



## 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](mailto: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](http://ahca.myflorida.com/MCHQ/Long_Term_Care/Background_Screening/index.shtml)

August 6, 2010

**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

REPORT MEDICAID FRAUD  
Online or 866-966-7226  
REPORTAR FRAUDE

Better Health Care for All Floridians

Google™ Custom Search Search

Individuals & Families Providers

Welcome to the Agency for Health Care Administration's Web site. Our mission is Better Health Care for All Floridians, and together we are responsible for the administration of the Medicaid program, for the licensure and regulation of health facilities and for providing information to Floridians about the quality of the health care they receive in Florida.

Every day we look for ways to improve health care in this state, and we appreciate your partnership in that effort. Thank you for the opportunity to serve you.

Thomas W. Arnold  
Secretary

Agency News Public Meeting Notice

Florida Medicaid Achieves Federal Certification of Fiscal Agent System  
July 27, 2010

Governor Crist Praises New Protections for Vulnerable Floridians  
July 27, 2010

Agency for Health Care Administration Statement on Medicaid Fraud Enforcement Pilot

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

Website Survey Contact Us Site Map Search: Go

FloridaHealthFinder.gov  
Connecting Florida with Health Care Information

Florida Medicaid Health Information Network  
Powered by Auality

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) ▾

Search

Reset

See [GLOSSARY](#)

### Provider NAME

#### Street Address

[Get Directions](#)

Facility/Provider Type: Adult Day Care Center

Administrator:

Owner:

Profit Status: For-Profit

Maximum Participants: :

#### Mailing Address

Phone:

County:

Current Emergency Actions: None

AHCA Number: :

AHCA Region: **11** ←

License Number:

License Expires: 5/11/2011

License Status: ACTIVE

Reports: [Inspection Reports](#)

Please use the AHCA Number for reference on the Validation form

Close