	Status
Richardson	R	rr.ahca.test@gmail.com	ORANGE DISTRICT OFFICE - Restricted Contractors	Approved
Richardson	R	rr.ahca.test@gmail.com	ORANGE DISTRICT OFFICE - School Employment	Approved

Background Screening - CRW
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Multifactor Authentication (MFA)

Some user roles require multifactor authentication. If this popup window display, check your registered email for a six-digit, one-time-passcode (OTP). Click **Proceed** then enter the passcode received in your email. Click **Proceed**.

The screenshot shows the Clearinghouse Results Website interface. A central popup window titled "Multi-factor Authentication (MFA)" is displayed. The popup contains the following text: "If you received a One Time Passcode in your email click 'Proceed' to enter the code. If not, then click 'Resend' to receive another One Time Passcode." Below the text are two buttons: "Proceed" and "Resend Code". A "Close" button is located at the bottom right of the popup. The background shows the website header with the Florida Department of Education logo and the text "DOE-Districts/Charters/Specialty (DOE) Clearinghouse Access Page". Below the header is a table titled "Requested Provider Access" with columns: Provider Name, Provider Number, License Number, Role Status, and Action. The table contains three rows of data. Below the table is a "Users" section with a dropdown for "Provider Name" and a dropdown for "Status". The "Users" table has columns: Last Name, First Name, Email Address, Provider, and Status. It contains two rows of data. The footer of the page includes "Background Screening - CRW Copyright © 2025" and a logo.

Provider Name	Provider Number	License Number	Role Status	Action
ORANGE DISTRICT OFFICE - Teacher Certification	489001		Approved	User Agreement
ORANGE DISTRICT OFFICE - School Employment	489001		Approved	User Agreement
ORANGE DISTRICT OFFICE - Restricted Contractors	489001		Approved	User Agreement

Last Name	First Name	Email Address	Provider	Status
Richardson	R	rr.ahca.test@gmail.com	ORANGE DISTRICT OFFICE - Restricted Contractors	Approved
Richardson	R	rr.ahca.test@gmail.com	ORANGE DISTRICT OFFICE - School Employment	Approved

Access remains open for 30 minutes past the time of last activity.

Clearinghouse Dashboard

The Clearinghouse Dashboard displays at-a-glance information regarding the following.

1. **View as** This panel displays all agencies for which you have access. Use these tabs to toggle between agencies.
2. **Navigation tabs** These tabs provide access to specific functions
 - a. **Home – the dashboard**
 - b. **Search/Initiate New Screening**
 - c. **My Screenings**
 - d. **Livescan**
 - e. **Employee/Contractor Roster**
3. **Messages and Bulletins** System and agency messaging will display here
4. **Employees with Expiring Retain Prints** A list of employees whose retained prints are expiring with a renewal link.
5. **Notifications** Clickable tiles with status of recent screenings.
6. **Approved Providers** Schools or district to which you have access, along with a button to request additional school, district or agency access.

The screenshot shows the Clearinghouse Results Website - CRW dashboard. At the top, there is a navigation bar with a logo on the left and the text "Clearinghouse Results Website - CRW" in the center. On the right side of the navigation bar, the email address "r.ahca.test@gmail.com" is displayed. Below the navigation bar, there are several tabs: "Home", "Search", "Initiate New Screening", "My Screenings", "Livescan", and "Employee/Contractor Roster". A red circle with the number "2" is placed over the "Employee/Contractor Roster" tab. On the left side of the dashboard, there is a "View as:" section with a dropdown menu showing "DOEPUBS". A red circle with the number "1" is placed over this section. The main content area is titled "Clearinghouse Dashboard" and contains several sections. The "Messages" section is highlighted with a red circle with the number "3". Below it is the "Bulletins" section, which shows "No Bulletin Messages". The "Employees with Expiring Retained Prints" section is highlighted with a red circle with the number "4". It features a dropdown menu for "Provider" set to "-- Any Provider --" and a table with columns for "Last Name", "First Name", "Retained Prints Expiration Date", and "Action". The table is currently empty, and a message at the bottom says "No items to display". The "Notifications" section is highlighted with a red circle with the number "5" and contains seven tiles with counts: "Determinations Made" (15), "Screenings in Process" (1), "Rejected Fingerprints" (0), "Arrest/Registration" (0), "Renewal in Process" (0), "Resubmission in Process" (4), and "Agency Review in Process" (1). The "Approved Providers" section is highlighted with a red circle with the number "6" and lists three providers: "ORANGE DISTRICT OFFICE - Restricted Contractors", "ORANGE DISTRICT OFFICE - School Employment", and "ORANGE DISTRICT OFFICE - Teacher Certification". Each provider entry includes the address "445 W AMELIA ST, ORLANDO, FL 32801-1129". At the bottom of this section is a button labeled "Request Additional Provider Access". The footer of the page contains the text "Background Screening - CRW Copyright © 2025" on the left and a logo on the right.

Search for Screening Results

Search allows you to review the screening or eligibility status of an individual. If the individual is not found, a screening may be initiated. If the individual is found, their Profile page will display

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'**

The screenshot shows the 'Clearinghouse Results Website - CRW' interface. The navigation bar includes 'Home', 'Search', 'Initiate New Screening', 'My Screenings', 'Livescan', and 'Employee/Contractor Roster'. The 'Search' button is highlighted with a red box and a red arrow pointing to it, with the word 'OR' written above the arrow. Below the navigation bar, the 'Search' section contains a form titled 'Step 1: Search for an existing person profile'. The form has three input fields: 'Social Security Number' (with a placeholder 'XXX-XX-XXXX'), 'Last Name', and 'Date of Birth' (with a placeholder 'MM/DD/YYYY'). A green 'Search' button is located below the form. The footer of the page includes 'Background Screening - CRW', 'Copyright © 2023', and the 'my' logo.

Initiate New Screening

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

Step 1: Search for an existing person profile

No Match Found ✕

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

You can search again or initiate a new screening request.

Search **Initiate New Screening**

Search

Confirm the Social Security Number before proceeding. You are unable to edit the Social Security Number (SSN) after this step.

Initiate New Screening - Confirm SSN ✕

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

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

You Entered:

Social Security Number: XXX-XX-2234
Last Name: TESTONI
Date of Birth: 02/01/2000

Confirm SSN:

Social Security Number

XXX-XX-XXXX

Cancel **Confirm**

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

Enter Person Profile

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

First Name *	Middle Name (optional)	Last Name *
TESTA		TESTONI
Suffix (optional)	Aliases (optional)	
SSN *	Date of Birth *	Place of Birth *
XXX-XX-2234	02/01/2000	-- Please Select --
Mailing Address *		Apt/Unit/Suite (optional)
City *	State *	Zip Code *
	-- Please Select --	
Phone Number *	Email Address *	
Sex *	Race *	Hair Color *
-- Please Select --	-- Please Select --	-- Please Select --
Eye Color *	Height *	Weight *
-- Please Select --	-- Please Select --	

* = Required

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 position type for which the individual has applied from the **Provider** drop down list.
 - Teacher Certification – all certified persons
 - School Employment – all non-certified persons, contractors in direct contact with children, volunteers
 - Restricted Contractors – contractors not anticipated to be in contact with students

Clearinghouse Results Website - CRW rr.ahca.test@gmail.com

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

Select Provider, Position and Confirm Privacy Policy

Home > Initiate New Screening > Person Profile > Provider/Position/PP

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

Provider

-- Please Select --

- ORANGE DISTRICT OFFICE - Teacher Certification (License Number:) 445 W AMELIA ST, ORLANDO, FL 32801-1129
- ORANGE DISTRICT OFFICE - School Employment (License Number:) 445 W AMELIA ST, ORLANDO, FL 32801-1129
- ORANGE DISTRICT OFFICE - Restricted Contractors (License Number:) 445 W AMELIA ST, ORLANDO, FL 32801-1129

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)

rr.ahca.test@gmail.com

Back Next

Background Screening - CRW Copyright © 2025

- Select the position category for which the individual is applying for from the **Position** drop down list.

Clearinghouse Results Website - CRW rr.ahca.test@gmail.com

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

Select Provider, Position and Confirm Privacy Policy

Home > Initiate New Screening > Person Profile > Provider/Position/PP

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

Provider

ORANGE DISTRICT OFFICE - School Employment (License Numt)

Position

-- Select Position Type --

- Clerical/secretarial workers
- Education Paraprofessionals
- Managers
- Other
- Service workers
- Skilled craft workers
- Technicians
- Volunteer

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.

Background Screening - CRW Copyright © 2025

- 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 screenshot shows the 'Clearinghouse Results Website - CRW' interface. The top navigation bar includes a home icon, search, 'Initiate New Screening', 'My Screenings', 'Livescan', 'Employee/Contractor Roster', 'Help', 'Privacy Policy', and 'Log Out'. The user's email 'r.ahca.test@gmail.com' is displayed in the top right. The main content area is titled 'Select Provider, Position and Confirm Privacy Policy' and contains a breadcrumb trail: Home > Initiate New Screening > Person Profile > Provider/Position/PP. The form instructions state: 'Please select a Provider and Position for which the applicant has applied from the drop-down lists'. The 'Provider' dropdown is set to 'ORANGE DISTRICT OFFICE - School Employment (License Numt)'. The 'Position' dropdown is set to 'Education Paraprofessionals'. A confirmation section asks to confirm the applicant has read and received a copy of the Privacy Policy, with a checked checkbox and a red circle highlighting the text. Below this is an 'Email Address (optional)' field containing 'Employee.Applicant@gmail.com'. 'Back' and 'Next' buttons are at the bottom of the form. The footer contains 'Background Screening - CRW Copyright © 2025' and the 'my' logo.

The ORI number for the request will be determined based on the Provider type selected. The ORI number is used to determine the screening purpose.

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 OR if you have a photo enabled and Clearinghouse compliant service provider **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
								Make Appointment
						Price varies based on ORL. Please call for fee.	Hours vary by location, please visit website.	
						Please call for price	Mon - Fri 8:30-6:30, Sat 10-2	Make Appointment
						Price varies based on ORL. Please call for fee.	Hours vary by location, please visit website.	
						Please call for price	M-F 8:30-6:30, Sat 10-2	Make Appointment
								Make Appointment

Background Screening - CRW
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Print Livescan Request Form

Once the screening request is submitted, a Livescan Request Form is generated for the applicant to take to their screening appointment. The request form contains 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.

The screenshot displays the 'Clearinghouse Results Website - CRW' interface. The top navigation bar includes a home icon, a search icon, and buttons for 'Initiate New Screening', 'My Screenings', 'Livescan', and 'Employee/Contractor Roster'. On the right, there are links for 'Help', 'Privacy Policy', and 'Log Out', along with the email address 'r.hca.test@gmail.com'. The main content area is titled 'Confirmation Page' and shows a breadcrumb trail: Home > Initiate New Screening > Person Profile > Provider/Position/PP > Livescan Service Provider > Confirmation Page. A message states: '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**.' Below this message is a preview of the 'Livescan Request Form' document. The form includes the following information:

ORI: EDOEPL850
Screening ID: 11472718
Date of Request: 04/02/2025-08:19:33 AM

DOE-Office/Charter/Specialty

Livescan Request Form

You have applied for a position with a health care and/or sensitive 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 filed on the Clearinghouse secure background screening result site. Authorized health care and/or sensitive providers may access this secure site and print out screening results for individual screening employment in health care.

Applicant Information

Applicant's Name:	REGINA RICHARDSON	SSN:	888-88-8758
Mailing Address:	123 Main Street Oxnard FL 34484	Sex:	F
Date of Birth:	07/24/1972	Height:	505
Place of Birth:	JM	Hair Color:	BRN
		Eye Color:	BRN

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)

The footer of the page reads 'Background Screening - CRW Copyright © 2025' and features the 'my3' logo.

Profile Page

This page contains the employee demographic information and screening/eligibility status.

Features include:

- Demographic information
- Clearinghouse Status
- Eligibility
- Screenings in Process, if any, along with the ability to schedule a LiveScan appointment or generate the Livescan Request Form.
- Florida Department of Health Licensure Status
- Employment/Contract History
- School Personnel Exception (for select roles)
- View subsequent Arrest and/or Registration files for employees

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

rr.hca.test@gmail.com
Clearinghouse Results Website - CRW

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

View as:

DOEPUBS

SCHOOL APPLICANT Print Results




Photo Unavailable

[Edit Profile](#)

First Name SCHOOL

Middle Name

Last Name APPLICANT

Aliases

SSN XXX-XX-6826

Date of Birth 1/1/2001

Place of Birth Costa Rica

Mailing Address 123 Main Street

Apt/Unit/Suite

City Oxford

State Florida

Zip Code 34484

Phone Number (555) 121-2121

Email Address Employee.Applicant@gmail.com

Sex FEMALE

Race OTHER

Hair Color Unknown

Eye Color Unknown

Height 5' 06"

Weight 140

Person ID 4077498

Retained Prints

Expiration Date

Prints Not Retained

Clearinghouse Status

No

DOE-Districts/Charters/Specialty Eligibility

Type	Item	Eligibility Determination	Eligibility Determination Date
Employment	School Employment	A New Screening is Required	
Employment	Teacher Certification	Awaiting Fingerprints	04/02/2025
Employment	Restricted Contractors	A New Screening is Required	

[Explanation of Results](#)

Screening in Process

Screening #	Provider Name	Submitted	Status	Status Date	Action
11472720	ORANGE DISTRICT OFFICE - Teacher Certification	04/02/2025	Awaiting Fingerprints	04/02/2025	<div style="display: flex; justify-content: center; gap: 10px;"> <div style="background-color: #ff0000; color: white; padding: 2px 5px;">Make Livescan Appointment</div> <div style="background-color: #003366; color: white; padding: 2px 5px;">View/Print Livescan Request Form</div> </div>

Background Screening - CRW
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my

Page 23 of 51

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 contact the Background Screening Unit if update to these are required.

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.

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

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

Person Profile Edit - TESTA TESTONI

 <p>Retained Prints Expiration Date Prints Not Retained</p> <p>Clearinghouse Screening Available? No</p>	First Name TESTA	Mailing Address 123 test drive	Sex FEMALE
	Middle Name (optional) 	Apt/Unit/Suite (optional) 	Race ASIAN
	Last Name TESTONI	City tallahassee	Hair Color Black
	Aliases (optional) 	State Florida	Eye Color Brown
	SSN XXX-XX-2234	Zip Code 32399	Height 5' 06"
	Date of Birth 02/01/2000	Phone Number (123) 456-7890	Weight 190
	Place of Birth U.S. Virgin Islands	Email Address testoni.tester@gmail.com	

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

Cancel Save

Background Screening - CRW
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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.

Initiate Agency Review
Select the 'Initiate Agency Review' button to request a FREE agency review of the screening on file with the Clearinghouse.
<input type="button" value="Initiate Agency Review"/>

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


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.
<input type="button" value="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.
<input type="button" value="Initiate Resubmission"/>

Person Profile – Clearinghouse Status

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

ISAI AH ABENCHUCHAN		Add Employment/Contract Record		Print Results	
 Photo Unavailable Edit Profile	First Name	Mailing Address	Sex	Retained Prints Expiration Date 8/15/2024 Clearinghouse Screening Available? 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			

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.



- View as:
- AHCA
- APD
- DCF
- DJJ
- DOEA
- DOEPRIV
- DOEPUBS**
- Managed Care
- Medicaid

CATHERINE DEMEDICI

Print Results



Edit Profile

First Name CATHERINE
 Middle Name
 Last Name DEMEDICI
 Aliases
 SSN XXX-XX-9411
 Date of Birth 12/24/1972
 Place of Birth Illinois

Mailing Address PO Box 427
 Apt/Unit/Suite
 City Wildwood
 State Florida
 Zip Code 34785
 Phone Number (555) 555-5555
 Email Address rr.ahca.test@gmail.com

Sex FEMALE
 Race WHITE
 Hair Color White
 Eye Color Pink
 Height 5' 05"
 Weight 125
 Person ID 4077323

Retained Prints
 Expiration Date
 2/3/2030
 Clearinghouse Status
 Yes

DOE-Districts/Charters/Specialty Eligibility

Arrest/Registration Full Criminal History

Type	Item	Eligibility Determination	Eligibility Determination Date
Employment	School Employment	Agency Review Required	
Employment	Teacher Certification	Agency Review Required	
Employment	Restricted Contractors	Arrest/Registration Review In Process	04/02/2025

Explanation of Results

Screening in Process

Screening #	Provider Name	Submitted	Status	Status Date	Action
11472425	ORANGE DISTRICT OFFICE - Restricted Contractors	04/01/2025	Determination Made	04/01/2025	

Initiate Agency Review



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 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 10 business days.**

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

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

 [Add Employment/Contract Record](#)

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

Add Employment/Contract Record

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

Name:

SSN:

Date of Birth:

Provider:

Position:

Provisional Hire/Contract Date:

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



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



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: <input type="text"/>	 Photo Unavailable
SSN: <input type="text"/>	
Date of Birth: <input type="text"/>	
Provider: <input type="text" value="-- Please Select --"/>	
Position: <input type="text"/>	
Provisional Hire/Contract Date: <input type="text" value="MM/DD/YYYY"/> 	

Edit Employment Record

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

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

[+ Add Employment/Contract Record](#)

Edit Employment/Contract Record

Name:

SSN:

Date of Birth:

Provider:

Permanent Hire/Contract Date:

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.

Edit Employment/Contract Record

Name:

SSN:

Date of Birth:

Provider:

Permanent Hire/Contract Date:

End Date:

December 2023

SU	MO	TU	WE	TH	FR	SA
26	27	28	29	30	1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31	1	2	3	4	5	6

Tuesday, December 05, 2023

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: [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

10 items per page 1 - 7 of 7 items

[Export to Excel](#) [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.

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: -- Any Provider --
Screening Status: -- Any Status --
Search

Full Name	SSN	Screening # ↑	Date Submitted	Provider Name	Position	Screening Status	Screening Request Type	Action
[Redacted]	[Redacted]	[Redacted]	10/05/2023	[Redacted]	Employee/Staff Person	Screening In Process	Primary	View
[Redacted]	[Redacted]	[Redacted]	12/05/2023	[Redacted]	Home Health Aide	Awaiting Fingerprints	Primary	View

1
◀ ▶
10 items per page

1 - 2 of 2 items

Export to Excel
Print All

Livescan Tab

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

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

Select Livescan Service Provider

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

Location Name:
Zip Code:
City:

County: -- Please Select --
State: Florida

Search

Export to Excel
Print All

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

1
◀ ▶
25 items per page

1 - 1 of 1 items ↻

Employee/Contractor Roster

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

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

Employee/Contractor Roster

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

0
Determinations Made

0
Screenings in Process

0
Rejected Fingerprints

0
Arrest/Registration

?
(To be determined)

?
(To be determined)

Last Name: **Provider:** -- Any Provider -- **Employment Status:** Permanent

Position: **Retained Prints Expiration Date:** MM/DD/YYYY MM/DD/YYYY **Hire/Contract Date:** MM/DD/YYYY MM/DD/YYYY

[Search](#)

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

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

Creating an Exception for Not Eligible Persons

- View as:
- AHCA
 - APD
 - DCF
 - DJJ
 - DOEA
 - DOEPRIV
 - DOEPUBS**
 - Managed Care
 - Medicaid

CATHERINE DEMEDICI

[Print Results](#)



[Edit Profile](#)

First Name CATHERINE
Middle Name
Last Name DEMEDICI
Aliases
 SSN XXX-XX-9411
Date of Birth 12/24/1972
Place of Birth Illinois

Mailing Address PO Box 427
Apt/Unit/Suite
 City Wildwood
 State Florida
 Zip Code 34785
Phone Number (555) 555-5555
Email Address r.ahca.test@gmail.com

Sex FEMALE
Race WHITE
Hair Color White
Eye Color Pink
Height 5' 05"
Weight 125
Person ID 4077323

Retained Prints
Expiration Date
 2/3/2030
Clearinghouse Status
 Yes

DOE-Districts/Charters/Specialty Eligibility

[Full Criminal History](#)

Type	Item	Eligibility Determination	Eligibility Determination Date
Employment	School Employment	Agency Review Required	
Employment	Teacher Certification	Agency Review Required	
Employment	Restricted Contractors	Not Eligible	04/01/2025

[Explanation of Results](#)

Screening in Process

Screening #	Provider Name	Submitted	Status	Status Date	Action
11472425	ORANGE DISTRICT OFFICE - Restricted Contractors	04/01/2025	Determination Made	04/01/2025	

[Initiate Resubmission](#)

[Initiate Agency Review](#)



School District Exception



Name:

CATHERINE DEMEDICI

SSN:

XXX-XX-9411

Date of Birth:

12/24/1972

Provider: *

-- Please Select --

Position: *

Exception Reason: *



Cancel

Save

School District Exception



Name:

CATHERINE DEMEDICI

SSN:

XXX-XX-9411

Date of Birth:

12/24/1972

Provider: *

ORANGE DISTRICT OFFICE - Restricted Contractors (License Nur

Position: *

Restricted Contractor/Vendor

Exception Reason: *

Offenses prior to 1/1/2023



Cancel

Save

School Personnel Exception

Position	Exception Reason	Exception Date	Exception End Date	Action
Restricted Contractor/Vendor	Offenses prior to 1/1/2025	04/02/2025		Edit

Navigation: 1 items per page, 1 - 1 of 1 items

[Create an Exception to add in Roster](#)

Employment/Contract History

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

Navigation: 0 items per page, No items to display

School Personnel Exception

Position	Exception Reason	Exception Date	Exception End Date	Action
No School District Exception records				

Navigation: 0 items per page, No items to display

[Create an Exception to add in Roster](#)

Profession	License Number	Original Date	Expiration Date	License Status
Employment/Contract History				
Agency				
0 items per page				
School Personnel Exception				
Position				
Restricted Contractor/Vendor				
1 items per page				

Add Employment/Contract Record


Name:

SSN:

Date of Birth:

Provider:

- ORANGE DISTRICT OFFICE - Teacher Certification (License Number:) 445 W AMELIA ST, ORLANDO, FL 32801-1129
- ORANGE DISTRICT OFFICE - School Employment (License Number:) 445 W AMELIA ST, ORLANDO, FL 32801-1129
- ORANGE DISTRICT OFFICE - Restricted Contractors (License Number:) 445 W AMELIA ST, ORLANDO, FL 32801-1129



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:



Cancel
Save

Employment/Contract History

Agency	Name	License #	Position	Provisional Hire / Contract Date	Permanent Hire / Contract Date	End Date	Action
DOEPUBS	ORANGE DISTRICT OFFICE - Restricted Contractors		Restricted Contractor/Vendor		04/07/2025		Edit

1 - 1 of 1 items

[Add Employment/Contract Record](#)

School Personnel Exception

Position	Exception Reason	Exception Date	Exception End Date	Action
Restricted Contractor/Vendor	Offenses prior to 1/1/2025	04/02/2025		Edit

1 - 1 of 1 items

[Create an Exception to add in Roster](#)

Initiate Renewal

A person's Clearinghouse screening can be renewed 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




Photo Unavailable

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

1/21/2024

Clearinghouse Screening Available?

Yes

Agency for Health Care Administration Eligibility Arrest/Registration

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

Explanation of Results

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

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

Cancel
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 position type for which the individual has applied from the **Provider** drop down list.
 - Teacher Certification – all certified persons
 - School Employment – all non-certified persons, contractors in direct contact with children, volunteers
 - Restricted Contractors – contractors not anticipated to be in contact with students

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

[Grey dropdown menu]

Position

[Grey dropdown menu with "-- Select Position Type --" 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] [Add To Cart] [Pay Now]

Initiate Renewal Payment

The cost of a renewal is the current fee for a national criminal history check plus a service fee.

Resubmission payment options include:

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

To pay for the renewal:

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

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

Select Payment Type

Division
Agency for Health Care Administration

Transaction Amount Service Charge Total Amount

Select Payment Method
 Credit Card Checking

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' 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 a payment information entry screen with two side-by-side forms. The left form is for 'Credit/Debit Card' and the right form is for 'Electronic Check'. Both forms have a 'Payment Type' header with a green checkmark on the right. Below the header is a 'Customer Information' section with a 'Complete all required' or 'Complete all required fields [*]' label. The forms contain the following fields:

- Country * (dropdown menu, United States selected)
- First Name * (text input)
- Last Name * (text input)
- Address * (text input)
- Address 2 (text input)
- City * (text input)
- State * (dropdown menu, Select State selected)
- ZIP/Postal Code * (text input)
- Phone Number (text input)

At the bottom of each form is a 'Next' button with a right-pointing arrow.

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

Payment Information Payment Information

Credit Card Number * ? Complete all required fields

Expiration Month * Complete all required fields [*]

Expiration Year *

Security Code * ?

Name on Credit Card *

Credit Card Type

This is a business account.

Routing Number *

Account Number * ?

Re-enter Account Number. *

Checking Savings

Next **Next** ▶

The screenshot shows a payment information form with several sections. On the left, there are fields for Credit Card Number, Expiration Month, Expiration Year, Security Code, and Name on Credit Card. In the center, there are icons for American Express, VISA, DISCOVER, and PLUS. On the right, there are fields for Name on Account, Routing Number, and Account Number. Below the Account Number field, there is a 'Re-enter Account Number' field and radio buttons for 'Checking' and 'Savings'. A 'Next' button is located at the bottom center. A small inset window shows a 'Pay' form with a 'Pay' button and a 'Routing Number' field. Below the inset window, there are two red boxes containing the numbers '012345678' and '01234567890', labeled 'Routing Number' and 'Account Number' respectively.

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	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. 05/2029 Name on Credit Card [Redacted]	<p>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</p> <input checked="" type="checkbox"/> 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	Mailing Address	Sex	<div style="border: 1px solid black; padding: 5px;"> Retained Prints Expiration Date 1/21/2024 Clearinghouse Screening Available? Yes </div>
	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		

Agency for Health Care Administration Eligibility [Arrest/Registration](#)

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

[Explanation of Results](#)

Screening in Process

Screening #	Provider Name	Submitted	Status	Status Date	Action
9638333	BREAD AND ROSES	12/07/2023	Renewal In Process ←	12/07/2023	Make Livescan Appointment View/Print Livescan Request Form


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.

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

 Edit Profile	First Name	Mailing Address	Sex	<div style="border: 1px solid black; padding: 5px;"> Retained Prints Expiration Date 7/31/2025 Clearinghouse Screening Available? Yes </div>
	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		

[Arrest/Registration](#)

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

[Explanation of Results](#)

Initiate Agency Review

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

Initiate Agency Review

←

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

Cancel 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 position type for which the individual has applied from the **Provider** drop down list.
 - Teacher Certification – all certified persons
 - School Employment – all non-certified persons, contractors in direct contact with children, volunteers
 - Restricted Contractors – contractors not anticipated to be in contact with students

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

Provider

Position

Home Health Aide

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

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

Email Address (optional)

Back Next

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
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
7/31/2025

Clearinghouse Screening Available?
Yes

Agency for Health Care Administration Eligibility [Arrest/Registration](#)

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

[Explanation of Results](#)

Screening in Process

Screening #	Provider Name	Submitted	Status	Status Date	Action
9638331	FLAGLER HOSPITAL	12/07/2023	Agency Review In Process	12/07/2023	Make Livescan Appointment View/Print Livescan Request Form

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.

➕ Add Employment/Contract Record
🖨️ Print Results




Photo Unavailable

[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
5/22/2027

Clearinghouse Screening Available?
No

Agency for Health Care Administration Eligibility ⚠️ Arrest/Registration

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

🔍 Explanation of Results

Renewal Window Not Open

The person's renewal window is not open. Fingerprints can be renewed 60 days prior to the person's retained prints expiration date. The person's fingerprints can be renewed on **3/23/2027**.

An email reminder to initiate the person's renewal screening will be sent to Providers who have the person listed on their Employee Roster.

Send Email Reminder

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 *
<input type="text"/>	<input type="text"/>	<input type="text"/>
Suffix (optional)	Aliases (optional)	
<input type="text"/>	<input type="text"/>	
SSN *	Date of Birth *	Place of Birth *
<input type="text"/>	<input type="text"/>	<input type="text"/>
Mailing Address *	Apt/Unit/Suite (optional)	
<input type="text"/>	<input type="text"/>	
City *	State *	Zip Code *
<input type="text"/>	<input type="text" value="-- Please Select --"/>	<input type="text"/>
Phone Number *	Email Address *	
<input type="text"/>	<input type="text"/>	
Sex *	Race *	Hair Color *
<input type="text"/>	<input type="text"/>	<input type="text"/>
Eye Color *	Height *	Weight *
<input type="text"/>	<input type="text"/>	<input type="text"/>

* = Required

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 position type for which the individual has applied from the **Provider** drop down list.
 - Teacher Certification – all certified persons
 - School Employment – all non-certified persons, contractors in direct contact with children, volunteers
 - Restricted Contractors – contractors not anticipated to be in contact with students

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: Home Health Aide]

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

[Grey dropdown menu]

Position

[Grey dropdown menu: Board Member]

[Back] [Add To Cart] [\$ Pay Now]

Initiate Resubmission Payment

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

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

To pay for the resubmission:

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

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

Select Payment Type

Division

Agency for Health Care Administration

Transaction Amount Service Charge Total Amount

██████████

Select Payment Method

Credit Card Checking



Terms, Conditions & Fees for Payments:

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

Refund Policy

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

The screenshot shows two side-by-side forms under the heading "Payment". The left form is for "Credit/Debit Card" and the right form is for "Electronic Check". Both forms have a "Customer Information" section with 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). The "Credit/Debit Card" form has a "Next" button, and the "Electronic Check" form has a "Next" button with a right arrow. A green checkmark is visible in the top right corner of the "Electronic Check" form.

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

The screenshot shows two side-by-side forms under the heading "Payment Information". The left form is for "Credit Card" and the right form is for "Electronic Check". Both forms have the following fields: Credit Card Number (text input), Expiration Month (dropdown menu with "Select a Month" selected), Security Code (text input), Name on Credit Card (text input), Credit Card Type (dropdown menu with icons for MasterCard, VISA, DISCOVER, and AMERICAN EXPRESS), Expiration Year (dropdown menu with "Select a Year" selected), Name on Account (text input), Routing Number (text input), Account Number (text input), and Re-enter Account Number (text input). The "Credit Card" form has a "Next" button, and the "Electronic Check" form has a "Next" button with a right arrow. A "This is a business account" checkbox is present in the "Electronic Check" form. A small inset image shows a check with "Routing Number" and "Account Number" fields highlighted, with the values "012345678" and "01234567890" 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

Payment Type ✔

Credit/Debit Card

Customer Information ✔

Address Phone Number

Country Email Address

United States

Payment Information ✔

Credit Card Name on Credit Card

Visa Exp. 09/2029

Cancel
Submit Payment

Customer Information

Address Phone Number

Country Email Address

United States

Payment Information ✔

Electronic Check Name on Account

Terms and Conditions [Open a new window to print](#)

governing Agency for Health Care Administration's state.

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

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

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




Photo Unavailable

[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

5/22/2027

Clearinghouse Screening Available?

No

Agency for Health Care Administration Eligibility ⚠️ Arrest/Registration

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

[🔍 Explanation of Results](#)

Screening in Process

Screening #	Provider Name	Submitted	Status	Status Date	Action
		12/06/2023	Resubmission In Process ←	12/06/2023	Make Livescan Appointment View/Print Livescan Request Form