



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?

- You must not have been found guilty of, regardless of adjudication, or entered a plea of guilty or nolo contendere with a disqualifying felony offense within the past 3 years.
- 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:
 - 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.

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 decision is made by the committee to either grant or deny the exemption. The applicant is then notified by mail regarding the committee's 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.

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 the applicant has been adjudicated with a disqualifying felony offense within the past 3 years OR the hearing committee 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.

Where to send the application.

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) 410-3400

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

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

Send your application 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