



## 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 #.**