

BACKGROUND SCREENING

Important Information for the Application for Exemption

Who must apply for an exemption?

Any individual employed or seeking employment with a health care provider licensed by the Agency for Health Care Administration that has been notified by the employer that they have:

- been found guilty of, regardless of adjudication, or entered a plea of guilty or nolo contendere to any of the criminal offenses listed in sections 435.03(2) , 435.04(2), and 408.809 Florida Statutes.

The health care providers that may require you to have an exemption in order to work are:

Adult Day Care Center	Health Care Services Pool	Nurse Registry
Adult Family Care Home	Home Health Agency	Nursing Homes
Assisted Living Facility	Home Medical Equipment	Prescribed Pediatric Extended Care
Community Mental Health	Homemaker/Companion Service	Residential Treatment Facility/Center
Crisis Stabilization Unit	Hospice	
Health Care Clinic	ICF/DD	

NOTE: *Even if you have received an exemption from disqualification from another state agency, you are still required to apply for an exemption through this Agency. Proof of exemption must be provided with the application. The Agency will take into consideration any exemption that is granted through another state agency when making a decision.*

Who is eligible for an exemption?

- A person is **not eligible** to apply for an Exemption from Disqualification until:
 - He/she has been lawfully released from confinement, probation or other sanction for a disqualifying misdemeanor criminal offense;
 - At least **3 years after** he/she has been lawfully released from confinement, probation or other sanction for a disqualifying felony criminal offense.
- Persons designated as sexual predators, sexual offenders or career offenders **are not eligible** for an Exemption from Disqualification.
- You must demonstrate by clear and convincing evidence that you will not present a danger if employed within the healthcare field. Types of information that must be submitted with your application include:
 - A completed Level 2 screening (If the screening was conducted through the Agency a copy will be on file. If you need to request a screening, please follow instruction found in this document under How to Request a Level 2 Screening)
 - Arrest reports for all arrests
 - Court dispositions for all arrests
 - A letter from parole or probation regarding your current status
 - 3-5 letters of reference (at least one must be from a current or recent employer on the employer's letterhead)
 - Any information regarding counseling, education, technical training, employment history, community involvement, awards or special recognition

What will be considered when granting an exemption?

- the circumstances surrounding the criminal incident for which an exemption is sought;
 - the time period that has elapsed since the incident;
 - the nature of the harm caused to the victim;
 - a history of the employee since the incident; and
 - any other evidence or circumstances indicating that the individual is leading a positive lifestyle.
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How to apply for an exemption:

An "Application for Exemption", AHCA Form #3110-0019, must be completed and returned along with ALL required documents noted on the Checklist that is included with the application. You may download the application from the Agency's website at: http://ahca.myflorida.com/MCHQ/Long_Term_Care/Background_Screening/exemption.shtml or send a request for a copy by email to bgscreen@ahca.myflorida.com; be sure to include your name and the address where you would like the application mailed.

When you submit the application, be sure to include all the required documents or a statement as to why a document is not included with the application. **AN INCOMPLETE APPLICATION WILL RESULT IN A DELAY IN THE PROCESSING AND FINAL DECISION OF THE CASE.**

How long does the process take?

An Application for Exemption will not be reviewed until ALL the required documents are received by the Agency.

If there is missing information on the application or required documents:

- You will receive an **Incomplete Notice** by certified mail. You have 30 days from receipt of that notice to send the missing information to the Agency. If it will take longer than 30 days, contact the analyst reviewing your case (name is on the incomplete notice) to request an extension. If all the information is not received within 30 days, your case will be CLOSED and you will have to send in a new application.

Once the application and all documentation are complete you will receive one of the following:

- **Hearing Notice** - a personal interview will be scheduled with the hearing committee in order to make a determination. The initial hearing is generally held by telephone and is an informal process in which the committee will ask specific questions regarding your criminal/abuse history, work history, and reasons for wanting to work within the healthcare field.

Upon completion of the hearing, a recommendation is made by the committee to either grant or deny the application. The Agency's Secretary or his delegate makes the final decision. The applicant is then notified by mail regarding the decision.

- **Grant Letter** - The issuance of a grant letter provides eligibility for employment with a health care provider. *The granting of an exemption by any State Department (including this Agency) does not change the results of a background screening or clear your criminal history. The exemption only provides eligibility for employment despite the presence of a disqualifying offense(s).* The applicant must provide a copy of the grant letter to each potential health care employer.
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If you receive a judgment for a disqualifying criminal offense after the date exemption is granted, the exemption will be voided and your employer (if a health care provider) will be notified that you are no longer eligible to work.

- **Denial Letter** - is issued when:
 - He/she has not been lawfully released from confinement, probation or other sanction for a disqualifying misdemeanor criminal offense;
 - It has not been at least **3 years after** he/she has been lawfully released from confinement, probation or other sanction for a disqualifying felony criminal offense; **OR**
 - The head of the Agency has determined that the safety of the patients/residents of a health care provider may be at risk. Under the provisions of Chapter 120, Florida Statutes, you may appeal the agency's decision. The information for appealing the decision will be included with your letter. You have 21 days from receipt of the denial letter to request an appeal.
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Where to send the application:

- The **Agency** reviews applications and makes decisions for Exemptions for **unlicensed personnel working for a health care provider**.

If you are seeking employment in a health care provider as a:

- facility owner, administrator or chief financial officer;
- staff person that is uncertified or unlicensed

Send your application to:

Background Screening Unit

Agency for Healthcare Administration
2727 Mahan Drive MS #40
Tallahassee, FL 32308
(850) 412-4503

- The **Department of Health** reviews applications and makes decisions for **licensed and certified health care professionals** as long as that person is working in the scope of his or her license or certification.

If you are seeking employment in a health care provider as a:

- CNA with state certification
- RN, or ARNP or LPN

Download and complete the exemption application at:

http://www.doh.state.fl.us/mqa/nursing/nur_screening.html and send to:

Board of Nursing

Department of Health
4052 Bald Cypress Way Bin C-02
Tallahassee, FL 32399-3252
(850) 245-4125

If you are seeking employment in a health care provider as a:

- Physical Therapist
- Respiratory Therapist
- Occupational Therapist

Send your application to:

Medical Therapies Unit/OT/PT/RT

Department of Health
4052 Bald Cypress Way BIN C-05
Tallahassee, FL 32399-3255
(850) 245-4373

- Employees of the following provider types may conduct background screening through either the Agency or the Department of Children and Families. Please submit the appropriate Application for Exemption to the agency that reviewed the Level 2 screening results.
 - Crisis Stabilization Units
 - Residential Treatment Facilities for Adolescents and Children
 - Residential Treatment Facilities
 - Short Term Residential Programs

How to request a Level 2 screening:

All Level 2 screening requests must be submitted through a **LiveScan vendor** approved to submit fingerprint requests in Florida.

The Agency for Health Care Administration has contracted with **Cogent Systems** to provide electronic fingerprint services for health care providers licensed through the Agency. Cogent Systems has statewide locations and will provide LiveScan services for a screening fee of \$43.25 plus a processing fee of \$11.00 per transaction for **a total screening fee of \$54.25 per individual**. The fee is due at the time of screening unless other payment arrangements have been made with Cogent .

Cogent Systems has created a website for the Agency. The website, www.cogentid.com, includes all information pertaining to the AHCA LiveScan process including Cogent locations, hours of operation, and instructions to schedule appointments for screening. **Please note that the physical Cogent LiveScan locations cannot provide information regarding AHCA screening information** - all registration must be completed through the Cogent website. Step-by-step instructions are available on the Background Screening website at: [Instructions on Accessing AHCA's Contracted LiveScan Vendor \(Cogent Systems\)](#)

If you have additional questions that are not addressed on the Cogent website please email: flhelp@cogentsystems.com or call toll free 1-866-500-2347.

Other LiveScan Options

In addition to using Cogent, you may select another LiveScan vendor for electronic fingerprints as long as they have been approved through the Florida Department of Law Enforcement (FDLE). You may view other LiveScan vendors at: <http://www.fdle.state.fl.us/Content/getdoc/04833e12-3fc6-4c03-9993-379244e0da50/livescan.aspx> .

*Any method selected for submission of electronic fingerprints must include the Agency's ORI number to ensure the screening results are returned to the Agency for Health Care Administration. The AHCA ORI number is **FL922020Z**. If AHCA does not receive the results, a new screening may be required. Select "Search by Facility Type/Location"*

A form is available on the BGS website that you may give your applicant to take to the vendor that includes the ORI number.

You may access the form at: [Validation for LiveScan](#) . The form requests the health care facility/provider **AHCA #**. The AHCA number may be located at: <http://www.floridahealthfinder.gov/FacilityLocator/facloc.aspx> :

Fingerprint card submissions:

Out of state applicants and others who do not have access to a Florida LiveScan vendor will be required to **submit a fingerprint card** to Cogent Systems along **with a fee of \$58.25** (\$43.25 for the screening + \$15.00 processing fee). **You must obtain a fingerprint card from the Agency**. To request a fingerprint card please contact the Agency's Background Screening Section at (850)412-4503 or email bgscreen@ahca.myflorida.com .

The fingerprint card must be filled out completely and the fingerprints taken by law enforcement personnel or individual trained in processing fingerprints. Return the completed card to:

Cogent Systems
Attn: Fingerprint Card Scan Florida
5025 Bradenton Ave Suite A
Dublin, OH 43017

The fingerprint card may also be sent to other LiveScan vendors authorized to provide services in Florida as long as they are equipped to transmit the images of the fingerprints from the fingerprint card electronically. This requires special equipment and not all LiveScan vendors have this ability. For more information you may find LiveScan vendor contact information on the FDLE website: <http://www.fdle.state.fl.us/Content/getdoc/04833e12-3fc6-4c03-9993-379244e0da50/livescan.aspx> .