



Screening Validation for LiveScan Vendor

Present this form to any LiveScan Vendor approved to submit Level 2 Background Screenings through the Florida Department of Law Enforcement as provided on their website at:

<http://www.fdle.state.fl.us/Content/getdoc/04833e12-3fc6-4c03-9993-379244e0da50/livescan.aspx>

You will be required to present a valid picture ID at the time of screening.

Employee/Contractor Name: _____

Employee/Contractor Address: _____

Employer/Provider Name: _____

Employer/Provider Address: _____

AHCA # (as provided on the FloridaHealthFinder.gov provider page – see other side for details): _____

(Vendors: Use FDLE OCA# field to submit AHCA#.)

LIVESCAN VENDORS:

Please ensure that the results of this screening are submitted on behalf of the Agency for Health Care Administration (AHCA) at **ORI FL922020Z**. If you have any questions please contact the Background Screening Section at (850)412-4503 or email at: bgscreen@ahca.myflorida.com.

Important Requirement: All information regarding the applicant (Employee/contractor) must be submitted including Full Name, Address, Social Security Number, Date of Birth, Race, Sex, Height, and Weight. Incomplete information may result in rejection of screening requests.

Form available at: http://ahca.myflorida.com/MCHQ/Long_Term_Care/Background_Screening/index.shtml

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See Reverse for Instructions for locating a provider/facility AHCA #.

Instructions for locating a provider/facility AHCA #.

1. Locate the Agency for Health Care Website at: <http://ahca.myflorida.com/>. See sample below. Select “Find a Facility”.

Home Publication **Find a Facility** Direct to Our Divisions

COVER FLORIDA
Access to Affordable Quality Health Care

Disaster Tabletop Exercises for Health Care Providers

Health Information site of AHCA
Better Health Care for All Floridians

FloridaHealthFinder.gov
Connecting Florida with Health Care Information

Florida Medicaid Health Information Network

Home | Florida Consumers | Researchers & Professionals | Facility Feed Builder | E-mail this page to a friend

Facility/Provider Locator

Click **Search by Facility Type/Location** to get a list of Florida health care facilities. Click **Search by Proximity** to find facilities closest to the street address that you enter within the distance you choose.

- ▶ **Search by Facility Type/Location**
- ▶ **Search by Proximity** (find the nearest facilities to your street address)

Select criteria for your provider/facility by "Type" and "Name"

Facility/Provider Locator

Choose a facility/provider type using the drop down menu below. If you are not sure of the type, choose "ALL TYPES". To narrow your search, enter more information or to broaden your search, enter less. For a description of facility/provider types click [GLOSSARY](#).

For reports of frequently requested information click [Here](#). Includes monthly reports of licensure change of ownership, providers who are no longer licensed, licensed health care provider totals, limited civil claims information, and an annual report of licensure sanctions taken against assisted living facilities. For questions, click [Contact Us](#).

* = Required fields.

General Search

Facility/Provider Type: * ←

Name: ←

Street Address:

City:

Zipcode:

County: ...

AHCA Number:

Field Office: ...

License Number:

Administrator/Chief Executive Officer:

Owner:

Profit Status:

Advanced Search (Optional - Click on down arrow for options) ▾

See [GLOSSARY](#)

Provider NAME

Street Address	Get Directions	Facility/Provider Type: Adult Day Care Center
		Administrator:
		Owner:
		Profit Status: For-Profit
		Maximum Participants: :
		AHCA Number: :
		AHCA Region: 11 ←
		License Number:
		License Expires: 5/11/2011
		License Status: ACTIVE

Phone: _____

County: _____

Current Emergency Actions: None

Reports: [Inspection Reports](#)

Please use the AHCA Number for reference on the Validation form