



Agency for Health Care Administration

Care Provider Background Screening Clearinghouse

AHCA Clearinghouse Results Website Instruction Guide

Updated June 2022

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Clearinghouse Results Website Overview

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

- Ability to share results of criminal history checks among specified agencies.
- Ability to view subsequent arrest information for employees with retained fingerprints (*only available to current employers of the individual*).
- Ability to track screenings from the time the screening request is initiated in the Clearinghouse until a determination is made.
- Provides email notification to the user regarding status updates to requests initiated.
- Ability to search for Livescan Service Providers by certain criteria (county, name, etc.). Provides information and ability to connect to the fingerprint service provider's website to make appointments.
- Provides TCR# needed for sending an applicant to be rescreened for rejected prints.
- Posts Public Record version of state criminal history record (RAP sheet) for review by the **provider requesting the original screening**.
- Allows user to connect to a screening request in process for notification when results are available (reduces duplicative screening).
- Creates a "status" report and a "completed screening listing" report of screenings requested by the user eliminating the need to search for each screening result individually.
- Maintain an employee roster by entering hire and separation dates for each employee. This facilitates a notification to the employer if the eligibility status of an employee changes.
- According to section 435.12(2) (c) an employer of persons subject to screening by a specified agency must register with the clearinghouse and maintain the employment status of all employees within the clearinghouse. Initial employment status and any changes in status must be reported within **10 business days**.
- Redesigned Individual Profile page that includes:
 - Eligibility Results
 - Photograph, if the individual is in the Clearinghouse
 - Department of Health Professional Licensure Status
 - View screenings in process

- State criminal history report viewable for the provider initiating the screening
- Employment History

Background Screening Home Page

To gain access to the Clearinghouse results website you must first register on the Portal and receive access. Please see the Clearinghouse User Registration Guide for registration and log in instructions at <http://ahca.myflorida.com/backgroundscreening>.

To access the Clearinghouse results website through the Portal please log in at <https://apps.ahca.myflorida.com/SingleSignOnPortal>. On the Portal Landing select **Background Screening Clearinghouse – Agency for Health Care Administration**.

AHCA Portal - Portal Landing User ID: AHCA_Test
Email: BGScreen@ahca.myflorida.com

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

[Background Screening Clearinghouse - Agency For Health Care Administration](#) ←

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

-- Select Program --

On the Background Screening Clearinghouse Program – AHCA – Access Page you will see your approval status. If you are approved please select the **Background Screening Clearinghouse** link to access the Clearinghouse results website.

Background Screening Clearinghouse Program - AHCA - Access Page User ID: AHCA_Test
Email: BGScreen@ahca.myflorida.com

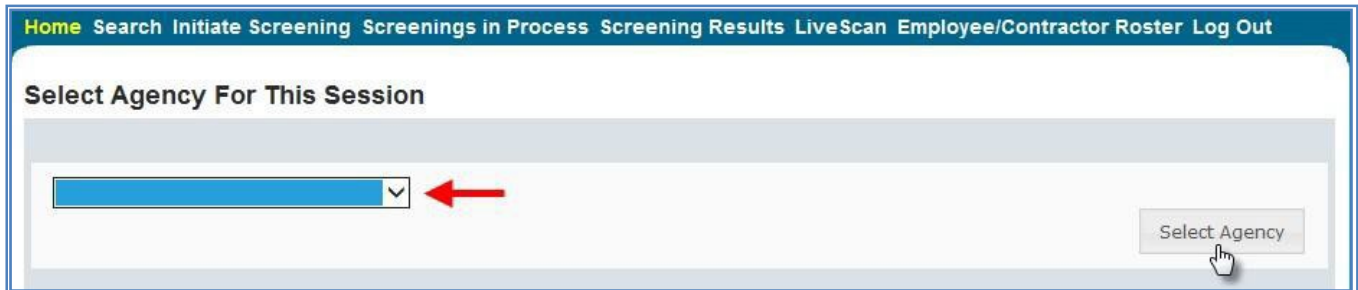
Background Screening Clearinghouse Application Access
[Background Screening Clearinghouse](#) ←
Click the link above to access the Background Screening Clearinghouse results website.

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

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

Provider Name	City	Status	License Number
<input type="checkbox"/> Florida Hospital 123	APOPKA	Approved	123456789
<input type="checkbox"/> Nursing Home 123	ORLANDO	Approved	987654

If you have requested and been granted access to the Clearinghouse results website on behalf of multiple specified agencies, you will be prompted to select the agency for this session before viewing the home page.



A welcome message and your provider information will appear on the BGS Home page. This page will also display **important bulletin messages** and information when appropriate.

Moving throughout the website is accomplished by clicking navigation tabs at the top of the page. These tabs will appear on all pages. The navigation tabs allow you to search, initiate screenings, review your screenings in process and screening results, look up Livescan service providers, review your employee roster, and log out. To switch the specified agency for use on the website, you may select 'Switch Agency View' from any screen in the system. This will return you to the 'Select Agency For This Session' screen.



Agency for Health Care Administration

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

Home

[Switch Agency View](#)

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

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

Bulletins

Bulletin messages and important information will display here when appropriate.

Provider Information

FLORIDA HOSPITAL
601 E ROLLINS ST2 FLOOR
ORLANDO, FL 32803

License Number: 4369

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


Search for Screening Results

The Search page allows you to review the eligibility status of an individual if they have undergone a screening or if they have a screening in process in the Clearinghouse. If the individual is not found, a screening may be initiated from this page. If the individual is found, their Profile page will appear. **Note:** If you know an individual has not been screened, you may click the 'Initiate Screening' tab located on the navigation bar.

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

☐ Select 'Search'

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

Search  [Switch Agency View](#)

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

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

Search Criteria

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

SSN:

AND enter at least one of the following:

Last Name:

Or:

Date of Birth:

Initiate New Screening

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

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

Search [Switch Agency View](#)

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

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

Search Criteria

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

SSN:

AND enter at least one of the following:


Last Name:

Or:

Date of Birth:

Search Result

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



Enter Profile Information

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

Initiate Screening

Enter Profile

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

* First Name: Agency	* Address Line 1: 123 Lane	* Sex: MALE
Middle Name:	Address Line 2:	* Race: WHITE
* Last Name: Test	* City: City	* Hair Color: Brown
Suffix:	* State: Florida	* Eye Color: Blue
Aliases:	* ZIP: 32308	* Height: 6' 00"
* SSN: 333-33-9878	County:	* Weight: 180 lbs.
* Date of Birth: 01/01/2000 mm/dd/yyyy	Phone Number: xxx-xxx-xxxx	
* Place of Birth: Florida	Email Address:	

*Required

Cancel **Next**

Search Medicare/Medicaid Exclusions (OIG List)

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

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

Check the affirmation box to confirm the search was conducted and **select 'Initiate Screening'** to continue or 'Cancel' if you do not wish to proceed with the screening.

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

[Switch Agency View](#)

TEST, AGENCY

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 health care 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.

OIG Search

Select the affirmation statement to confirm you performed a OIG LEIE search.

I affirm the OIG List of Excluded Individuals/Entities (LEIE) was searched for the individual listed above.

If you would like to end this review, select [Return to Search](#).

If you would like to hire this individual without completing a new screening select [Profile Page](#) to enter employment information and print a copy of the individual's Background Screening Results page for your records.

If you would like to initiate a new screening for the individual, select the "Next" button to continue.

Next

National Nurse Aide Registry (NNAR) Search

The National Nurse Aide Registry is a web service that allows providers to check multiple state Nurse Aide Registries at once. The states currently participating in the NNAR are Florida, Georgia, New Mexico, Ohio, Oregon, Utah, Washington D.C., and West Virginia. When you initiate a new screening, resubmission or agency review, a NNAR search will be performed and display as a separate step in the initiation process.

If a match of the applicant is found on a participating state's registry, to confirm the results, use the provided hyperlink on the registry research page to perform a manual search of the registry. **The registry check and its results are provided for informational purposes only and have no bearing on Agency eligibility determinations.**

Select **Initiate Screening** to continue.

National Nurse Aid Registry [Switch Agency View](#)

TEST, AGENCY

Multi-State Nurse Aide Registry Search Results

These are auto-match results based on personal identification information provided by the applicant of states that participate in the National Nurse Aid Registry program. Current participating states are: FLORIDA, GEORGIA, NEW MEXICO, OHIO, OREGON, UTAH, WASHINGTON D.C., and WEST VIRGINIA.

If a match of the applicant is found on a participating states' registry, to confirm the results, use the provided link on the registry research page to perform a manual search of the registry. This registry check and its results are provided for informational purposes only and have no bearing or detriment on Agency eligibility determinations.

Match Results

No matches found.

If you would like to end this review, select [Return to Search](#).

If you would like to hire this individual without completing a new screening select [Profile Page](#) to enter employment information and print a copy of the individual's Background Screening Results page for your records.

If you would like to initiate a new screening for the individual select the "Initiate Screening" button.

Select Position, Confirm Privacy Policy, and Set ORI

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

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

The 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.

Initiate Screening [Switch Agency View](#)

TEST, AGENCY

Select Position

Screening Information

Provider:

* Position:

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

Cancel Back Next

Select Livescan Provider and Make Appointment

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

If you have access to a photo enabled and Clearinghouse compliant service provider (other than a private vendor) **you may skip this section by selecting 'Submit'**.

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

Initiate Screening [Switch Agency View](#)

TEST, AGENCY

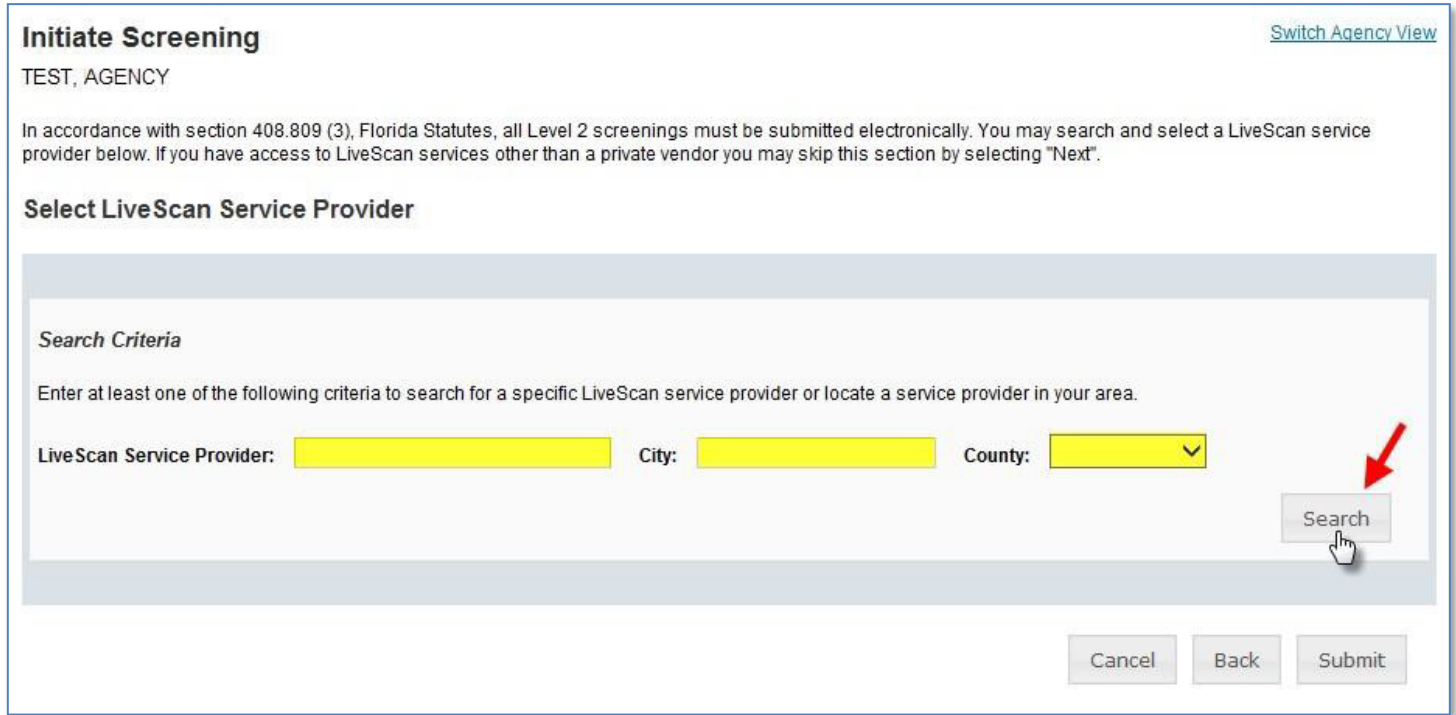
In accordance with section 408.809 (3), Florida Statutes, all Level 2 screenings must be submitted electronically. You may search and select a LiveScan service provider below. If you have access to LiveScan services other than a private vendor you may skip this section by selecting "Next".

Select LiveScan Service Provider

Search Criteria

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

LiveScan Service Provider: City: County:



Make Appointment

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

Once you schedule an appointment with the service provider, close the 'Make Appt' window to return to the Clearinghouse results website. To complete the screening request select **'Submit'**.

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

Initiate Screening

[Switch Agency View](#)

TEST, AGENCY

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

Select LiveScan Service Provider

Search Criteria

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

LiveScan Service Provider: City: County:

Search

LiveScan List

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

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

LiveScan Service Provider ?	Address	City	County	Phone	Appointment	Cost	Hours	Action ?
Test Livescan Location	123 Lane City, FL 33333	City	County	(555) 555-5555	Walk-ins Appointments			Make Appt

Displaying items 1 - 1 of 1

Print All

Cancel

Back

Submit

Print Livescan Request Form

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

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

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

Initiate Screening

TEST, AGENCY [Switch Agency View](#)

Screening Request Submitted

Your screening request was submitted. Screening results are generally available within 5 - 7 business days. A notification regarding updates for this request will be sent to the email address of record for this account.

[Print LiveScan Request Form](#) ←

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

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

Sample Livescan Request Form

ORI: EAHCA020Z

Screening ID: 211189

Date of Request: 3/19/2014



LiveScan Request Form

Agency for Health Care Administration

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

Applicant Information

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

(State or Country if not U.S.)

LiveScan Service Provider Information

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

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

Test Livescan Location
 123 Lane
 City, FL 33333
 (555) 555-555

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

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

TCN: _____ Technician's Name: _____

Requesting Health Care and/or Service Provider

FLORIDA HOSPITAL	License Number: 4369
601 E ROLLINS ST	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.

Profile Page

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

Other features include the ability to

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

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

Person Profile

[Switch Agency View](#)

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

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

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

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



Edit

Screenings in Process

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

- Connected screenings

Provider:

Connect to Agency Review

Initiate Resubmission

Arrest/Registration ?

Public Rap Sheet ?

Retained Prints Expiration Date: 3/12/2019
 Clearinghouse Screening Available?: Yes

Agency for Health Care Administration Eligibility ?

Type	Item	Status	Screening Completion Date
Employment	Medicaid / Medicare Participating Provider	Eligible	4/10/2014
Employment	Non-Medicaid / Medicare Participating Provider	Eligible	4/10/2014
Position	Medicaid Provider Enrollment	N/A	4/10/2014
Position	AHCA Provider/Facility Licensure	Eligible	4/10/2014

Department of Health Licensure Status (As reported by the DOH Medical Quality Assurance Licensure system) ?

Profession	License #	Original Date	Expiration Date	License Status
LICENSED PRACTICAL NURSE	938711	6/12/1989	7/31/2007	NULL AND VOID
PHYSICAL THERAPIST	8199	9/4/1992	11/30/2015	CLEAR

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

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

Add Employment/Contract Record

New Search

View/Print Version

Explanation of Results

Person Profile - Edit Demographics


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

- Social Security Number
- Last Name
- Date of Birth

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

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

Person Profile [Switch Agency View](#)

* First Name: Agency	* Address Line 1: 123 Lane	* Sex: FEMALE	
Middle Name:	Address Line 2:	* Race: BLACK	
* Last Name: NURSE	* City: City	* Hair Color: Brown	
Suffix:	* State: Florida	* Eye Color: Brown	
Aliases:	* ZIP: 33333	* Height: 5' 02"	
* SSN: XXX-XX-6789	County:	* Weight: 123 lbs.	
* Date of Birth: 1/1/1990	Phone Number:		
* Place of Birth: Florida	Email Address:		

**Required*

Cancel Save

Person Profile - Screenings in Process

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


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

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

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

Person Profile [Switch Agency View](#)

<p>First Name: AGENCY Middle Name: Last Name: TEST Aliases:</p> <p>SSN: XXX-XX-2006 Date of Birth: 12/24/1972 Place of Birth: Georgia</p>	<p>Address Line 1: 123 LANE Address Line 2: City: CITY State: Florida ZIP: 33333 County: Prior States:</p>	<p>Sex: MALE Race: WHITE Hair Color: Brown Eye Color: Hazel Height: 5' 05" Weight: lbs.</p>
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▼ **Screenings in Process**

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

■ - Connected screenings

Provider:

Person Profile - Clearinghouse Status

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

Retained Prints Expiration Date:

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

Clearinghouse Screening Available:

- **Yes** – The applicant has a screening in the Clearinghouse that can be shared

- **No** – The applicant does not have a screening in the Clearinghouse that can be shared
- **Awaiting Privacy Policy** – The applicant has a screening with retained prints and a photograph but is missing the required privacy policy to be entered into the Clearinghouse.
 - Select ‘View Privacy Policy’ to print a copy of the policy for the applicant to sign.
 - **Select ‘Confirm Privacy Policy’** to submit the required information.
 - *The document does **not** need to be forwarded to the agency for review.*

Person Profile

[Switch Agency V](#)

First Name: AGENCY

Middle Name:

Last Name: TEST104

Aliases:

SSN: XXX-XX-0104

Date of Birth: 12/24/1972

Place of Birth: Georgia

Address Line 1: 123 LANE

Address Line 2:

City: CITY

State: Florida

ZIP: 33333

County:

Prior States:

Sex: MALE


Race: WHITE

Hair Color: Brown

Eye Color: Hazel

Height: 5' 05"

Weight: 150 lbs.



▼ **Screenings in Process**

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

Retained Prints Expiration Date: 1/19/2020

Clearinghouse Screening Available?: Awaiting Privacy Policy

Person Profile - Public Rap Sheets and Arrest/Registration Notifications

The public record version of 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, below the screenings in process section.

▼ Screenings in Process

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

■ - Connected screenings

Provider:

Person Profile - Eligibility Determinations and DOH Licensure

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

The 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 hovering over the question mark next to 'Agency for Health Care Administration Eligibility' or selecting the 'Explanation of Results' button at the bottom of the profile page.

Retained Prints Expiration Date: 3/12/2019				
Clearinghouse Screening Available?: Yes				
Agency for Health Care Administration Eligibility ?				
Type	Item	Status	Screening Completion Date	
Employment	Medicaid / Medicare Participating Provider	Eligible	4/10/2014	
Employment	Non-Medicaid / Medicare Participating Provider	Eligible	4/10/2014	
Position	Medicaid Provider Enrollment	N/A	4/10/2014	
Position	AHCA Provider/Facility Licensure	Eligible	4/10/2014	
Department of Health Licensure Status (As reported by the DOH Medical Quality Assurance Licensure system) ?				
Profession	License #	Original Date	Expiration Date	License Status
LICENSED PRACTICAL NURSE	938711	6/12/1989	7/31/2007	NULL AND VOID
PHYSICAL THERAPIST	8199	9/4/1992	11/30/2015	CLEAR

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

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

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

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

▼ Employment/Contract History (As reported to Florida's Background Screening Clearinghouse by provider employers.)					
Provider	Position	Provisional Hire/Contract Date	Permanent Hire/Contract Date	End Date	Action
	Employee - Administrator		03/18/2014		
	Chief Financial Officer		03/17/2014		
	Employee - Administrator		03/17/2014		Edit

[Add Employment/Contract Record](#)

[New Search](#) [View/Print Version](#) [Explanation of Results](#)

Add Employment/Contract Record

According to section 435.12(2) (c) an employer of persons subject to screening by a specified agency must register with the clearinghouse and maintain the employment status of all employees within the clearinghouse. Initial employment status and **any changes in status must be reported within 10 business days.**

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

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

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



Add Employment/Contract Record

Applicant Name:	SSN:	Date of Birth:	Race:	Sex:
██████ NURSE	XXX-XX-6789	1/1/1990	BLACK	FEMALE

* **Provider:**

* **Position:**

* **Permanent Hire/Contract Date:**

* Required

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

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



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

Add Employment/Contract Record

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

* Provider:

* Position:

* Provisional Hire/Contract Date:

* Required

Back Save



Edit Employment Record

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

Edit Employment/Contract Record

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

* Provider:

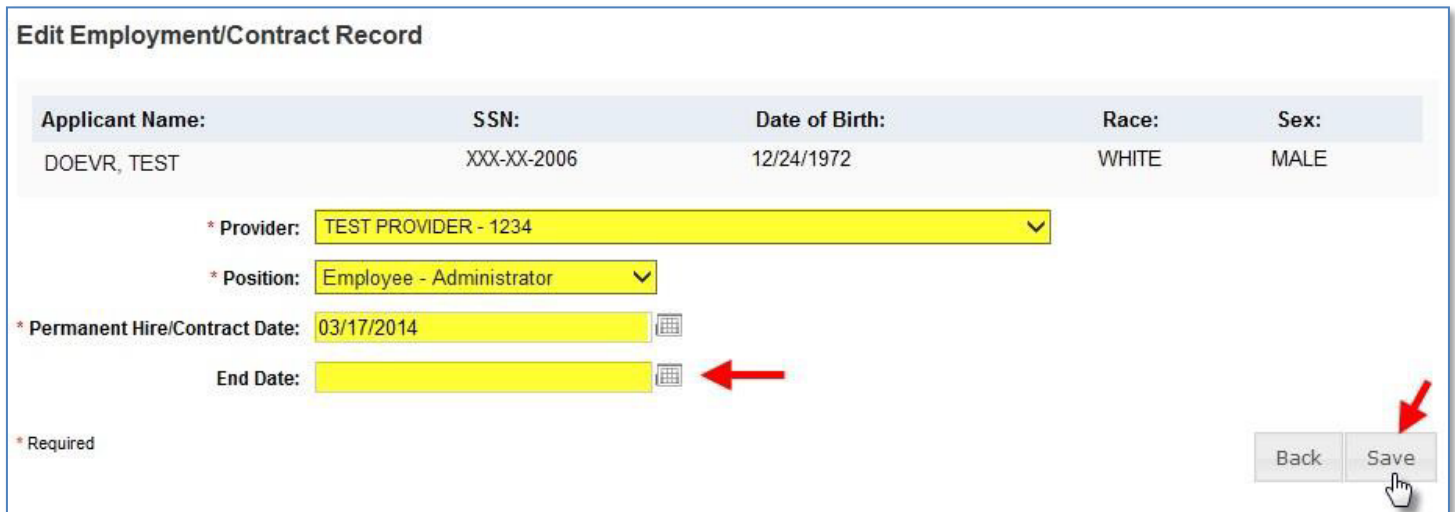
* Position:

* Permanent Hire/Contract Date:

End Date:

* Required

Back Save



To quickly enter an 'End Date' for an employment record from the **Employee/Contractor Roster tab**, select the calendar icon in the '**End Date**' column. Enter the required information and select '**Save**'.

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

Employees/Contractors [Switch Agency View](#)

Search Options

Position:

Provider:

Hire/Contract Date: to:

Retained Prints Expiration Date: to:

Status:

Enter End Date for Position x

End Date:

Employee/Contractor Roster

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

Screenings in Process Tab

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

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

Screenings in Process

[Switch Agency View](#)

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

Search Options

Provider:

Last Name:


Screening Status:

Submitted Date: To:

Screenings List

Last Name	First Name	SSN	Screening #	Submitted	Provider	Position	Screening Status	Updated	Action
TEST1	TEST	XXX-XX-0309	210876	03/08/2014	TEST PROVIDER - 1234	Employee - Financial Officer	Results Received from FDLE	03/08/2014	Remove Reprint Fingerprint Form
TEST2	TEST	XXX-XX-0003	210733	03/08/2014	TEST PROVIDER - 1234	Employee - Financial Officer	Awaiting Fingerprints	03/08/2014	Remove Reprint Fingerprint Form
TEST3	TEST	XXX-XX-0313	210752	03/08/2014	TEST PROVIDER - 1234	Employee - Financial Officer	Fingerprints Rejected 1st – TCR # E2013137000000000313	03/08/2014	Remove Rejected Fingerprint Form

2 3 4 5 6 7 8 9 10 ...
Displaying items 1 - 10 of 111

 - Connected screenings

Screening Results Tab

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

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

- If you no longer wish to receive email notifications for an individual, select the 'Remove' link under the Action column
 - The screening will be removed for your list however the screening will remain in the database

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

Screening Results [Switch Agency View](#)

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

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

Provider:

Last Name:

Determination Status:

Eligibility Determination Date: to

* Screening Purpose: ?

Screenings List

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

Displaying items 0 - 0 of 0

Livescan Tab

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

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

LiveScan Search

[Switch Agency View](#)

Search Criteria

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

LiveScan Service Provider: City: County:

Search

?

LiveScan List

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

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

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

...

Displaying items 1 - 10 of 418

Print All

Employee/Contractor Roster

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

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

Employees/Contractors

[Switch Agency View](#)

Search Options

Last Name:
Position:
Provider:
Hire/Contract Date: to:
Retained Prints Expiration Date: to:
Status: ▼

Apply

Employee/Contractor Roster

Last Name	First Name	Provider	Position	Provisional Hire/ Contract Date	Permanent Hire/ Contract Date	Retained Prints Expiration Date	End Date	Action
No employees found.								

Displaying items 0 - 0 of 0

View All

Print All

Initiate Agency Review

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

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

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

Person Profile

[Switch Agency View](#)

First Name: BGS
Middle Name:
Last Name: DEVTEAM6
Aliases:
SSN: XXX-XX-0006
Date of Birth: 12/24/1972
Place of Birth: Georgia

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

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



Screenings in Process

Screening	Provider	Submitted	Status	Status	Action
No screenings found					

Retained Prints Expiration Date: 3/21/2019
Clearinghouse Screening Available?: Yes

Agency for Health Care Administration Eligibility ?

Type	Item	Status	Screening Completion Date
Employment	Medicaid / Medicare Participating Provider	Agency Review Required	
Employment	Non-Medicaid / Medicare Participating Provider	Agency Review Required	
Position	Medicaid Provider Enrollment	Agency Review Required	
Position	AHCA Provider/Facility Licensure	Agency Review 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 affirmation box to confirm the search was conducted and **select 'Initiate Screening'** to continue or 'Cancel' if you do not wish to proceed with the screening.

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

[Switch Agency View](#)

TEST, AGENCY

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 health care 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.

OIG Search

Select the affirmation statement to confirm you performed a OIG LEIE search.

I affirm the OIG List of Excluded Individuals/Entities (LEIE) was searched for the individual listed above.

If you would like to end this review, select [Return to Search](#).

If you would like to hire this individual without completing a new screening select [Profile Page](#) to enter employment information and print a copy of the individual's Background Screening Results page for your records.

If you would like to initiate a new screening for the individual, select the "Next" button to continue.

Next

National Nurse Aide Registry (NNAR) Search

The National Nurse Aide Registry is a web service that allows providers to check multiple state Nurse Aide Registries at once. The states currently participating in the NNAR are Florida, Georgia, New Mexico, Ohio, Oregon, Utah, Washington D.C., and West Virginia. When you initiate a new screening, resubmission or agency review, a NNAR search will be performed and display as a separate step in the initiation process.

If a match of the applicant is found on a participating state's registry, to confirm the results, use the provided hyperlink on the registry research page to perform a manual search of the registry. **The registry check and its results are provided for informational purposes only and have no bearing on Agency eligibility determinations.**

Select **Initiate Screening** to continue.

National Nurse Aid Registry [Switch Agency View](#)

TEST, AGENCY

Multi-State Nurse Aide Registry Search Results

These are auto-match results based on personal identification information provided by the applicant of states that participate in the National Nurse Aid Registry program. Current participating states are: FLORIDA, GEORGIA, NEW MEXICO, OHIO, OREGON, UTAH, WASHINGTON D.C., and WEST VIRGINIA.

If a match of the applicant is found on a participating states' registry, to confirm the results, use the provided link on the registry research page to perform a manual search of the registry. This registry check and its results are provided for informational purposes only and have no bearing or detriment on Agency eligibility determinations.

Match Results

No matches found.

If you would like to end this review, select [Return to Search](#).

If you would like to hire this individual without completing a new screening select [Profile Page](#) to enter employment information and print a copy of the individual's Background Screening Results page for your records.

If you would like to initiate a new screening for the individual select the "Initiate Screening" button.

Select Position, Confirm Privacy Policy, and Set ORI

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

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

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.

Initiate Screening [Switch Agency View](#)
TEST, AGENCY

Select Position

Screening Information

Provider:

* Position:

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

Agency Review Request Submitted

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

Initiate Agency Review [Switch Agency View](#)
DEVTEAM6, BGS

Agency Review Request Submitted

Your agency review request was submitted. Determinations are generally available within 5 - 7 business days. A notification regarding updates for this request will be sent to the email address of record for this account.

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

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

Person Profile

[Switch Agency View](#)

First Name: BGS
Middle Name:
Last Name: DEVTEAM6
Aliases:

SSN: XXX-XX-0006
Date of Birth: 12/24/1972
Place of Birth: Georgia

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

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



Screenings in Process

Screening	Provider	Submitted	Status	Status	Action
211283	TEST PROVIDER - 1234	03/22/2014	Screening In Process	03/22/2014	Reprint Privacy Policy Remove

- Connected screenings

Provider:

Retained Prints Expiration Date: 3/21/2019
Clearinghouse Screening Available?: Yes

Agency for Health Care Administration Eligibility ?

Type	Item	Status	Screening Completion Date
Employment	Medicaid / Medicare Participating Provider	Screening in Process	
Employment	Non-Medicaid / Medicare Participating Provider	Screening in Process	
Position	Medicaid Provider Enrollment	Screening in Process	
Position	AHCA Provider/Facility Licensure	Screening in Process	

Initiate Resubmission

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

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

Person Profile

[Switch Agency View](#)

First Name: BGS
Middle Name:
Last Name: DEVTEAM290
Aliases:

SSN: XXX-XX-0290
Date of Birth: 12/24/1972
Place of Birth: Georgia

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

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



Edit

Screenings in Process

Screening	Provider	Submitted	Status	Status	Action
No screenings found					

Initiate Resubmission



Retained Prints Expiration Date: 3/21/2019
Clearinghouse Screening Available?: Yes

Agency for Health Care Administration Eligibility ?

Type	Item	Status	Screening Completion Date
Employment	Medicaid / Medicare Participating Provider	Resubmission Required - 90 day Lapse in Employment	
Employment	Non-Medicaid / Medicare Participating Provider	Resubmission Required - 90 day Lapse in Employment	
Position	Medicaid Provider Enrollment	Resubmission Required - 90 day Lapse in Employment	
Position	AHCA Provider/Facility Licensure	Resubmission Required - 90 day Lapse in Employment	



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

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



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 affirmation box to confirm the search was conducted and **select 'Initiate Screening'** to continue or 'Cancel' if you do not wish to proceed with the screening.

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 [Switch Agency View](#)

TEST, AGENCY

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 health care 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.

Select the affirmation statement to confirm you performed a OIG LEIE search.

I affirm the OIG List of Excluded Individuals/Entities (LEIE) was searched for the individual listed above.

If you would like to end this review, select [Return to Search](#).

If you would like to hire this individual without completing a new screening select [Profile Page](#) to enter employment information and print a copy of the individual's Background Screening Results page for your records.

If you would like to initiate a new screening for the individual, select the "Next" button to continue.

National Nurse Aide Registry (NNAR) Search

The National Nurse Aide Registry is a web service that allows providers to check multiple state Nurse Aide Registries at once. The states currently participating in the NNAR are Florida, Georgia, New Mexico, Ohio, Oregon, Utah, Washington D.C., and West Virginia. When you initiate a new screening, resubmission or agency review, a NNAR search will be performed and display as a separate step in the initiation process.

If a match of the applicant is found on a participating state's registry, to confirm the results, use the provided hyperlink on the registry research page to perform a manual search of the registry. **The registry check and its results are provided for informational purposes only and have no bearing on Agency eligibility determinations.**

Select **Initiate Screening** to continue.

National Nurse Aid Registry [Switch Agency View](#)

TEST, AGENCY

Multi-State Nurse Aide Registry Search Results

These are auto-match results based on personal identification information provided by the applicant of states that participate in the National Nurse Aid Registry program. Current participating states are: FLORIDA, GEORGIA, NEW MEXICO, OHIO, OREGON, UTAH, WASHINGTON D.C., and WEST VIRGINIA.

If a match of the applicant is found on a participating states' registry, to confirm the results, use the provided link on the registry research page to perform a manual search of the registry. This registry check and its results are provided for informational purposes only and have no bearing or detriment on Agency eligibility determinations.

Match Results

No matches found.

If you would like to end this review, select [Return to Search](#).

If you would like to hire this individual without completing a new screening select [Profile Page](#) to enter employment information and print a copy of the individual's Background Screening Results page for your records.

If you would like to initiate a new screening for the individual select the "Initiate Screening" button.

Select Position, Confirm Privacy Policy, and Set ORI

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

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

The 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.

Initiate Screening [Switch Agency View](#)

TEST, AGENCY

Select Position

Screening Information

Provider:

* Position:

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

Cancel Back **Next**

Initiate Payment – Credit Card

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

- Credit Card
 - MasterCard
 - Discover
 - American Express
- E-Checking (skip to page 47 for E-Checking instructions)
 - Personal or Business checking/savings account

To pay for the resubmission:

- Select payment method
- Select Pay Total Amount to continue

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

Payment - Initiation Page

[Switch Agency View](#)

Clearinghouse Payment

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

Division
TEST PROVIDER - 1234

Transaction Amount	Service Charge	Total Amount
\$99.99		

Select Payment Method

Credit Card Checking



Pay Total Amount



Terms, Conditions & Fees for Payments: A non-refundable convenience fee of 2.50% will be added to all credit card payments and \$0.18 on all e-check (checking) payments. Please allow 2 to 5 business days for the payments to be settled and posted.

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

[Cancel Screening Request](#)

Enter Payment Information – Credit Card

Enter the customer information and select the "Next" button to verify the customer information.

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

Customer Information

Complete all required fields [*]

Country *
United States

First Name *
Nancy

Last Name *
Nurse

Address *
2727 Mahan Dr.


Address 2

City *
Tallahassee

State *
FL - Florida

ZIP/Postal Code *
32308

Phone Number


 [Next >](#)

Payment Information

Enter the payment information and select the "Next" button to verify payment information and submit the request.

Payment Information

Complete all required fields [*]


Credit Card Number * 


Credit Card Type




Expiration Month *


 

Expiration Year *

Security Code * 

Name on Credit Card *

Review Payment Information – Credit Card

Skip to page 51 to submit the resubmission request.

To submit your payment using E-Checking you must read the Terms and Conditions in full, and then check the box that says "yes, I authorize this transaction".

Review your payment information and select the "Submit Payment" button to submit your payment.

Payment

Payment Type ✓

Credit/Debit Card

Customer Information ✓

Address Submit

Nancy Nurse
2727 Mahan Dr.
Tallahassee, FL 32308


Country Email Address

United States

Payment Information ✓

Credit Card Submit

Name on Credit Card
Nancy Nurse

Cancel  **Submit Payment**

Initiate Payment – E-Checking

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

- Credit Card (refer to page 42 for Credit Card instructions) ○ MasterCard ○ Discover ○ American Express
- E-Checking ○ Personal or Business checking/savings account

To pay for the resubmission:

- Select payment method
- Select Pay Total Amount to continue

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

Payment - Initiation Page [Switch Agency View](#)

Clearinghouse Payment

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

Division
TEST PROVIDER - 1234

Transaction Amount	Service Charge	Total Amount
\$ 11.14		

Select Payment Method
 Credit Card Checking

Pay Total Amount

Terms, Conditions & Fees for Payments: A non-refundable convenience fee of 2.50% will be added to all credit card payments and \$0.18 on all e-check (checking) payments. Please allow 2 to 5 business days for the payments to be settled and posted.

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

[Cancel Screening Request](#)

Enter Payment Information – E-Checking

Enter the customer information and select the "Next" button to verify the customer information.

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

Customer Information

Complete all required fields [*]

Country *

First Name * ✓ Last Name * ✓


Address *
 ✓

Address 2
 ✓

City * ✓ State * ✓

ZIP/Postal Code *
 ✓

Phone Number



Enter the payment information and select the "Next" button to verify payment information and submit the request.

Payment Information Complete all required fields [*]

Name on Account *
 ✓

This is a business account.

Routing Number * ✓

Account Number * ? ✓

BANK OF AMERICA, N.A.

Pay _____

Re-enter Account Number. * ✓

Checking Savings

012345678
Routing Number

01234567890
Account Number

Next >

Review Payment Information – E-Checking

To submit your payment using E-Checking you **must read the Terms and Conditions in full**, and then check the box that says "yes, I authorize this transaction".

Review your payment information and select the "Submit Payment" button to submit your payment.

Payment Type



Electronic Check

Customer Information



Edit

Address

Nancy Nurse
2727 Mahan Dr.
Tallahassee, FL 32308

Country

United States

Email Address

Payment Information



Edit

Electronic Check

Name on Account

Nancy Nurse

Terms and Conditions

[Open a new window to print](#)

Yes, I authorize this transaction. Please print this page if you would like a copy of this authorization for your records.
By checking "Yes" and opting to pay by electronic debit against the bank account specified above, I agree and stipulate to all statements:
1. I am the legal owner, have power of attorney, or have legal authority in relation to the bank account specified above to be used for payment.
2. Such bank account is open, validly issued, in good standing and able to accept electronic debits.



Yes, I authorize this transaction.

Cancel



Submit Payment

Submit Resubmission Request

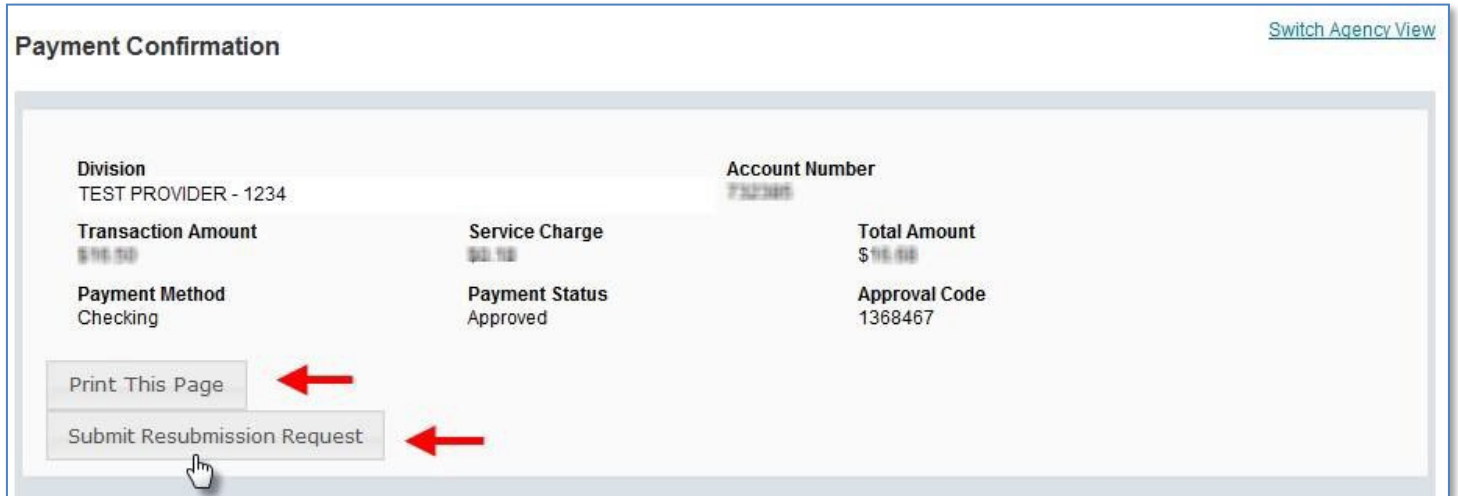
Select 'Submit Resubmission Request' to complete this request. An email confirmation and receipt will be sent to the address on record.

Payment Confirmation [Switch Agency View](#)

Division TEST PROVIDER - 1234	Account Number 732385	
Transaction Amount \$16.50	Service Charge \$0.18	Total Amount \$16.68
Payment Method Checking	Payment Status Approved	Approval Code 1368467

Print This Page ←

Submit Resubmission Request ←



Resubmission Request Submitted

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

Initiate Screening [Switch Agency View](#)

DEVTEAM290, BGS

Screening Request Submitted

Your screening request was submitted. Screening results are generally available within 5 - 7 business days. A notification regarding updates for this request will be sent to the email address of record for this account.

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

Home

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

Person Profile [Switch Agency View](#)

First Name: BGS

Middle Name:

Last Name: DEVTEAM6

Aliases:

SSN: XXX-XX-0006

Date of Birth: 12/24/1972

Place of Birth: Georgia

Address Line 1: 123 LANE

Address Line 2:

City: CITY

State: Florida

ZIP: 33333

County:

Prior States:

Sex: MALE


Race: WHITE

Hair Color: Brown

Eye Color: Hazel

Height: 5' 05"

Weight: 150 lbs.



▼ **Screenings in Process**

Screening	Provider	Submitted	Status	Status	Action
211283		03/22/2014	Screening In Process	03/22/2014	Reprint Privacy Policy Remove

■ - Connected screenings

Provider:

Retained Prints Expiration Date: 3/21/2019

Clearinghouse Screening Available?: Yes

Agency for Health Care Administration Eligibility ?

Type	Item	Status	Screening Completion Date
Employment	Medicaid / Medicare Participating Provider	Screening in Process	
Employment	Non-Medicaid / Medicare Participating Provider	Screening in Process	
Position	Medicaid Provider Enrollment	Screening in Process	
Position	AHCA Provider/Facility Licensure	Screening in Process	

Initiate Clearinghouse Renewal

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

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


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

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

Clearinghouse Results Website Home Page

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

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



Agency for Health Care Administration

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

Home [Switch Agency View](#)

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

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

Employees With Expiring Retained Prints

Provider:

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

Page 1 of 1

[← Previous](#) 1 [Next →](#)


Bulletins

Please Initiate All Screenings Prior to Fingerprinting

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

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

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



Agency for Health Care Administration

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[Screening Results](#)
[Livescan](#)
[Employee/Contractor Roster](#)
[Log Out](#)

Person Profile [Switch Agency View](#)


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

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

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

Phone Number:
Email Address:

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




[Edit](#)

▼ **Screenings in Process**

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

Initiate New Screening

Initiate Renewal



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

Agency for Health Care Administration Eligibility ?

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

Search Medicare/Medicaid Exclusions (OIG List)

The Check OIG List page will only be displayed if it's required by your agency.

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 affirmation box to confirm the search was conducted and select **Next** 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 [Switch Agency View](#)


TEST2, APPLICANT
Retained Prints Expiration Date: 11/30/2017

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 health care 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.




Select the affirmation statement to confirm you performed a OIG LEIE search.

I affirm the OIG List of Excluded Individuals/Entities (LEIE) was searched for the individual listed above.


If you would like to end this review, select [Return to Search](#).

If you would like to hire this individual without completing a new screening select [Profile Page](#) to enter employment information and print a copy of the individual's Background Screening Results page for your records.

If you would like to initiate a new screening for the individual, select the "Next" button to continue.



National Background Check Program Nurse Aide Registry

The National Background Check Program Nurse Aide Registry page will only be displayed if it's required by your agency.

The National Background Check Program Nurse Aide Registry is a web service that allows providers to check multiple state Nurse Aide Registries at once.

If a match of the applicant is found on a participating state's registry, to confirm the results, use the provided hyperlink on the registry research page to perform a manual search of the registry.

The registry check and its results are provided for informational purposes only and have no bearing on Agency eligibility determinations.

Select **Initiate Renewal** to continue.

National Nurse Aid Registry [Switch Agency View](#)

TEST2, APPLICANT
Retained Prints Expiration Date: 11/30/2017

Multi-State Nurse Aide Registry Search Results

These are auto-match results based on personal identification information provided by the applicant of states that participate in the National Nurse Aid Registry program. Current participating states are: FLORIDA, GEORGIA, NEW MEXICO, OHIO, OREGON, UTAH, WASHINGTON D.C., and WEST VIRGINIA.

If a match of the applicant is found on a participating states' registry, to confirm the results, use the provided link on the registry research page to perform a manual search of the registry. This registry check and its results are provided for informational purposes only and have no bearing or detriment on Agency eligibility determinations.


Match Results

No matches found.

If you would like to end this review, select [Return to Search](#).

If you would like to hire this individual without completing a new screening select [Profile Page](#) to enter employment information and print a copy of the individual's Background Screening Results page for your records.

If you would like to initiate a new screening for the individual select the "Initiate Screening" button.



Select Provider and Position

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

- Select the **Provider** that the individual is employed by from the drop down list
 - Please note the provider drop down will only display if you are accessing the website on behalf of multiple providers.
- Select the employee's **Position** from the drop down list
- Select **Next**

Initiate Renewal [Switch Agency View](#)


TEST2, APPLICANT

Select Position

Screening Information

Provider:

* Position:



Clearinghouse Renewal Payment

Payment options are Credit Card or E-Check.

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

To pay for the renewal:

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

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

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

Clearinghouse Payment

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

Division

CON Healthcare Facility-

Transaction Amount

\$43.25

Service Charge

\$1.41

Total Amount

\$44.66

Select Payment Method

Credit Card Checking

Pay Total Amount 

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

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

[Cancel Screening Request](#)

Enter Payment Information

Enter the payment information in the fields marked with asterisks (*) based upon the payment method you selected. Prepopulated fields can be edited. Hit the "Next" button when finished entering or editing the payment.

Once the payment information has been entered, select **Next**.

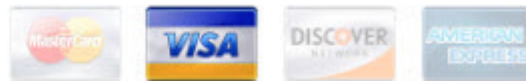
Payment Information

Complete all required fields [*]

Credit Card Number * ?

 ✓

Credit Card Type



Expiration Month *

 ✓

Expiration Year *

 ✓

Security Code * ?

Name on Credit Card *

 ✓

CREDIT CARD



Payment Information

Complete all required fields [*]

Name on Account *

Nancy Nurse




This is a business account.

Routing Number *

012345678

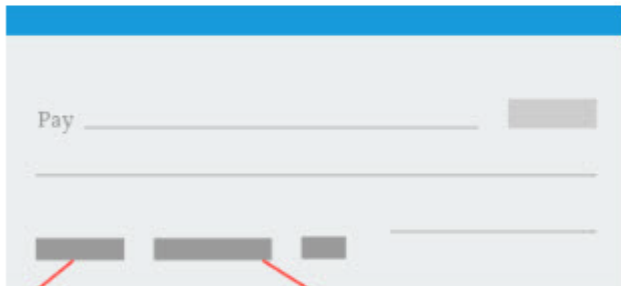


Account Number * 

01234567890



BANK OF AMERICA, N.A.



012345678
Routing Number

01234567890
Account Number

Re-enter Account Number. *

01234567890



Checking Savings

CHECKING




Next >

Review Payment Details

- For Credit Card, verify payment details and select **Submit Payment**.
- For Electronic Check, **read the full terms and conditions** and check the acknowledgement box to authorize payment and hit **Submit Payment**.

Payment

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



Payment Type



Electronic Check

Customer Information



Edit

Address

Nancy Nurse
2727 Mahan Dr.
Tallahassee, FL 32308

Country

United States

Email Address

Payment Information



Edit

Electronic Check

Name on Account

Nancy Nurse

Terms and Conditions

[Open a new window to print](#)

Yes, I authorize this transaction. Please print this page if you would like a copy of this authorization for your records.

By checking "Yes" and opting to pay by electronic debit against the bank account specified above, I agree and stipulate to all statements:

1. I am the legal owner, have power of attorney, or have legal authority in relation to the bank account specified above to be used for payment.
2. Such bank account is open, validly issued, in good standing and able to accept electronic debits.



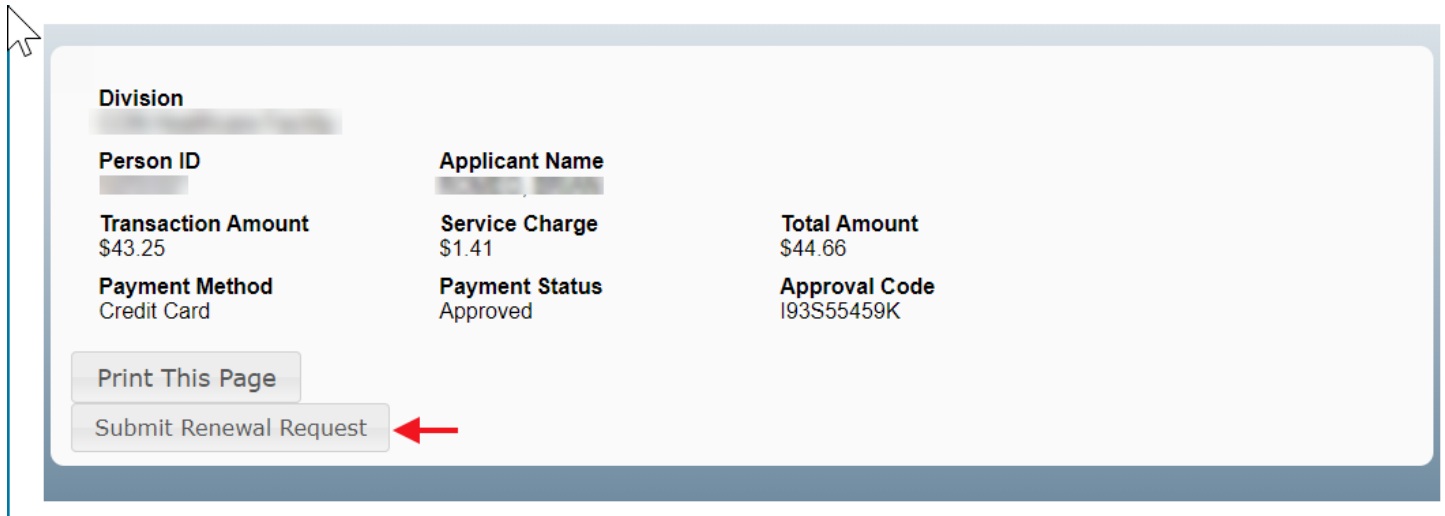
Yes, I authorize this transaction.

Cancel

Submit Payment

Submit Renewal Request

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



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

Print This Page

Submit Renewal Request ←

Renewal Request Submitted

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

Initiate Renewal [Switch Agency View](#)

TEST2, APPLICANT

Renewal Request Submitted

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

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

Person Profile – Renewal in Process

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

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

Person Profile

[Switch Agency View](#)

* First Name: APPLICANT
 Middle Name:
 * Last Name: TEST2
 Suffix:
 Aliases:
 * SSN: XXX-XX-1235
 * Date of Birth: 12/24/1972
 * Place of Birth: Cuba

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

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



Edit

▼ Screenings in Process

Screening #	Provider	Submitted Date	Status	Status Date	Action
2879745	JACKSON HOSPITAL - 3999	10/25/2017	Renewal In Process	10/25/2017	Reprint Privacy Policy Remove
2878744		10/25/2017	Determination Made	10/25/2017	Reprint Privacy Policy

A fingerprint renewal is in process. No further action can be taken until a determination is made.

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

Agency for Health Care Administration Eligibility ?

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

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

Provider	Position	Provisional Hire/Contract Date	Permanent Hire/Contract Date	End Date	Action
JACKSON HOSPITAL - 3999	Administrator		10/25/2017		Edit

Add Employment/Contract Record

[New Search](#) [View/Print Version](#) [Explanation of Results](#)