



Florida Department of Health Employment Exemption Application

Important Information for all Exemption Applicants

You must hold a valid, active Department of Health (Department) license to be eligible for an exemption from the Department. If you are in the process of applying to the Department for a license you do not need to complete a separate exemption application. You may include a note in your application that you need an exemption, and the exemption will be processed along with your license application.

If you **do not have a Department license** you **must apply to the Agency for Health Care Administration (AHCA) for an exemption.**

In accordance with section 435.07, F.S., persons disqualified from employment may be granted an exemption from disqualification.

If you have a **Felony Disqualifying Offense**, and are seeking an exemption, you must demonstrate clear and convincing evidence that such an exemption from disqualification should be granted. You must have been released from confinement, supervision, or non-monetary sanctions imposed by the court for at least three years from your completion date before you will qualify for an exemption. All disqualifying offenses (felonies and misdemeanors) that have adjudication withheld will be handled the same as a conviction for the purposes of this exemption request.

In order to qualify for an exemption, the amount for any fees, fines, funds, liens, civil judgements, applications, costs of prosecution, trust, or restitution as part of the judgement and sentence for any disqualifying felony or misdemeanor **must be paid in full.**

Granting of an exemption only provides eligibility for employment in a health care setting. It does not change an individual's criminal history.

An Application for Exemption will not be reviewed until all required documents are obtained. Ensure all required documentation is submitted with the exemption application. **Please make copies of all documents for your records.**

All requested information must be submitted before a determination can be made. The appropriate Board, or the Department if there is no board, will send notification to the licensee and AHCA once a determination is made.

If you have not previously reported these offenses to the appropriate Board, or to the Department if there is no board, your file will be forwarded to the Department's Office of Consumer Services for investigation, and your exemption application will be placed on hold.

All investigations are confidential, and staff will not be able to provide you with any further information until you are contacted by an investigator. If you need to report an offense, submit a detailed letter regarding the offense(s) or complete a complaint form with the Consumer Services Unit and mail to: 4052 Bald Cypress Way, Bin C-75, Tallahassee, FL 32399.

An exemption cannot be issued to any person who is a:

1. Sexual predator as designated pursuant to section 775.21, Florida Statutes (F.S.); or
2. Career offender pursuant to section 775.261, F.S.; or
3. Sexual offender pursuant to section 943.0435, unless the requirement to register as a sexual offender has been removed pursuant to section 943.04354

All licensees with any offense listed in Chapter **408.809**, F.S., must also apply for an exemption.

For additional information regarding exemption statutes please see the following:
Level 2 screening standards pursuant to section 435.04, F.S.
Exemptions from disqualification pursuant to section 435.07, F.S.

Exemption Checklist

IT IS IMPORTANT TO PROVIDE ALL THE INFORMATION BELOW AND CHECK EACH ITEM AS YOU OBTAIN IT...

Livescan- The Department of Health only accepts electronic fingerprinting offered by Livescan service providers that are approved by the Florida Department of Law Enforcement. For a list of approved Livescan vendors and Frequently Asked Questions please visit our website at:

<http://www.flhealthsource.gov/background-screening>.

- Agency for Health Care Administration (AHCA) Level II Screening-** Licensees who have completed a Level II screening with AHCA within the last three (3) months are not required to complete **Livescan fingerprints**. **Please note:** In the event we cannot verify your screening with AHCA, you will be required to complete the Live Scan requirement.
- AHCA's letter of Disqualification-** You must submit your letter of disqualification from AHCA.
- Court Sentencing/Disposition(s)** - You must submit documentation from the county Clerk of Courts in the jurisdiction (state/county) in which the offense(s) occurred, including disposition/final outcome. You may be able to obtain this online through the Clerk of Court website. Note: Have all alias/maiden names included in the search.
- Arrest Report(s)** - You must submit a copy of the arrest report for each offense. If you are unable to obtain a copy from the Clerk of Court, you may obtain a copy of this report from the arresting agency (Police or Sheriff's Department).
- Probation/Parole or PTI Letter(s)** - You must submit proof of completion of all court ordered probation/parole or PTI (Pre-trial intervention). This documentation must be issued by the **probation office** and must include the start date and termination date of your probation or supervised release.
- Recommendation Letters** - You must submit three (3) current (written within the last year) letters of professional recommendation on official letterhead from employers, nursing program administrators, nursing instructors, health professionals, professional counselors, support group sponsors, parole or probation officers, or other individuals in positions of authority who are familiar with your past and present character.
- Receipt of Payment** - Proof that all fees, fines, funds, liens, civil judgements, applications, costs of prosecution, trust, or restitution as part of the judgement and sentence for any disqualifying felonies or misdemeanors are paid in full.
- Proof of Rehabilitation** - You must submit proof of rehabilitation which may include letters from employer's records of successful participation in a rehabilitation program(s), further education or training, special awards or recognition, or documentation that indicates you are not a danger to the safety or well-being of others.
- Self-Disclosure** - You must complete the enclosed criminal history self-disclosure form for each disqualifying offense.

Electronic Fingerprinting

Take this form with you to the Livescan service provider. Please check the service provider's requirements to see if you need to bring any additional items.

- Background screening results are obtained from the Florida Department of Law Enforcement and the Federal Bureau of Investigation by submitting to a fingerprint scan using the Livescan method;
- You can find a Livescan service provider at: <http://www.flhealthsource.gov/bgs-providers>
- Livescan screenings done by a Florida Police or Sheriff's Department require that you login to the FDLE Civil Applicant Payment System (CAPS) at <https://caps.fdle.state.fl.us/caps/app/start> and pay a fee before results will be released to our office.
- Out of State/Country Livescan directions are included in the electronic fingerprinting section of this application.
- If you do not provide the correct Originating Agency Identification (ORI) number to the Livescan service provider, the Board office will not receive your background screening results; please see the attached list of ORIs for your Board's ORI.
- You must provide accurate demographic information to the Livescan service provider at the time your fingerprints are taken, **including your Social Security Number (SSN)**;
- Typically, background screening results submitted through a Livescan service provider are received by the Board within 24-72 hours of being processed.
- If you obtain your Livescan screening from a service provider who does not capture your photo, you may be required to be reprinted by another agency in the future.

Name: _____

Aliases: _____

Date of Birth: _____ Place of Birth: _____ Social Security Number: _____
MM/DD/YYYY

Citizenship: _____ Race: _____ (W-White; L-Latino(a); B-Black; A-Asian; NA-Native American; O-Other)

Sex: _____ (M=Male; F=Female) Weight: _____ Height: _____ Eye Color: _____ Hair Color: _____

Address: _____ Apt. Number: _____

City: _____ State: _____ ZIP Code: _____

Transaction Control Number (TCN#): _____
(This will be provided to you by the Live Scan Vendor.)

Originating Agency Identification (ORI#): _____

You will need to keep this form for your records. Do not send this form back to the Department.



Florida Department of Health Employment Exemption Application

Website: www.flhealthsource.gov/bgs-exemption

Email: mqa.backgroundscreen@flhealth.gov

Please complete this application in its entirety prior to printing.

Mail the application and all required documents to the address below.

Profession Type: _____

Background Screening: (Check one only)

- I have completed a Level II background screening with the Agency for Health Care Administration (AHCA) in the last three (3) months.
- I have NOT been subjected to a Level II background screening. (Livescan required)

Personal Information

Florida Department of Health License Number: _____ Social Security Number: _____

Name: _____
Last/Surname First Middle

Mailing Address: _____
Street/P.O. Box Apt. No. City

_____ State ZIP Country Home/Cell Telephone (Input without dashes)

Physical Location: (Required if mailing address is a PO Box - This address will be posted on the Department of Health's website.)

_____ Street Apt./Suite No. City

_____ State ZIP Country Work/Cell Telephone (Input without dashes)

Sex: _____ Race: _____ Date of Birth: _____

Email Address: _____

Florida Department of Health
4052 Bald Cypress Way, Bin BSU-01 • Tallahassee, FL 32399-3260
Phone: (850) 488-0595 • Fax: (850) 617-6290

Criminal History Self-Disclosure

(Must be completed for each disqualifying offense, make additional copies as needed.)

Case Number: _____

Name at time of offense: _____

Location of Occurrence: _____
 City **State** **County**

Date of Offense: _____

Offense Description (Battery, Prostitution, Theft, etc): _____

Offense Level: _____

Disposition of Offense: Not Guilty Guilty Adjudication Withheld Nolle Prossed Other

Disposition - Terms of Sentence:

- Incarceration: Completed: Yes No Date Completed: _____
- Probation: Completed: Yes No Date Completed: _____
- Restitution: Completed: Yes No Date Completed: _____
- Fines/Fees: Completed: Yes No Date Completed: _____

Has the offense been sealed? Yes No Date Sealed: _____

Description of Events: Provide your written explanation of events leading to your arrest. If the offense involved battery or assault, the explanation must include your relationship with the parties involved and their age at the time the offense occurred. Attach additional sheets as necessary.

Employment History

Identify the name and address of each employer for the last 5 years. Explain any breaks in employment that exceed 3 months. Attach additional sheets if necessary.

Current or Most Recent Employer: _____
Supervisor's Name: _____ Phone Number: (Include area code) _____
Address: _____
Job Title: _____ Employment Dates: _____
Job Responsibilities: _____
Reason for Leaving: _____

Next Previous Employer: _____
Supervisor's Name: _____ Phone Number: (Include area code) _____
Address: _____
Job Title: _____ Employment Dates: _____
Job Responsibilities: _____
Reason for Leaving: _____

Next Previous Employer: _____
Supervisor's Name: _____ Phone Number: (Include area code) _____
Address: _____
Job Title: _____ Employment Dates: _____
Job Responsibilities: _____
Reason for Leaving: _____

Next Previous Employer: _____
Supervisor's Name: _____ Phone Number: (Include area code) _____
Address: _____
Job Title: _____ Employment Dates: _____
Job Responsibilities: _____
Reason for Leaving: _____

Next Previous Employer: _____
Supervisor's Name: _____ Phone Number: (Include area code) _____
Address: _____
Job Title: _____ Employment Dates: _____
Job Responsibilities: _____
Reason for Leaving: _____

Employment Information

Name of Provider where you are employed or seeking employment: _____

Street Address: _____ Phone Number: (Include area code) _____

City: _____ State: _____ ZIP: _____

Please select the type of health care provider for which you work or were denied employment due to your criminal history:

- | | | |
|--|--|--|
| <input type="checkbox"/> Adult Day Care Center | <input type="checkbox"/> Health Care Clinic | <input type="checkbox"/> ICF/DD |
| <input type="checkbox"/> Adult Family Care Home | <input type="checkbox"/> Health Care Service Pool | <input type="checkbox"/> Nurse Registry |
| <input type="checkbox"/> Assisted Living Facility | <input type="checkbox"/> Home Health Agency | <input type="checkbox"/> Nursing Home |
| <input type="checkbox"/> Community Mental Health | <input type="checkbox"/> Home Medical Equipment | <input type="checkbox"/> Prescribed Pediatric Extended Care |
| <input type="checkbox"/> Crisis Stabilization Unit | <input type="checkbox"/> Homemaker/Companion Service | <input type="checkbox"/> Residential Treatment Facility/Center |
| <input type="checkbox"/> Durable Medical Equipment | <input type="checkbox"/> Hospice | <input type="checkbox"/> Other _____ |

Statement of Applicant:

I am formally requesting the Department of Health in accordance with the provision of Chapter 435, Florida Statutes, provide me with an exemption review. I understand that I must provide clear and convincing evidence to support a reasonable belief that I am of good moral character and that I pose no danger to the health or safety of patients.

I also understand that the decision of the Department of Health regarding this exemption may be contested through a hearing under the provisions of Chapter 120, Florida Statutes.

I have been provided and read the statement from the Florida Department of Law Enforcement regarding the sharing, retention privacy and right to challenge incorrect criminal history records and the "Privacy Statement" document from the Federal Bureau of Investigation. (Found in Forms Section of this application).

Applicant's Signature: _____ Date: _____
This field cannot be typed. You must print out the application and sign it. MM/DD/YYYY

Mail the application and all required documents to:

Florida Department of Health
4052 Bald Cypress Way, Bin BSU-01 • Tallahassee, FL 32399-3260
Phone: (850) 488-0595 • Fax: (850) 617-6290

Originating Agency Identification (ORI) List

Screened Professions

Athletic Trainers	ORI:	EDOH4520Z
Chiropractic Physician	ORI:	EDOH2016Z
Massage Therapists and Massage Establishment Owners	ORI:	EDOH4600Z
Orthotists, Prosthetists, Pedorthists, Orthotic Fitters, Orthotic Fitter Assistants, O&P Resident	ORI:	EDOH3451Z
Osteopathic Physician	ORI:	EDOH2015Z
Osteopathic Resident Physicians/Interns/Fellows	ORI:	EDOH2015Z
Medical Doctor	ORI:	EDOH2014Z
Physician Assistant	ORI:	EDOH4700Z
Resident Physicians/Interns/ Fellows and House Physicians	ORI:	EDOH2014Z
Anesthesiologist Assistant	ORI:	EDOH4510Z
Certified Nursing Assistant (CNA)	ORI:	EDOH0380Z
Nursing (APRN, LPN, RN)	ORI:	EDOH4420Z
Pharmacy Owner	ORI:	EDOH4680Z
Prescription Department Manager	ORI:	EDOH4680Z
Podiatric Physician	ORI:	EDOH2017Z
Certified Podiatric X-Ray Assistant	ORI:	EDOH2017Z

Non-Screened Professions

Acupuncture	ORI:	EDOH4500Z
Clinical Laboratory Personnel	ORI:	EDOH4530Z
Clinical Social Work, Marriage and Family Therapy and Mental Health Counseling	ORI:	EDOH4550Z
Dentistry/Dental Laboratory	ORI:	EDOH4560Z
Dietetics/Nutrition	ORI:	EDOH4570Z
Electrolysis/Electrolysis Facility	ORI:	EDOH4580Z
Emergency Medical Technician	ORI:	EDOH4680Z
Hearing Aid Specialist	ORI:	EDOH4590Z
Medical Physicist	ORI:	EDOH4610Z
Midwifery	ORI:	EDOH4620Z
Nursing Home Administrator	ORI:	EDOH4640Z
Occupational Therapy	ORI:	EDOH4650Z
Office Surgery Registration	ORI:	EDOH2014Z
Opticianry/Optician Establishment	ORI:	EDOH4660Z
Optometry	ORI:	EDOH4670Z
Pain Management Clinic	ORI:	EDOH2014Z
Paramedic	ORI:	EDOH4680Z
Pharmacist	ORI:	EDOH4680Z
Physical Therapy	ORI:	EDOH4690Z
Psychology	ORI:	EDOH4710Z
Radiological Technician	ORI:	EDOH4680Z
Respiratory Care	ORI:	EDOH4720Z
School Psychology	ORI:	EDOH4730Z
Speech-Language Pathology & Audiology	ORI:	EDOH4740Z

FLORIDA DEPARTMENT OF LAW ENFORCEMENT

NOTICE FOR APPLICANTS SUBMITTING FINGERPRINTS WHERE CRIMINAL RECORD RESULTS WILL BECOME PART OF THE CARE PROVIDER BACKGROUND SCREENING CLEARINGHOUSE

NOTICE OF:

- **SHARING OF CRIMINAL HISTORY RECORD INFORMATION WITH SPECIFIED AGENCIES,**
- **RETENTION OF FINGERPRINTS,**
- **PRIVACY POLICY, AND**
- **RIGHT TO CHALLENGE AN INCORRECT CRIMINAL HISTORY RECORD**

This notice is to inform you that when you submit a set of fingerprints to the Florida Department of Law Enforcement (FDLE) for the purpose of conducting a search for any Florida and national criminal history records that may pertain to you, the results of that search will be returned to the Care Provider Background Screening Clearinghouse. By submitting fingerprints, you are authorizing the dissemination of any state and national criminal history record that may pertain to you to the Specified Agency or Agencies from which you are seeking approval to be employed, licensed, work under contract, or to serve as a volunteer, pursuant to the National Child Protection Act of 1993, as amended, and Section 943.0542, Florida Statutes. "Specified agency" means the Department of Health, the Department of Children and Family Services, the Division of Vocational Rehabilitation within the Department of Education, the Agency for Health Care Administration, the Department of Elder Affairs, the Department of Juvenile Justice, and the Agency for Persons with Disabilities when these agencies are conducting state and national criminal history background screening on persons who provide care for children or persons who are elderly or disabled. The fingerprints submitted will be retained by FDLE and the Clearinghouse will be notified if FDLE receives Florida arrest information on you.

Your Social Security Number (SSN) is needed to keep records accurate because other people may have the same name and birth date. Disclosure of your SSN is imperative for the performance of the Clearinghouse agencies' duties in distinguishing your identity from that of other persons whose identification information may be the same as or similar to yours.

Licensing and employing agencies are allowed to release a copy of the state and national criminal record information to a person who requests a copy of his or her own record if the identification of the record was based on submission of the person's fingerprints. Therefore, if you wish to review your record, you may request that the agency that is screening the record provide you with a copy. After you have reviewed the criminal history record, if you believe it is incomplete or inaccurate, you may conduct a personal review as provided in s. 943.056, F.S., and Rule 11C-8.001, F.A.C. If national information is believed to be in error, the FBI should be contacted at 304-625-2000. You can receive any national criminal history record that may pertain to you directly from the FBI, pursuant to 28 CFR Sections 16.30-16.34. You have the right to obtain a prompt determination as to the validity of your challenge before a final decision is made about your status as an employee, volunteer, contractor, or subcontractor.

Until the criminal history background check is completed, you may be denied unsupervised access to children, the elderly, or persons with disabilities.

The FBI's Privacy Statement follows on a separate page and contains additional information.

PRIVACY STATEMENT

US Department of Justice, Federal Bureau of Investigation
Criminal Justice Information Services Division

Authority: The FBI's acquisition, preservation and exchange of information requested by this form is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include numerous Federal statutes, hundreds of State statutes pursuant to Pub.L.92-544, Presidential executive orders, regulations and/or orders of the Attorney General of the United States, or other authorized authorities. Examples include, but are not limited to: 5 U.S.C. 9101; Pub.L.94-29; Pub.L.101-604; and Executive Orders 10450 and 12968. Providing the requested information is voluntary; however, failure to furnish the information may affect timely completion of approval of your application.

Social Security Account Number (SSAN). Your SSAN is needed to keep records accurate because other people may have the same name and birth date. Pursuant to the Federal Privacy Act of 1974 (5 USC 552a), the requesting agency is responsible for informing you whether disclosure is mandatory or voluntary, by what statutory or other authority your SSAN is solicited, and what uses will be made of it. Executive Order 9397 also asks Federal Agencies to use this number to help identify individuals in agency records.

Principal Purpose: Certain determinations, such as employment, security, licensing and adoption, may be predicated on fingerprint based checks. Your fingerprints and other information contained on (and along with) this form may be submitted to the requesting agency, the agency conducting the application investigation, and/or FBI for the purpose of comparing the submitted information to available records in order to identify other information that may be pertinent to the application. During the processing of this application, and for as long hereafter as may be relevant to the activity for which this application is being submitted, the FBI may disclose any potentially pertinent information to the requesting agency and/or to the agency conducting the investigation. The FBI may also retain the submitted information in the FBI's permanent collection of fingerprints and related information, where it will be subject to comparisons against other submissions received by the FBI. Depending on the nature of your application, the requesting agency and/or the agency conducting the application investigation may also retain the fingerprints and other submitted information for other authorized purposes of such agency(ies).

Routine Uses: The fingerprints and information reported on this form may be disclosed pursuant to your consent and may also be disclosed by the FBI without your consent as permitted by the Federal Privacy Act of 1974 (5 USC 552a(b)) and all applicable routine uses as may be published at any time in the Federal Register, including the routine uses for the FBI Fingerprint Identification Records System (Justice, FBI-009) and the FBI's Blanket Routine Uses (Justice/FBI-BRU). Routine uses include, but are not limited to, disclosures to: appropriate governmental authorities responsible for civil or criminal law enforcement counterintelligence, national security or public safety matters to which the information may be relevant; to State and local governmental agencies and nongovernmental entities for application processing as authorized by Federal and State legislation, executive order, or regulation, including employment, security, licensing, and adoption checks; and as otherwise authorized by law, treaty, executive order, regulation, or other lawful authority. If other agencies are involved in processing the application, they may have additional routine uses.

Additional Information: The requesting agency and/or the agency conducting the application investigation will provide you additional information pertinent to the specific circumstances of this application, which may include identification of other authorities, purposes, uses, and consequences of not providing requested information. In addition, any such agency in the Federal Executive Branch has also published notice.