



## LiveScan Request Form

### Agency for Health Care Administration

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

### Applicant Information

<b>Applicant's Name:</b>	AGENCY TEST	<b>SSN:</b>	XXX-XX-0001
<b>Mailing Address:</b>	123 LANE	<b>Sex:</b>	MALE
	CITY, Florida 33333	<b>Height:</b>	6' 00"
<b>Date of Birth:</b>	1/1/1990	<b>Hair Color:</b>	Brown
<b>Place of Birth:</b>	Florida	<b>Eye Color:</b>	Brown
<small>(State or Country if not U.S.)</small>			

### LiveScan Service Provider Information

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

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

#### Test Livescan Location

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

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

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

TCN: \_\_\_\_\_ Technician's Name: \_\_\_\_\_

### Requesting Health Care and/or Service Provider

FLORIDA HOSPITAL  
601 E ROLLINS ST

License Number: 4369  
Phone Number: (407) 303-5600

ORLANDO, FL

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