



Agency for Health Care Administration

Care Provider Background Screening Clearinghouse

***AHCA User Registration Guide:
Access to Background Screening
through the AHCA SSO Web Portal***

Updated February 2015

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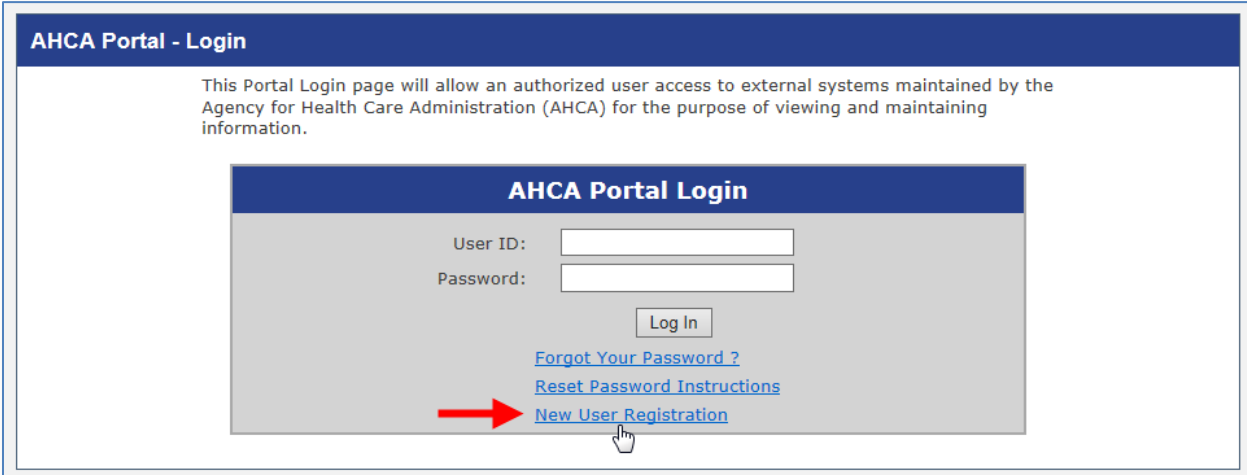
Portal Registration Overview

The Care Provider Background Screening Clearinghouse (Clearinghouse) website is maintained by the Agency for Health Care Administration (AHCA) and available through the AHCA web portal (Portal). If you are not enrolled on the Portal, you will need to create a Portal account before requesting access to background screening and submitting a user agreement. The user agreement for new accounts must be received and approved by staff before accessing the site.

The link to the Portal is: <https://apps.ahca.myflorida.com/SingleSignOnPortal>. Once access is granted users may initiate a screening, search for screening results, connect to specified agency screenings, select a Livescan service provider and connect to the service provider's website to schedule appointments, and create and maintain an employee roster. Instructions for using the Clearinghouse results website can be found at http://ahca.myflorida.com/MCHQ/Central_Services/Background_Screening/BGS_results.shtml.

Provider New User Registration

Select **New User Registration** from the Portal Login page (<https://apps.ahca.myflorida.com/SingleSignOnPortal>). If you have an existing account please skip to page 6 to request access as an Agency for Health Care Administration provider.



AHCA Portal - Login

This Portal Login page will allow an authorized user access to external systems maintained by the Agency for Health Care Administration (AHCA) for the purpose of viewing and maintaining information.

AHCA Portal Login

User ID:

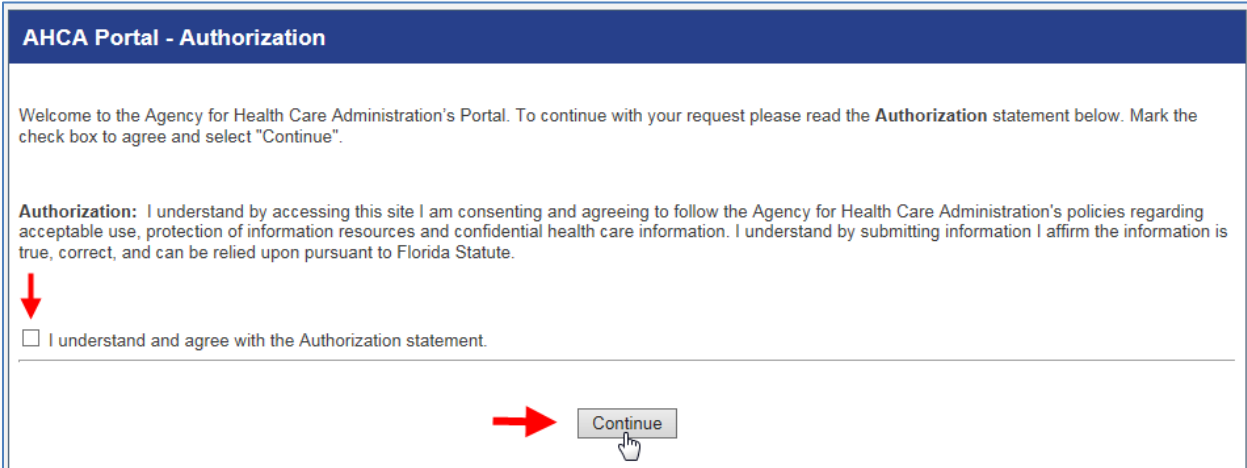
Password:

[Forgot Your Password ?](#)

[Reset Password Instructions](#)

[New User Registration](#)

After reading the authorization statement check the confirmation box and select **continue**.



AHCA Portal - Authorization

Welcome to the Agency for Health Care Administration's Portal. To continue with your request please read the **Authorization** statement below. Mark the check box to agree and select "Continue".

Authorization: I understand by accessing this site I am consenting and agreeing to follow the Agency for Health Care Administration's policies regarding acceptable use, protection of information resources and confidential health care information. I understand by submitting information I affirm the information is true, correct, and can be relied upon pursuant to Florida Statute.

I understand and agree with the Authorization statement.

Enter all required information as indicated by the red asterisk (*) and select 'Register' to continue.

IMPORTANT – Please note the following items:

- Each user must create their individual account. There is NO LIMIT on the number of users per facility/provider.
 - User names and passwords **CANNOT** be shared with other users.
- Important notifications and background screening updates will be sent to the email address on file with the Portal. **Please ensure you enter a valid email address.**

AHCA Portal - Account Registration

User Information

* First Name: * Last Name:

Position Title: * Telephone Number:

* Email Address:

* Verify Email Address:

Employer's Company Name:

Address Information

* Address Line1: Address Line2:

* City: * State: * Zip:

Security Information

You must register a User Name and create a Password. You will need to use these each time you access the Portal. As the account owner, you are responsible for all information accessed.

* User Name:

* Password: (The password must be at least 7 characters and must contain at least one special character e.g., @, #)

* Enter Password Again:

* Security Question:

* Security Answer:

Verification: For protection against spam, please type the letters, numbers and punctuation as seen in the box below. Please be sure to use proper case and spacing.

Type the text reCAPTCHA™

Once your user account is successfully created, select 'Return to Login' to request access to the Clearinghouse results website.

AHCA Portal - Account Registration

User Account created successfully.

Enter the User ID and Password created in the previous steps. Select 'Log In'.

AHCA Portal - Login

This Portal Login page will allow an authorized user access to external systems maintained by the Agency for Health Care Administration (AHCA) for the purpose of viewing and maintaining information.

AHCA Portal Login

User ID:

Password:

[Log In](#)

[Forgot Your Password ?](#)

[Reset Password Instructions](#)

[New User Registration](#)

From the drop down list select 'Agency for Health Care Administration' under Background Screening Clearinghouse. Select 'Request Program Access' to continue.

AHCA Portal - Portal Landing

Request Program Access

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

-- Select Program --

- Background Screening Clearinghouse
- Agency For Health Care Administration
- Vocational Rehabilitation
- Department of Elder Affairs
- Department of Juvenile Justice
- Florida Medicaid
- Department of Children and Families
- Home Health Agency
- Home Health Quarterly Report
- Low Income Pool
- Low Income Pool System
- Online Licensure
- Online Licensure
- External Sharepoint
- External SharePoint Beta Application

[Request Program Access](#)

[Logout](#)

Add Provider

A role is necessary in order to obtain proper access. Select **'Provider'** from the drop down list.

**If you do not meet the definition of a provider please skip ahead to the 'Contractor New User Registration' portion.*

Background Screening Clearinghouse Program - AHCA - Request for Program Access

Select Role/Provider Information

A role is necessary in order to obtain proper access. Select the role that best describes your affiliation.

Provider - I am an owner, licensee, or employee of a health care provider licensed by AHCA.

Contractor - I own or am employed by a company that provides contracted staff to an AHCA licensed health care provider. Health Care Contractors must register with AHCA prior to gaining access to this system. Send a request by mail, fax or email on company letterhead to the Background Screening section at 2727 Mahan Drive, MS 40, Tallahassee, FL 32308, fax # (850) 487-0470 or email BGSscreen@ahca.myflorida.com. Please include a description of the services your company provides and a listing of the AHCA regulated provider types (i.e., Home Health Agency, Nursing Home, etc.) your company contracts. After your company is registered with AHCA, login to this site and request Background Screening Clearinghouse program access.

Select the most appropriate role from the drop down list below. After you have made your role selection, you will need to select a Provide/Company Type.

* Role:

-- Select Role --
Contractor
Provider

→

Add Provider/Company

Return to Previous Page

If you have any questions or issues please [contact us](#).

Select the 'Provider Type'. **Start typing the 'Provider Name'** as it appears on your license or application. Select your provider from the list when it appears. **Select 'Add Provider'**.

**Note the license number is displayed at the end of the name for identification.*

Background Screening Clearinghouse Program - AHCA - Request for Program Access

Select Role/Provider Information

A role is necessary in order to obtain proper access. Select the role that best describes your affiliation.

Provider - I am an owner, licensee, or employee of a health care provider licensed by AHCA.

Contractor - I own or am employed by a company that provides contracted staff to an AHCA licensed health care provider. Health Care Contractors must register with AHCA prior to gaining access to this system. Send a request by mail, fax or email on company letterhead to the Background Screening section at 2727 Mahan Drive, MS 40, Tallahassee, FL 32308, fax # (850) 487-0470 or email BGSscreen@ahca.myflorida.com. Please include a description of the services your company provides and a listing of the AHCA regulated provider types (i.e., Home Health Agency, Nursing Home, etc.) your company contracts. After your company is registered with AHCA, login to this site and request Background Screening Clearinghouse program access.

Select the most appropriate role from the drop down list below. After you have made your role selection, you will need to select a Provide/Company Type

* Role:

* Provider Category:

* Provider/Company Type:

Start typing the name of your Provider/Company and select it from the list below when it appears.

Provider/Company Name:

Add Provider/Company

Return to Previous Page

Review the requested Provider information to ensure you have selected the correct provider(s) and location(s). If correct, select **“Submit Request and Generate User Agreement”**. If not, click ‘Delete’ and enter the appropriate "Provider Name".

Background Screening Clearinghouse Program - AHCA - Request for Program Access

Select Role/Provider Information

A role is necessary in order to obtain proper access. Select the role that best describes your affiliation.

Provider - I am an owner, licensee, or employee of a health care provider licensed by AHCA.

Contractor - I own or am employed by a company that provides contracted staff to an AHCA licensed health care provider. Health Care Contractors must register with AHCA prior to gaining access to this system. Send a request by mail, fax or email on company letterhead to the Background Screening section at 2727 Mahan Drive, MS 40, Tallahassee, FL 32308, fax # (850) 487-0470 or email BGSscreen@ahca.myflorida.com. Please include a description of the services your company provides and a listing of the AHCA regulated provider types (i.e., Home Health Agency, Nursing Home, etc.) your company contracts. After your company is registered with AHCA, login to this site and request Background Screening Clearinghouse program access.

Select the most appropriate role from the drop down list below. After you have made your role selection, you will need to select a Provide/Company Type.

* Role:

* Provider Category:

* Provider/Company Type:

Start typing the name of your Provider/Company and select it from the list below when it appears.

Provider/Company Name:

Requested Provider/Company:

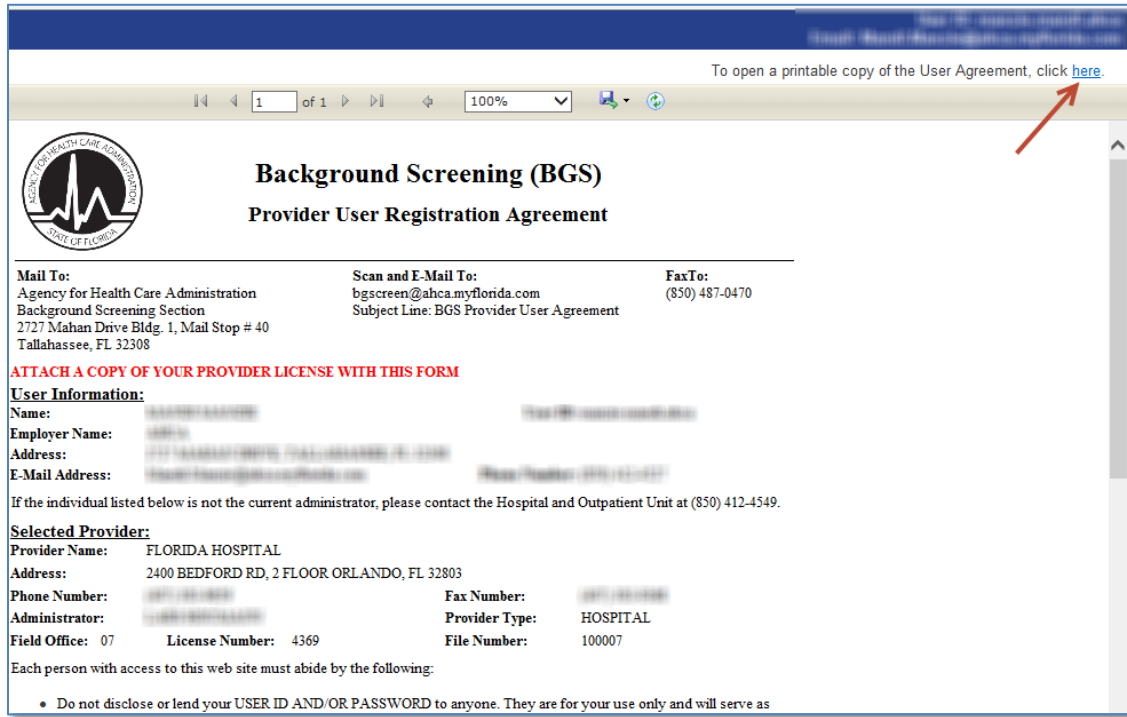
Requested Provider/Company:

Provider Name	City	License Number
Delete FLORIDA HOSPITAL	ORLANDO	4369

If the requested Provider/Company is correct, select "Submit Request and Generate User Agreement". If not, click [Delete](#) and choose the appropriate "Provider/Company Name".

Print User Registration Agreement

The User Registration Agreement will display in a viewing window. To open a printable copy of the agreement, please select the link in the upper right corner. Please print and sign the user registration agreement. Once you have printed the user registration agreement, select 'Return to Portal Landing' or 'Return to DCF Tasks Page' in the upper left corner.



To open a printable copy of the User Agreement, click [here](#).

Background Screening (BGS)
Provider User Registration Agreement

Mail To:
Agency for Health Care Administration
Background Screening Section
2727 Mahan Drive Bldg. 1, Mail Stop # 40
Tallahassee, FL 32308

Scan and E-Mail To:
bgsscreen@ahca.myflorida.com
Subject Line: BGS Provider User Agreement

FaxTo:
(850) 487-0470

ATTACH A COPY OF YOUR PROVIDER LICENSE WITH THIS FORM

User Information:
Name: _____
Employer Name: _____
Address: _____
E-Mail Address: _____

If the individual listed below is not the current administrator, please contact the Hospital and Outpatient Unit at (850) 412-4549.

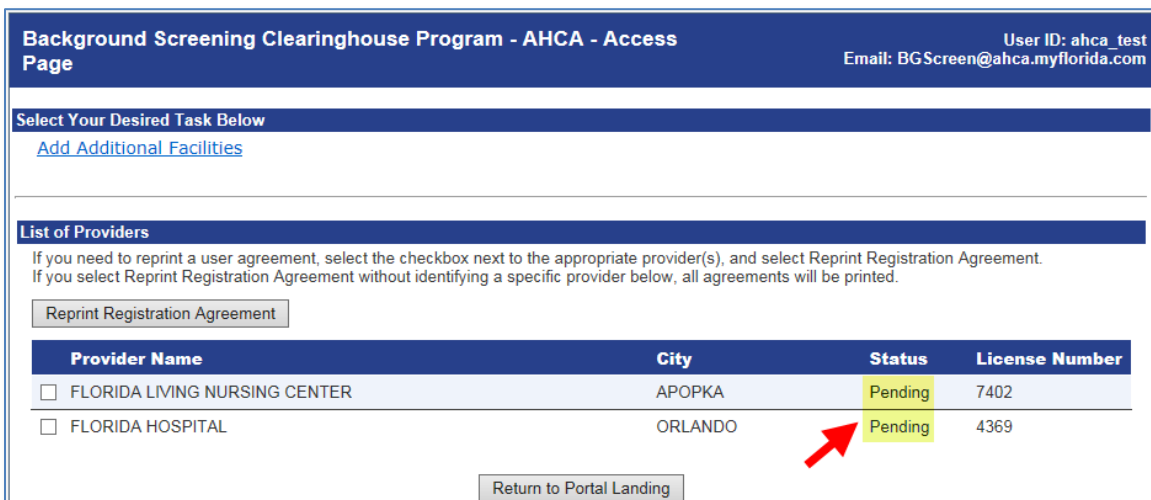
Selected Provider:
Provider Name: FLORIDA HOSPITAL
Address: 2400 BEDFORD RD, 2 FLOOR ORLANDO, FL 32803
Phone Number: _____ Fax Number: _____
Administrator: _____ Provider Type: HOSPITAL
Field Office: 07 License Number: 4369 File Number: 100007

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

- Do not disclose or lend your USER ID AND/OR PASSWORD to anyone. They are for your use only and will serve as

You may mail, email, or fax the agreement and a copy of the provider license or initial application omissions letter to the Background Screening Unit for approval. Your request for access to the Clearinghouse results website will be in **Pending status until staff receives and processes your user registration agreement**.

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



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

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

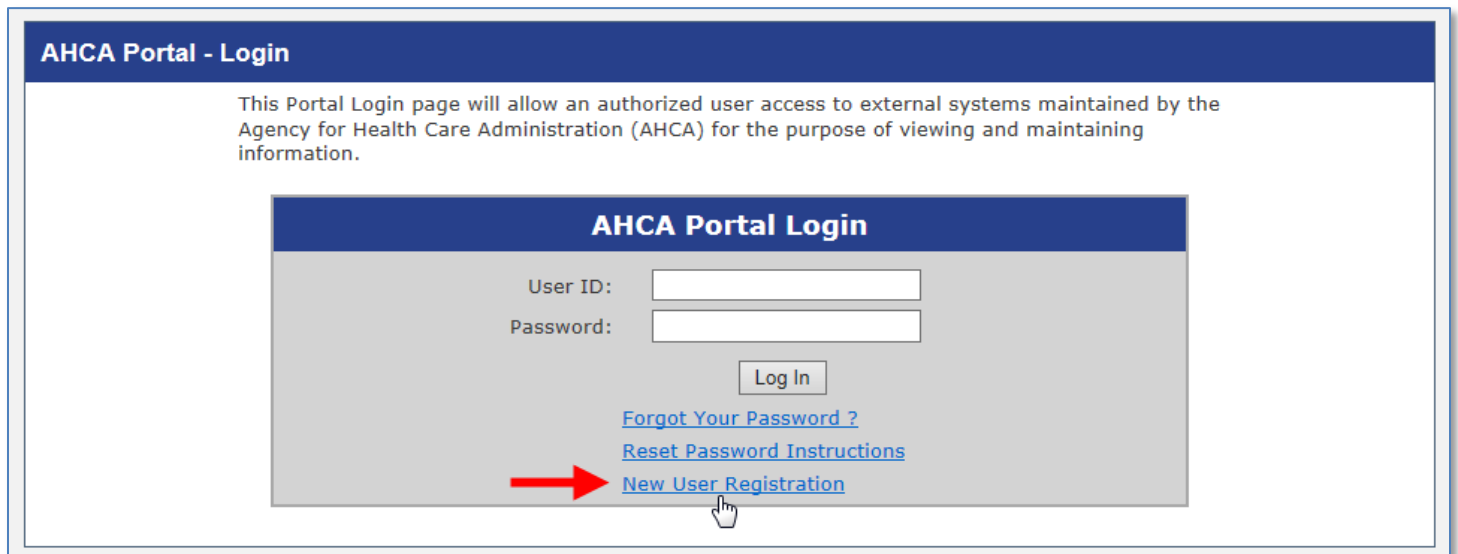
List of Providers
If you need to reprint a user agreement, select the checkbox next to the appropriate provider(s), and select Reprint Registration Agreement.
If you select Reprint Registration Agreement without identifying a specific provider below, all agreements will be printed.

Reprint Registration Agreement

Provider Name	City	Status	License Number
<input type="checkbox"/> FLORIDA LIVING NURSING CENTER	APOPKA	Pending	7402
<input type="checkbox"/> FLORIDA HOSPITAL	ORLANDO	Pending	4369

Contractor New User Registration

Select **New User Registration** from the Portal Login page (<https://apps.ahca.myflorida.com/SingleSignOnPortal>). If you have an existing account please skip to page 12 to request access as an Agency for Health Care Administration provider.



AHCA Portal - Login

This Portal Login page will allow an authorized user access to external systems maintained by the Agency for Health Care Administration (AHCA) for the purpose of viewing and maintaining information.

AHCA Portal Login

User ID:

Password:

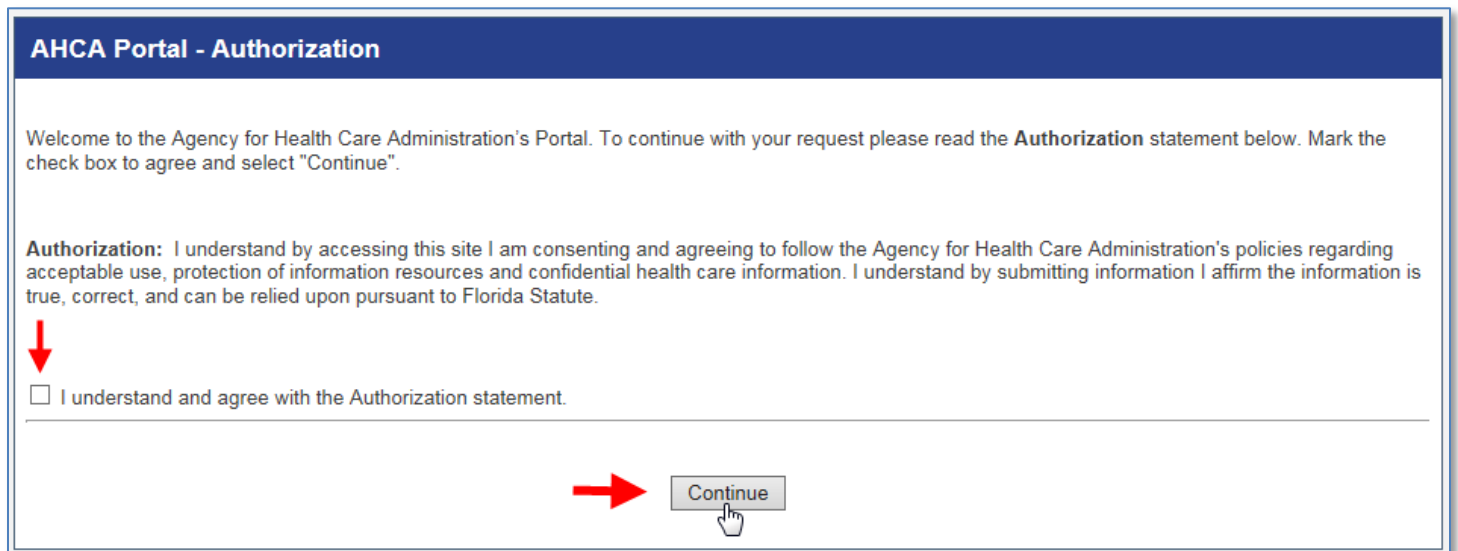
Log In

[Forgot Your Password ?](#)

[Reset Password Instructions](#)

[New User Registration](#)

After reading the authorization statement check the confirmation box and select **continue**.



AHCA Portal - Authorization

Welcome to the Agency for Health Care Administration's Portal. To continue with your request please read the **Authorization** statement below. Mark the check box to agree and select "Continue".

Authorization: I understand by accessing this site I am consenting and agreeing to follow the Agency for Health Care Administration's policies regarding acceptable use, protection of information resources and confidential health care information. I understand by submitting information I affirm the information is true, correct, and can be relied upon pursuant to Florida Statute.

I understand and agree with the Authorization statement.

Continue

Enter all required information as indicated by the red asterisk (*) and select 'Register' to continue.

IMPORTANT – Please note the following items:

- Each user must create their individual account. There is NO LIMIT on the number of users per facility/provider.
 - User names and passwords **CANNOT** be shared with other users.
- Important notifications and background screening updates will be sent to the email address on file with the Portal. **Please ensure you enter a valid email address.**

AHCA Portal - Account Registration

User Information

* First Name: * Last Name:
Position Title: * Telephone Number:
* Email Address:
* Verify Email Address:
Employer's Company Name:

Address Information

* Address Line1: Address Line2:
* City: * State: * Zip:

Security Information

You must register a User Name and create a Password. You will need to use these each time you access the Portal. As the account owner, you are responsible for all information accessed.

* User Name:
* Password: (The password must be at least 7 characters and must contain at least one special character e.g., @, #)
* Enter Password Again:
* Security Question:
* Security Answer:

Verification: For protection against spam, please type the letters, numbers and punctuation as seen in the box below. Please be sure to use proper case and spacing.

Once your user account is successfully created, select 'Return to Login' to request access to the Clearinghouse results website.

AHCA Portal - Account Registration

User Account created successfully.

Before access to the Background System can be granted, all contractors must register with the Agency.

You must send a request by mail, fax or email on company letterhead to the Background Screening Unit at 2727 Mahan Drive, MS 40, Tallahassee, FL 32308, Fax # (850) 487-0470 or email BGScreen@ahca.myflorida.com. Please include the following information in your request:

- Company Name
- Company Address
- Contact First and Last Name
- Contact Title
- Contact Email Address
- Contact Phone
- Contact Fax
- Provide a description of the services your company provides and a listing of the AHCA regulated provider types (i.e., Home Health Agency, Nursing Home, etc.) your company contracts with.

After your company is registered with AHCA, login to this site using the username and password previously created and request Background Screening program access as follows. You will not be able to continue this process until you are registered.

Enter the User ID and Password created in the previous steps. Select '**Log In**'.


AHCA Portal - Login

This Portal Login page will allow an authorized user access to external systems maintained by the Agency for Health Care Administration (AHCA) for the purpose of viewing and maintaining information.

AHCA Portal Login

User ID:

Password:



[Forgot Your Password ?](#)

[Reset Password Instructions](#)

[New User Registration](#)

From the drop down list select 'Agency for Health Care Administration' under Background Screening Clearinghouse. Select 'Request Program Access' to continue.

AHCA Portal - Portal Landing

Request Program Access

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

-- Select Program --

- Background Screening Clearinghouse
- Agency For Health Care Administration**
- Vocational Rehabilitation
- Department of Elder Affairs
- Department of Juvenile Justice
- Florida Medicaid
- Department of Children and Families
- Home Health Agency
- Home Health Quarterly Report
- Low Income Pool
- Low Income Pool System
- Online Licensure
- Online Licensure
- External Sharepoint
- External SharePoint Beta Application

Request Program Access

Logout

Add Provider/Company

A role is necessary in order to obtain proper access. Select **'Contractor'** from the drop down list.

**If you do not meet the definition of a contractor please refer back to the 'Provider New User Registration' portion.*

Background Screening Clearinghouse Program - AHCA - Request for Program Access

Select Role/Provider Information

A role is necessary in order to obtain proper access. Select the role that best describes your affiliation.

Provider - I am an owner, licensee, or employee of a health care provider licensed by AHCA.

Contractor - I own or am employed by a company that provides contracted staff to an AHCA licensed health care provider. Health Care Contractors must register with AHCA prior to gaining access to this system. Send a request by mail, fax or email on company letterhead to the Background Screening section at 2727 Mahan Drive, MS 40, Tallahassee, FL 32308, fax # (850) 487-0470 or email BGSscreen@ahca.myflorida.com. Please include a description of the services your company provides and a listing of the AHCA regulated provider types (i.e., Home Health Agency, Nursing Home, etc.) your company contracts. After your company is registered with AHCA, login to this site and request Background Screening Clearinghouse program access.

Select the most appropriate role from the drop down list below. After you have made your role selection, you will need to select a Provide/Company Type.

* Role:
Contractor
Provider

If you have any questions or issues please [contact us](#).

Select the 'Provider Type'. **Start typing the 'Provider/Company Name'**. Select your provider/company from the list when it appears. **Select 'Add Provider/Company'**.

Background Screening Clearinghouse Program - AHCA - Request for Program Access

Select Role/Provider Information

A role is necessary in order to obtain proper access. Select the role that best describes your affiliation.

Provider - I am an owner, licensee, or employee of a health care provider licensed by AHCA.

Contractor - I own or am employed by a company that provides contracted staff to an AHCA licensed health care provider. Health Care Contractors must register with AHCA prior to gaining access to this system. Send a request by mail, fax or email on company letterhead to the Background Screening section at 2727 Mahan Drive, MS 40, Tallahassee, FL 32308, fax # (850) 487-0470 or email BGSscreen@ahca.myflorida.com. Please include a description of the services your company provides and a listing of the AHCA regulated provider types (i.e., Home Health Agency, Nursing Home, etc.) your company contracts. After your company is registered with AHCA, login to this site and request Background Screening Clearinghouse program access.

Select the most appropriate role from the drop down list below. After you have made your role selection, you will need to select a Provide/Company Type.

* Role:

Start typing the name of your Provider/Company and select it from the list below when it appears.

Provider/Company Name:

- FLORIDA CARE PROPERTIES, INC : ALLEN
- CENTRAL FLORIDA PEDIATRIC THERAPY ASSOCIATES : CLERMONT
- FLORIDA COMMUNITY HEALTH CENTERS, INC : WEST PALM BEACH (M)**
- FLORIDA REHABILITATION PHYSICAL THERAPISTS LLC : PALM HARBOR (M)

Review the requested Provider information to ensure you have selected the correct provider(s) and location(s). If correct, select **“Submit Request and Generate User Agreement”**. If not, click ‘Delete’ and enter the appropriate "Provider Name".

Requested Provider/Company:

Requested Provider/Company:

Provider
Delete FLORIDA

If the requested Provider/Company is correct, se

If the requested Provider/Company is correct, select "Submit Request and Generate User Agreement". If not, click [Delete](#) and choose the appropriate "Provider/Company Name".

[Submit Request and Generate User Agreement](#)

Print Contractor User Registration Agreement

The Contractor User Registration Agreement will display in a viewing window. To open a printable copy of the agreement, please select the link in the upper right corner. Please print and sign the user registration agreement. Once you have printed the user registration agreement, select 'Return to Portal Landing' or 'Return to DCF Tasks Page' in the upper left corner.

To open a printable copy of the User Agreement, click [here](#).

Background Screening (BGS)
Contractor User Registration Agreement

Mail To:
Agency for Health Care Administration
Background Screening Section
2727 Mahan Drive Bldg. 1, Mail Stop # 40
Tallahassee, FL 32308

Scan and E-Mail To:
bgscreen@ahca.myflorida.com
Subject Line: BGS Contractor User Agreement

FaxTo:
(850) 487-0470

User/Contractor Information:

Name: [REDACTED] **User ID:** [REDACTED]

Employer Name: [REDACTED]

Address: [REDACTED]

Phone Number: [REDACTED] **Fax/Number:** [REDACTED]

Employer E-mail Address: [REDACTED]

User E-mail Address: [REDACTED]

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

- Do not disclose or lend your USER ID AND/OR PASSWORD to anyone. They are for your use only and will serve as your "electronic signature." This means that you may be held responsible for the consequences of unauthorized or illegal transactions.

You may mail, email, or fax the agreement to the Background Screening Unit for approval. Your request for access to the Clearinghouse results website will be in **Pending status until staff receives and processes your user registration agreement.**

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

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

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.

Reprint Registration Agreement

Provider Name	City	Status	License Number
<input type="checkbox"/> FLORIDA LIVING NURSING CENTER	APOPKA	Pending	7402
<input type="checkbox"/> FLORIDA HOSPITAL	ORLANDO	Pending	4369

Add Additional Facilities

To add an additional facility after your initial registration please log in at <https://apps.ahca.myflorida.com/SingleSignOnPortal>.

Select Background Screening Clearinghouse – Agency for Health Care Administration.

AHCA Portal - Portal Landing

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 -- Request Program Access

Manage Account

[Edit User Information](#)
[Change Password](#)
[Update Security Question and Answer](#)

Logout

This will bring you to the Background Screening Clearinghouse Program – AHCA – **Access page**.

Background Screening Clearinghouse Program - AHCA - Access Page

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.

Reprint Registration Agreement

Provider Name	City	Status	License Number
<input type="checkbox"/> FLORIDA HOSPITAL	ORLANDO	Pending	4369

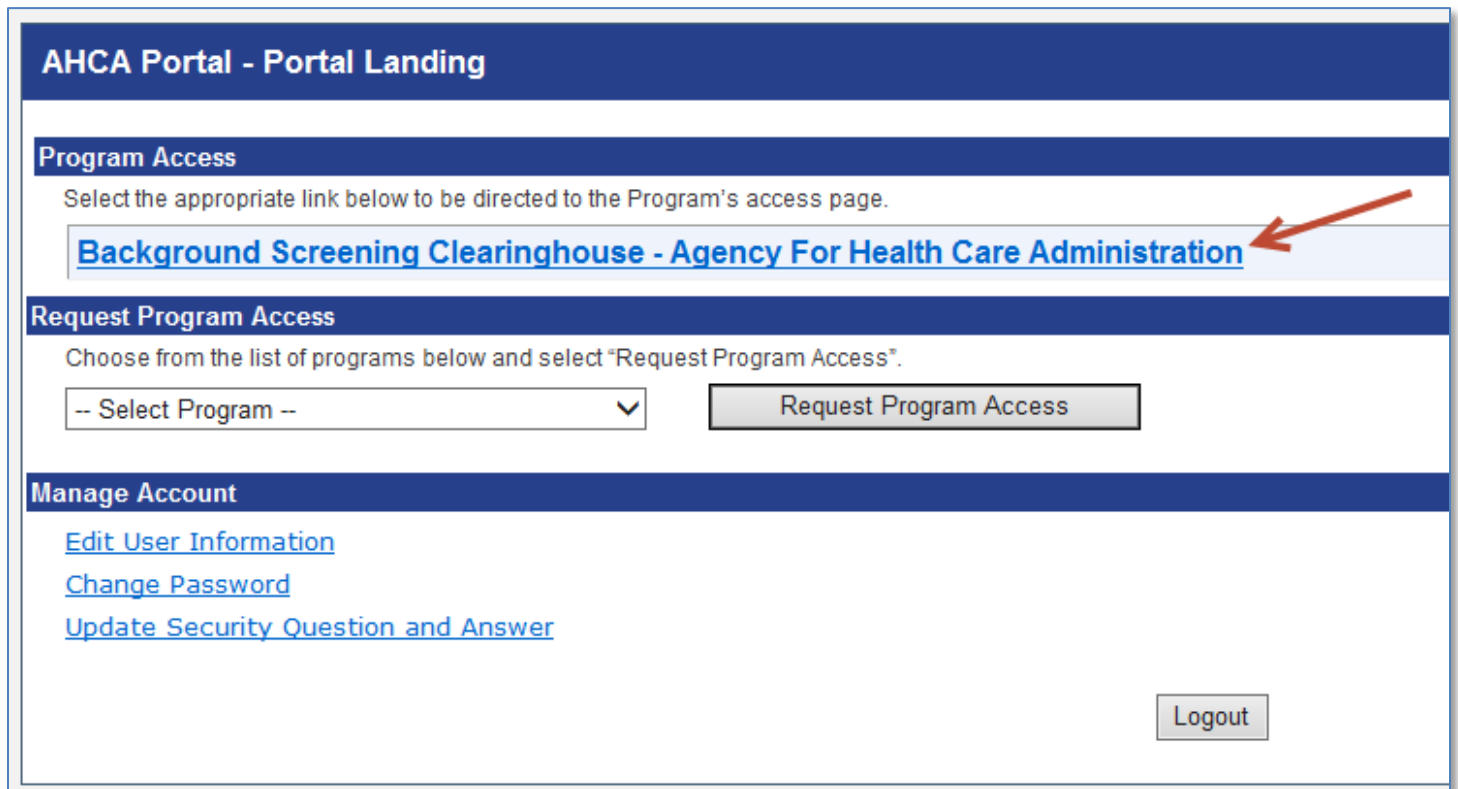
Return to Portal Landing

Select **Add Additional Facilities** and follow the 'Add Provider' instructions in this document.

Reprint User Registration Agreement

To reprint your user registration agreement after your initial registration please log in at <https://apps.ahca.myflorida.com/SingleSignOnPortal>.

Select Background Screening Clearinghouse – Agency for Health Care Administration.



AHCA Portal - Portal Landing

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 -- Request Program Access

Manage Account

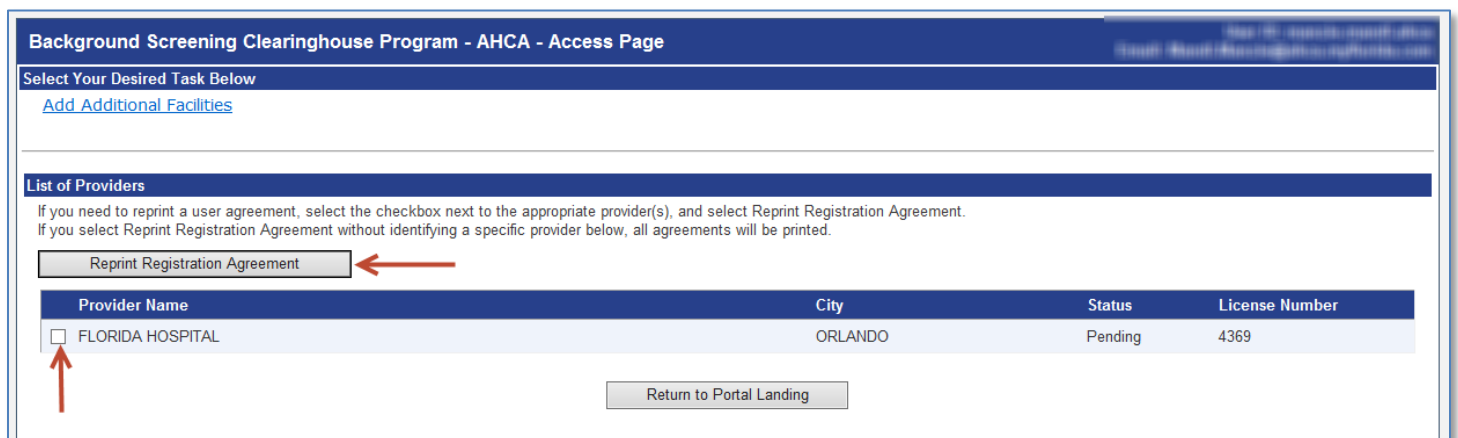
[Edit User Information](#)

[Change Password](#)

[Update Security Question and Answer](#)

Logout

This will bring you to the Background Screening Clearinghouse Program – AHCA – **Access page**.



Background Screening Clearinghouse Program - AHCA - Access Page

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.

Reprint Registration Agreement

Provider Name	City	Status	License Number
<input type="checkbox"/> FLORIDA HOSPITAL	ORLANDO	Pending	4369

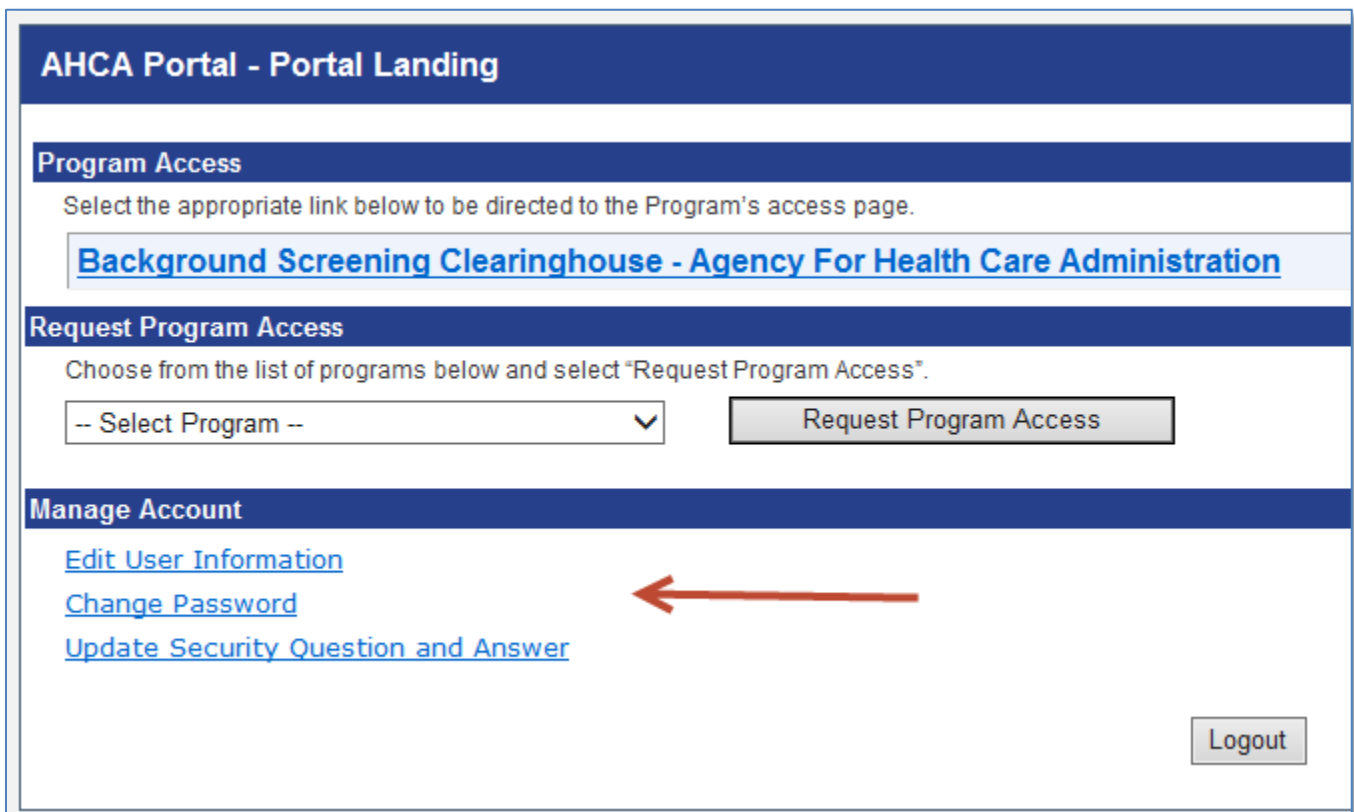
Return to Portal Landing

Check the boxes for the agreements you wish to reprint and then select '**Reprint Registration Agreement**' and follow the 'Print User Registration Agreement' instructions in this document.

Manage Your Account

From the Portal Landing you may complete the following:

- Edit your user information (i.e. email address, phone number)
 - **It is very important that you maintain an up to date email address so that you will be able to reset your password if necessary and receive important notifications about background screening changes**
- Change your password, and
- Update your security question and password
 - Successfully answering your security question will be necessary if you ever need to reset your password



The screenshot displays the 'AHCA Portal - Portal Landing' interface. It features three main sections: 'Program Access', 'Request Program Access', and 'Manage Account'. The 'Program Access' section includes a link to the 'Background Screening Clearinghouse - Agency For Health Care Administration'. The 'Request Program Access' section contains a dropdown menu for selecting a program and a 'Request Program Access' button. The 'Manage Account' section lists three links: 'Edit User Information', 'Change Password', and 'Update Security Question and Answer'. A red arrow points to the 'Change Password' link. A 'Logout' button is located in the bottom right corner.

AHCA Portal - Portal Landing

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 --

Manage Account
[Edit User Information](#)
[Change Password](#) ←
[Update Security Question and Answer](#)