



Agency for Health Care Administration

# Care Provider Background Screening Clearinghouse

## *AHCA Clearinghouse Applicant Initiated Website (CHAI) Instruction Guide*

Updated 11/12/2024

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## Clearinghouse Renewals Overview

Per Florida statute, retained fingerprints must be renewed every **5 years** in order to maintain eligibility for employment. To maintain the retention of fingerprints within the Clearinghouse, the employer must request a Clearinghouse Renewal through the Clearinghouse Results Website prior to the retained prints expiration date. By initiating a Clearinghouse Renewal, the current fingerprints retained on file at the Florida Department of Law Enforcement will be re-sent to the FBI allowing for an updated criminal history to be processed by the Clearinghouse. If the employer does not initiate a Clearinghouse Renewal, an employee's prints will no longer be retained. The employee's eligibility determination will expire, and the employee will have to be re-fingerprinted at a Livescan Service Provider at an increased cost to comply with background screening requirements.

The window to initiate a Clearinghouse Renewal opens **60 days** before the Retained Prints Expiration Date is reached and closes on the Retained Prints Expiration Date.

If the Clearinghouse Renewal is not initiated before the Retained Prints Expiration Date a new screening will need to be initiated.

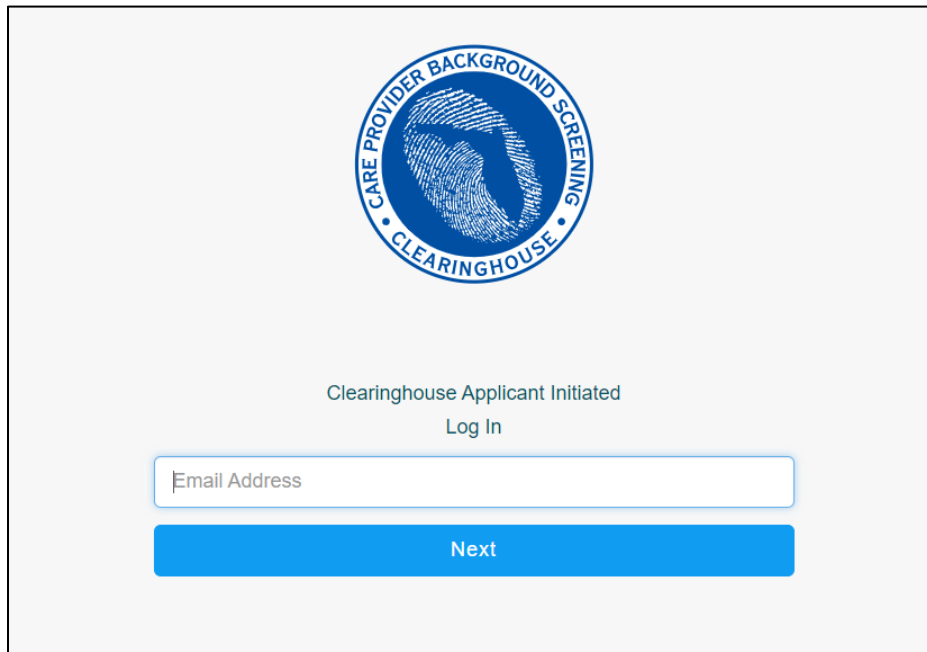
Employers will receive notification of upcoming expiring retained prints for those employees listed on the Employee/Contractor Roster.

### **The benefits of initiating a Clearinghouse Renewal are:**

- Request and pay for the renewal of a screening all in one system while also receiving cost savings.
- Faster processing time since the request is immediately sent to the Clearinghouse. No need to wait for the employee to be fingerprinted at a Livescan Service Provider.
- An updated criminal history to ensure compliance with background screening requirements.
- Extend the retained prints expiration by another 5 years.

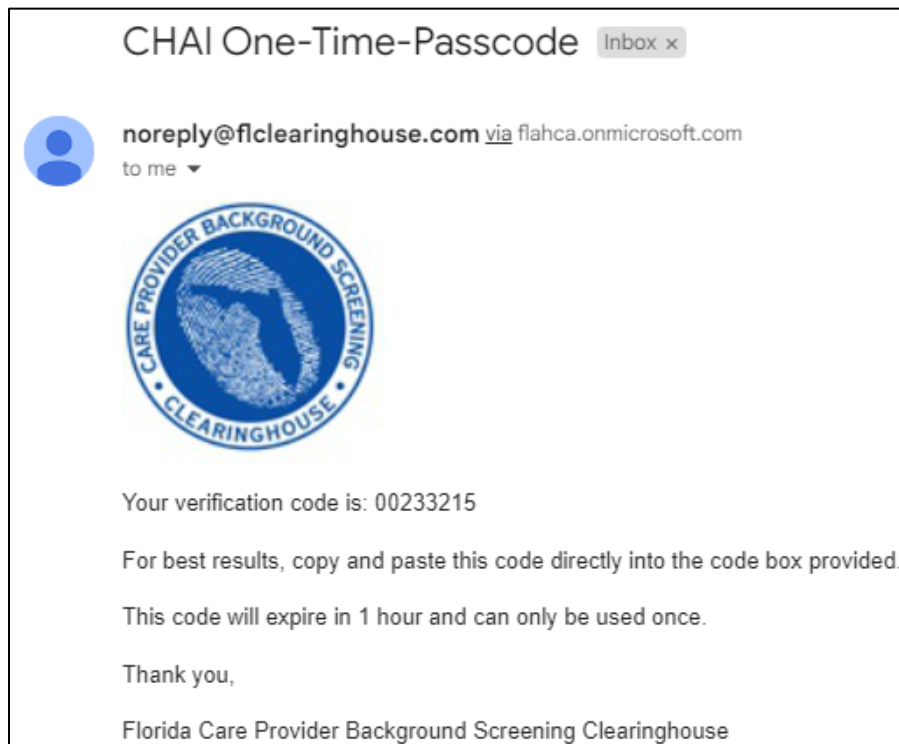
## Clearinghouse Applicant Initiated (CHAI) Login Page

The CHAI website does not require you to create an account. Instead, a one-time passcode will be sent to a valid email address you provided. Note: you must have access to the email address to retrieve the one-time passcode.




The screenshot shows the CHAI login interface. At the top center is a circular logo with a fingerprint and the text "CARE PROVIDER BACKGROUND SCREENING CLEARINGHOUSE". Below the logo, the text "Clearinghouse Applicant Initiated" and "Log In" is displayed. A text input field labeled "Email Address" is present, followed by a blue "Next" button.

Sample one-time passcode email (it may look different depending on the email program you use but the message will be the same):



Click **'Proceed'** if you have received the one-time passcode. If you did not receive your one-time passcode, click the 'Resend Code' to try again. You may have to check your email's trash or junk folder for the passcode email.




If you received a one-time passcode in your email click "Proceed" to enter the code. If not, then click "Resend" to receive another one-time passcode.

[Proceed](#)

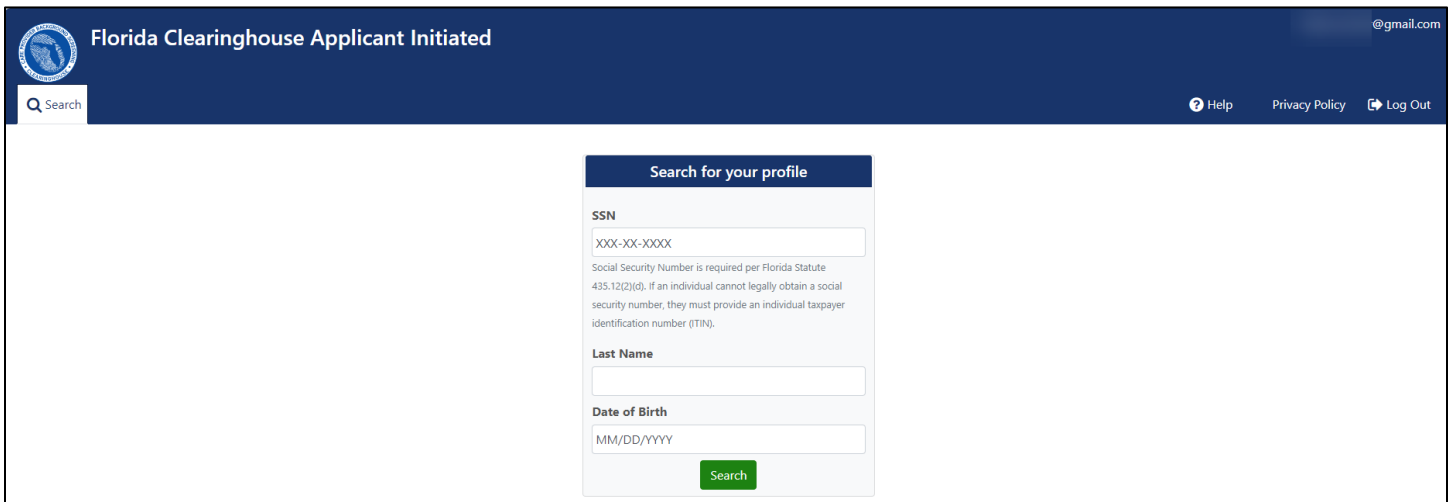
[Resend Code](#)

Enter the verification code and select the 'Log In' button to enter CHAI.



[Log In](#)

## CHAI Homepage



The screenshot shows the CHAI homepage with a dark blue header. The header contains the Florida Clearinghouse logo, the text "Florida Clearinghouse Applicant Initiated", and a user email address "@gmail.com". Below the header is a search bar with a magnifying glass icon and the word "Search". To the right of the search bar are links for "Help", "Privacy Policy", and "Log Out". The main content area features a "Search for your profile" form. The form has a title bar and three input fields: "SSN" (with a placeholder "XXX-XX-XXXX"), "Last Name", and "Date of Birth" (with a placeholder "MM/DD/YYYY"). Below the "Date of Birth" field is a green "Search" button. A note under the SSN field states: "Social Security Number is required per Florida Statute 435.12(2)(d). If an individual cannot legally obtain a social security number, they must provide an individual taxpayer identification number (ITIN)."

Enter your demographic information to search for an existing screening in the Clearinghouse. Based on the results of the screening match you will be directed to the appropriate section of the system. Click the hyperlink below to go to the relevant section of this guide:

- If the system makes a match to an existing Clearinghouse screening, please see the [Match Found](#) section.
- If the system cannot make a match to an existing Clearinghouse screening, please see the [No Match Found](#) section.
- If the Clearinghouse Renewal window is not open, please see the [Renewal Window Not Open](#) section.
- If your screening is not shareable, please see the [Screening Not Shareable](#) section.

## Match Found

### Person Profile

If the system can match the demographic data you entered to a screening in the Clearinghouse, you will be directed to your person profile. You can edit your demographic information by clicking the 'Edit' button.

The form displays a person's profile with the following fields:

- Photo:** Unavailable (Placeholder: Photo Unavailable)
- Retained Prints Expiration Date:** 6/25/2025
- Clearinghouse Screening Available?:** No
- First Name:** [Redacted]
- Middle Name:** [Redacted]
- Last Name:** [Redacted]
- Aliases:** [Redacted]
- SSN:** [Redacted]
- Date of Birth:** [Redacted]
- Place of Birth:** [Redacted]
- Mailing Address:** [Redacted]
- Apt/Unit/Suite:** [Redacted]
- City:** [Redacted]
- State:** [Redacted]
- Zip Code:** [Redacted]
- Phone Number:** [Redacted]
- Email Address:** [Redacted]
- Sex:** [Redacted]
- Race:** [Redacted]
- Hair Color:** [Redacted]
- Eye Color:** [Redacted]
- Height:** [Redacted]
- Weight:** [Redacted]

An **Edit** button is located at the bottom center of the form.

### Edit demographic information

Click 'Save' to complete changes or 'Cancel' to return your person profile.

The form is titled "Person Profile Edit" and contains the following fields:

- Photo:** Unavailable (Placeholder: Photo Unavailable)
- Retained Prints Expiration Date:** 6/25/2025
- Clearinghouse Screening Available?:** No
- First Name:** [Input field]
- Middle Name (optional):** [Input field]
- Last Name:** [Input field]
- Aliases (optional):** [Input field]
- SSN:** [Input field]
- Date of Birth:** [Input field]
- Place of Birth:** [Dropdown menu: -- Please Select --]
- Mailing Address:** [Input field]
- Apt/Unit/Suite (optional):** [Input field]
- City:** [Input field]
- State:** [Dropdown menu]
- Zip Code:** [Input field]
- Phone Number:** [Input field]
- Email Address:** [Input field]
- Sex:** [Dropdown menu]
- Race:** [Dropdown menu]
- Hair Color:** [Dropdown menu]
- Eye Color:** [Dropdown menu]
- Height:** [Dropdown menu]
- Weight:** [Input field]

At the bottom, there are **Cancel** and **Save** buttons. A red box highlights the **Save** button.

**To edit your Last Name, Date of Birth or Social Security Number, please contact the Department of Health.**

## Renewal Window Not Open

If your renewal window is not open, you will see the Retained Prints Expiration date and the date when you can renew your fingerprints. Screenings can only be renewed 60 days before they expire. If your prints were recently renewed by another provider or agency, a second renewal is not required. The 'Send Email Reminder' button will trigger a notification reminder that will be sent to the email in file or to another email address of your choice. Click '**Logout**' to end your session.

The screenshot shows a user profile page with a dark blue header containing 'Help', 'Privacy Policy', and 'Log Out' (the latter is highlighted with a red box). The profile information is organized into columns: First Name, Middle Name, Last Name, Aliases, SSN, Date of Birth, and Place of Birth; Mailing Address, Apt/Unit/Suite, City, State, Zip Code, and Phone Number; and Sex, Race, Hair Color, Eye Color, Height, and Weight. A yellow callout box on the left displays 'Retained Prints Expiration Date 5/7/2025' and 'Clearinghouse Screening Available? Yes'. Below the profile is an orange banner with the text 'Renewal Window Not Open'. Below the banner, a message states: 'Your fingerprint renewal window is not open. Fingerprints can be renewed 60 days prior to your retained prints expiration date. You can renew your fingerprints on 3/8/2025.' Below this message is a blue button labeled 'Send Email Reminder' which is highlighted with a red box.

Verify Email address or enter a different one for your Renewal Reminder

The screenshot shows a modal dialog titled 'Verify Email Address' with a close button (X) in the top right corner. The dialog contains the text: 'Verify your email address to send email reminder when the renewal window is open.' Below this text is a label 'Email Address' followed by a text input field. At the bottom of the dialog is a blue button labeled 'Submit'.



## Renewal Window Open

If you have a Clearinghouse screening and your renewal window is open, the 'Initiate Renewal' button will be displayed. Selecting the 'Initiate Renewal' button will begin the renewal process.

The screenshot shows a user profile form with the following fields:

Photo Unavailable	First Name	Mailing Address	Sex
	Middle Name	Apt/Unit/Suite	Race
	Last Name	City	Hair Color
Retained Prints Expiration Date 1/30/2024	Aliases	State Florida	Eye Color
Clearinghouse Screening Available? Yes	SSN	Zip Code	Height
	Date of Birth	Phone Number	Weight
	Place of Birth	Email Address	

Below the form is an 'Edit' button. At the bottom, a dark blue banner reads 'Renew Your Fingerprints' with the text: 'Your fingerprints are about to expire. Please select 'Initiate Renewal' to pay for and renew/retain your fingerprints for 5 more years.' A green 'Initiate Renewal' button is highlighted with a red arrow.

## Confirm Person Profile

The demographic information is prepopulated from the previous screening. Review and verify the demographic information, updating as necessary. Note: Last Name, SSN, and Date of Birth are not editable. You will have to contact the Department of Health to update these fields.

The 'Confirm Person Profile' form contains the following fields:

First Name *	Middle Name (optional)	Last Name *
Suffix (optional)	Aliases (optional)	
SSN *	Date of Birth *	Place of Birth *
Mailing Address *		Apt/Unit/Suite (optional)
City *	State *	Zip Code *
Phone Number *	Email Address *	
Sex *	Race *	Hair Color *
Eye Color *	Height *	Weight *

\* = Required

To edit your Last Name, Date of Birth or Social Security Number, please contact the Department of Health.

Buttons: Cancel, Next (highlighted with a red arrow)

Click the 'Next' button to proceed.

## Prior States

Select any prior states where you have lived in the past 5 years, other than your current state. Please add all states you have lived in one at a time. When you have entered all prior states, or if you have no prior states of residence, select the 'Next' button.

### Enter Prior States


[Home](#) > [Initiate New Screening](#) > [Enter Person Profile](#) > [Enter Prior States](#)

Please enter any prior states where you have lived in the past 5 years other than your current state.

**Prior States**

Arizona × Arkansas ×

Select **Next** once you have entered your prior states or if you have none to report.



## Provider/Position

Select the appropriate position type in the Provider/Profession dropdown field, then click the 'Next' button.

### Enter Provider/Position

[Home](#) > [Initiate New Screening](#) > [Confirm Person Profile](#) > [Enter Prior States](#) > [Enter Provider/Position](#)


Select Provider/Profession from the drop down list below:

**Agency**

Department of Health ▼

**Provider/Profession**

-- Please Select -- ▼



## FBI/FDLE Privacy Policy

After you have selected your Provider/Profession, read and Acknowledge the FBI/FDLE Privacy Policy, then click the **'Next'** button. You will get confirmation that your screening request has been submitted.

### Confirm Privacy Policy

[Home](#) > [Initiate New Screening](#) > [Enter Person Profile](#) > [Enter Prior States](#) > [Enter Provider/ Position](#) > [Confirm Privacy Policy](#)

Federal law requires we provide you a copy of FBI/FDLE Privacy Policy

Please review and affirm the Privacy Policy

2 of 3 pages

Fit to Width


access to children, the elderly, or persons with disabilities.

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

1-789 (08-11-2010)

I acknowledge that I have received a copy of the privacy policies from the Florida Department of Law Enforcement and the Federal Bureau of Investigation which describes the exchange of information where criminal record results will become part of the Care Provider Background Screening Clearinghouse. I understand and agree that I will read and comply with the guidelines contained in the privacy policies. An electronic version of the privacy policies will be emailed to me.

Once the Privacy Policy has been viewed, consent confirmed, select Next



## Screening Payment

The cost of a renewal is the current fee for a national criminal history check plus a service fee. Renewal payment options include:

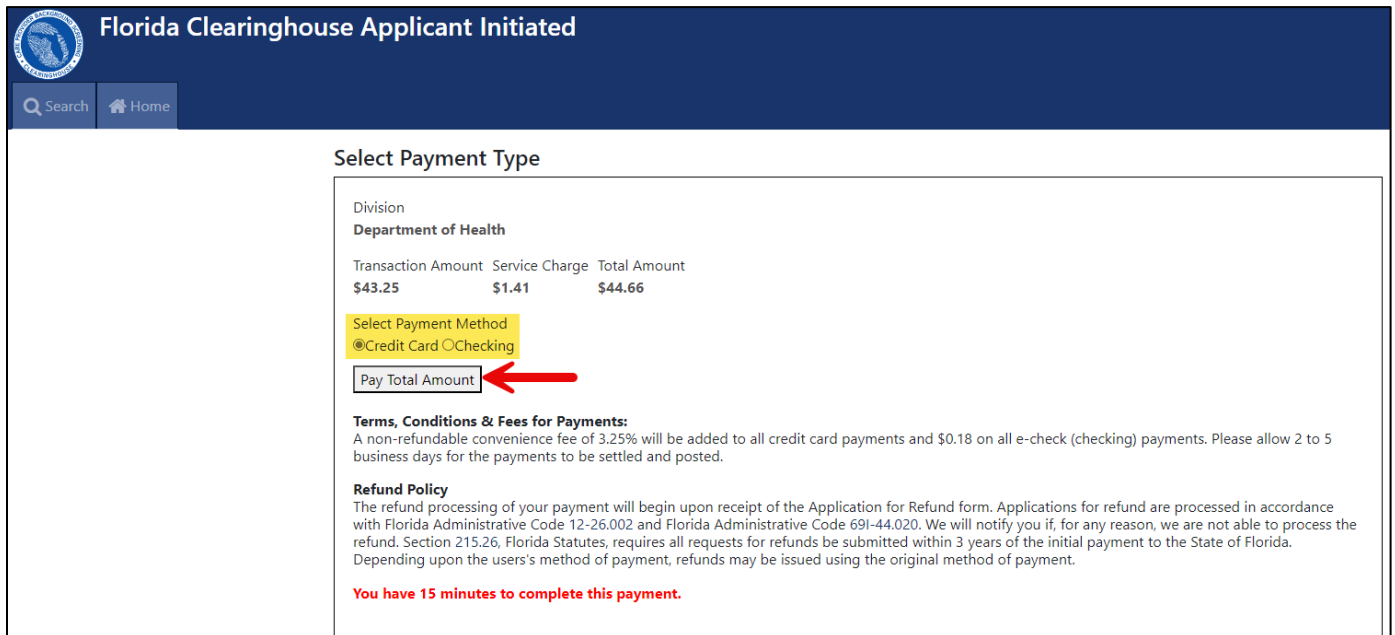
- Credit Card
  - MasterCard
  - Discover
  - American Express
  - Visa
- E-Checking
  - Personal or Business checking/savings account

To pay for the renewal:

- Select payment method
  - Credit Card
  - OR
  - Checking
- Select **Pay Total Amount** to continue

Please note that all Clearinghouse Renewal payments will be collected by the Agency for Health Care Administration.

**IMPORTANT – Please note that payment information will NOT be saved.**



Florida Clearinghouse Applicant Initiated

Search Home

### Select Payment Type

Division	Transaction Amount	Service Charge	Total Amount
Department of Health	\$43.25	\$1.41	\$44.66

Select Payment Method  
 Credit Card  Checking

Pay Total Amount

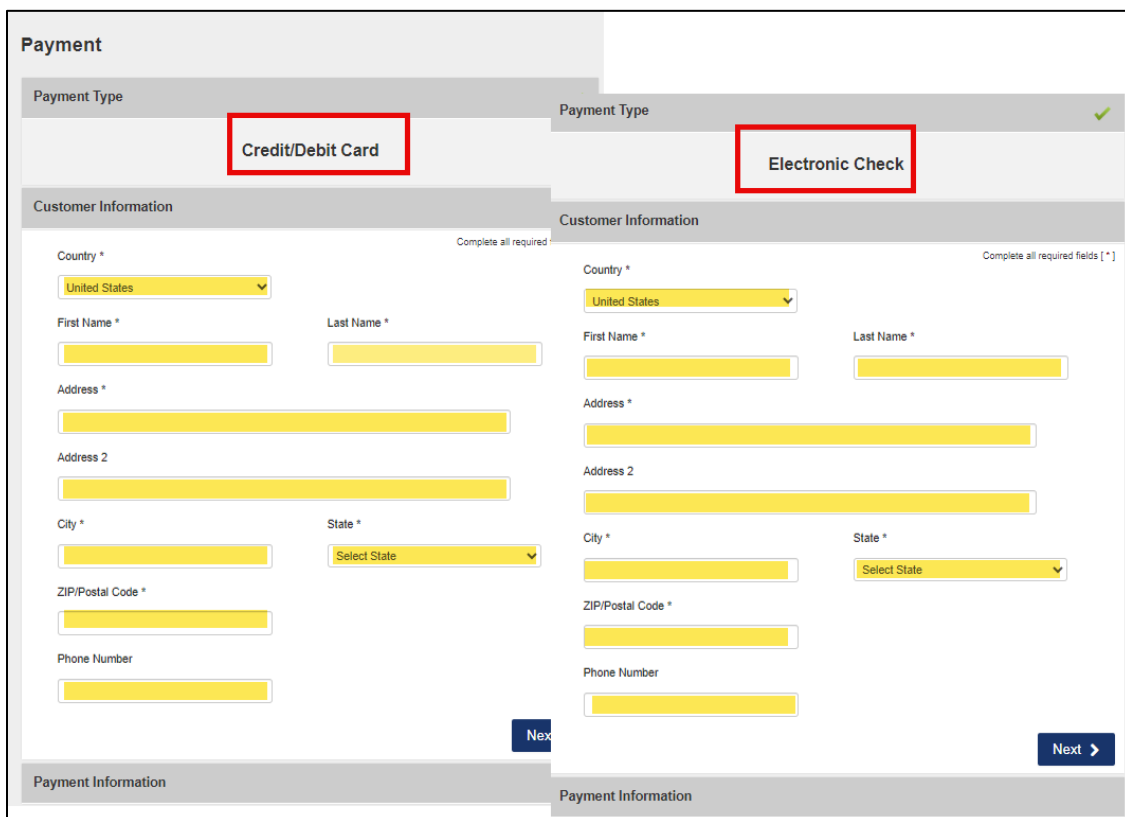
**Terms, Conditions & Fees for Payments:**  
A non-refundable convenience fee of 3.25% will be added to all credit card payments and \$0.18 on all e-check (checking) payments. Please allow 2 to 5 business days for the payments to be settled and posted.

**Refund Policy**  
The refund processing of your payment will begin upon receipt of the Application for Refund form. Applications for refund are processed in accordance with Florida Administrative Code 12-26.002 and Florida Administrative Code 69I-44.020. We will notify you if, for any reason, we are not able to process the refund. Section 215.26, Florida Statutes, requires all requests for refunds be submitted within 3 years of the initial payment to the State of Florida. Depending upon the user's method of payment, refunds may be issued using the original method of payment.

**You have 15 minutes to complete this payment.**

## Enter Payment Information

Enter the customer information in the fields marked with asterisks (\*) based upon the payment method you selected, then click Next.



Payment

Payment Type: Credit/Debit Card | Payment Type: Electronic Check

Customer Information

Country \*  
United States

First Name \* | Last Name \*

Address \*  
Address 2

City \* | State \*  
Select State

ZIP/Postal Code \*  
Phone Number

Next

Enter payment information in the fields marked with asterisks (\*) based upon the payment method you selected, then click **Next**.

### Payment Information

Credit Card Number \* ?

Expiration Month \*

Select a Month

Security Code \* ?

Name on Credit Card \*

### Payment Information

Complete all required fields [ \* ]

Name on Account \*

This is a business account.

Routing Number \*

Account Number \*

Re-enter Account Number. \*

Checking  Savings

**Next** >

## Verify Payment Details

Verify payment details and select **Submit Payment**

<h3>Payment</h3> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 5px;"> <p><b>Payment Type</b> <span style="float: right;">✔</span></p> <p style="text-align: center; font-weight: bold;">Credit/Debit Card</p> </div> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 5px;"> <p><b>Customer Information</b> <span style="float: right;">✔</span></p> <p>Address <span style="float: right;">[input]</span></p> <p>Country United States <span style="float: right;">[input]</span></p> </div> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 5px;"> <p><b>Payment Information</b> <span style="float: right;">✔</span></p> <p>Credit Card <span style="float: right;">[input]</span></p> <p>Exp. 05/2029 <span style="float: right;">[input]</span></p> </div> <p style="text-align: center;"><b>Cancel</b> <span style="margin-left: 100px;"><b>Submit Payment</b></span></p>	<h3>Customer Information</h3> <p>Address <span style="float: right;">[input]</span></p> <p>Country United States <span style="float: right;">[input]</span></p> <p>Phone Number <span style="float: right;">[input]</span></p> <p>Email Address <span style="float: right;">[input]</span></p> <h3>Payment Information</h3> <p>Electronic Check <span style="float: right;">[input]</span></p> <p>Name on Account <span style="float: right;">[input]</span></p> <div style="border: 1px solid #ccc; padding: 5px; margin-top: 5px;"> <p><b>Terms and Conditions</b> <a href="#">Open a new window to print</a></p> <p>governing Agency for Health Care Administration's state.</p> <p>6. For inquiries relating to this electronic debit authorization, including revocation of this authorization, I may contact Agency for Health Care Administration at 850-412-3858.</p> <p>7. I understand the Originating ID for this transaction is "123456789". Please make sure your banking institution has released any debit blocks (if applicable) for this ID to ensure successful payment.</p> <p>8. I (we) agree that ACH transactions I (we) authorized comply with all applicable</p> <p><input checked="" type="checkbox"/> <b>Yes, I authorize this transaction.</b></p> </div> <p style="text-align: center;"><b>Cancel</b> <span style="margin-left: 100px;"><b>Submit Payment</b></span></p>
---	--

After you submit the payment, you will receive your receipt through the payment confirmation screen and via email. Click the **Home** button to return to your home page and see your screening status.

### Renewal Screening Request Submitted

Renewal Screening Request Submitted Successfully

Your payment confirmation number is 12965589

**Division**  
Department of Health

Transaction Amount	Payment Method	Payment Status
\$43.25	Credit	Approved

To return to the Homepage, select **Home**

[Home](#)

Your home page will show your screening request and status.

### Screening Not Shareable

The screening on file is within the renewal window and may be renewed, however, with no photograph associated with the record this screening is not sharable to other agencies or providers. If you believe it will not be necessary for you to obtain other agency eligibility determinations, you can renew your current screening by clicking the **Initiate Renewal** button.

For instructions on initiating a renewal see [Initiate Renewal](#).




Photo Unavailable

**Retained Prints Expiration Date**  
1/30/2024

**Clearinghouse Screening Available?**  
No

**First Name**  
[Redacted]

**Middle Name**  
[Redacted]

**Last Name**  
[Redacted]

**Aliases**  
[Redacted]

**SSN**  
[Redacted]

**Date of Birth**  
[Redacted]

**Place of Birth**  
[Redacted]

**Mailing Address**  
[Redacted]

**Apt/Unit/Suite**  
[Redacted]

**City**  
[Redacted]

**State**  
Florida

**Zip Code**  
[Redacted]

**Phone Number**  
[Redacted]

**Email Address**  
[Redacted]

**Sex**  
[Redacted]

**Race**  
[Redacted]

**Hair Color**  
[Redacted]

**Eye Color**  
[Redacted]

**Height**  
[Redacted]

**Weight**  
[Redacted]

[Edit](#)

### Renew Your Fingerprints

Your fingerprints are about to expire. Please select 'Initiate Renewal' to pay for and renew/retain your fingerprints for 5 more years.

[Initiate Renewal](#)

If you would like initiate a new screening (at a cost) click the **Initiate New Screening** button. If you choose to initiate a new screening this will establish a new five-year subscription and your current screening will not need to be renewed.

For instructions on initiating a new screening, see [Initiate New Screening](#).

**No Photo on File** ✕

**You have no photo on file.**

It is recommended that you have a new screening completed in order to get a photograph on file and have a shareable screening. To have a new screening, please select 'Initiate New Screening'.

**Initiate New Screening**


If you do not want to get a photo and have a shareable screening, you can proceed with a renewal, please select 'Initiate Renewal'.

Initiate Renewal

## Screening Not Shareable; Not Associated with Department of Health

The screening on file is within the renewal window and may be renewed, however, the screening is not associated with the Department of Health and is not included in the Clearinghouse. Since the screening is not included in the Clearinghouse, by law the results cannot be provided to the Department of Health and a new screening must be obtained. Select the **Initiate New Screening** button to begin the process.

For instructions on initiating a new screening, see [Initiate New Screening](#).




<b>First Name</b>	<input type="text"/>	<b>Mailing Address</b>	<input type="text"/>	<b>Sex</b>	<input type="text"/>
<b>Middle Name</b>	<input type="text"/>	<b>Apt/Unit/Suite</b>	<input type="text"/>	<b>Race</b>	<input type="text"/>
<b>Last Name</b>	<input type="text"/>	<b>City</b>	<input type="text"/>	<b>Hair Color</b>	<input type="text"/>
<b>Aliases</b>	<input type="text"/>	<b>State</b>	Florida	<b>Eye Color</b>	<input type="text"/>
<b>SSN</b>	<input type="text"/>	<b>Zip Code</b>	<input type="text"/>	<b>Height</b>	<input type="text"/>
<b>Date of Birth</b>	<input type="text"/>	<b>Phone Number</b>	<input type="text"/>	<b>Weight</b>	<input type="text"/>
<b>Place of Birth</b>	<input type="text"/>	<b>Email Address</b>	<input type="text"/>		

[Edit](#)

**Screening Not Sharable**

Your screening is not associated with the Department of Health and therefore cannot be renewed. You must initiate a new screening where new fingerprints and a new photograph will be taken.

 [Initiate New Screening](#)



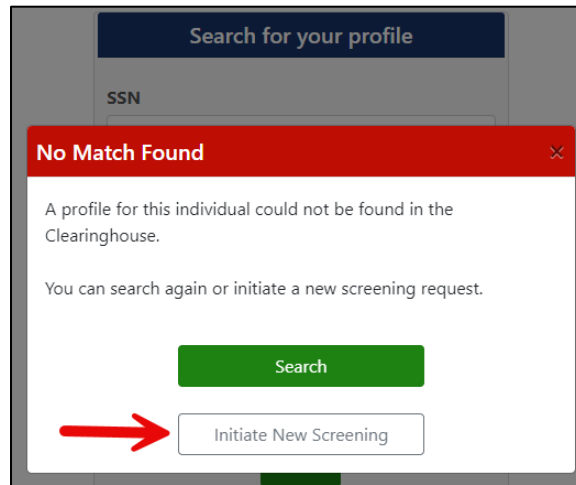
## No Match Found

If the system cannot make a match to an existing Clearinghouse screening you will see the No Match Found modal. There are various reasons the data provided may not match an existing record. Some of the common reasons are blank or incorrect Social Security numbers, or a different last name or date of birth associated with the Social Security number on record.

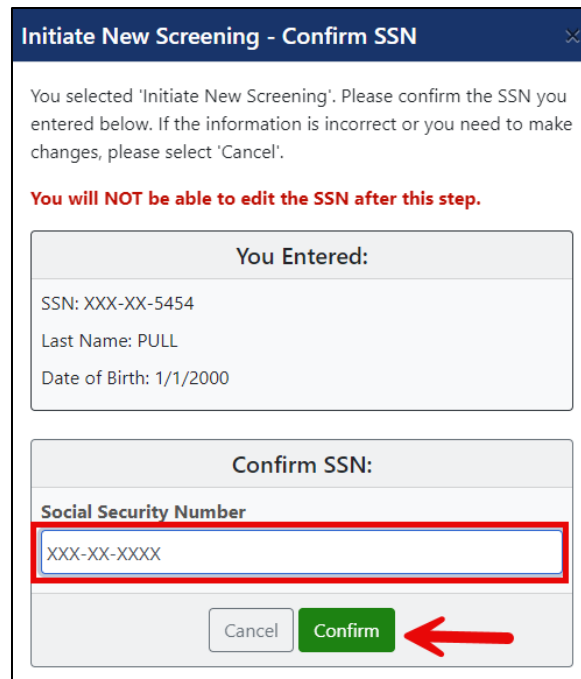
If there is no existing record in the Clearinghouse you may initiate a new screening or logout of the system.

## Initiate New Screening

To initiate a new screening for an individual, select the **Initiate New Screening** button.



Reenter your Social Security number and click the 'Confirm' button. Note: verify that your Social Security number is correctly entered as you will NOT be able to edit after this step. You will have to contact the Department of Health to edit your Social Security number.

A screenshot of a web application modal dialog titled "Initiate New Screening - Confirm SSN". The modal has a dark blue header with a close button (X) in the top right corner. The main content is white and contains the following text: "You selected 'Initiate New Screening'. Please confirm the SSN you entered below. If the information is incorrect or you need to make changes, please select 'Cancel'." Below this is a red warning message: "You will NOT be able to edit the SSN after this step." There are two main sections: "You Entered:" and "Confirm SSN:". The "You Entered:" section contains a table with the following data: SSN: XXX-XX-5454, Last Name: PULL, Date of Birth: 1/1/2000. The "Confirm SSN:" section contains a label "Social Security Number" and a text input field with the placeholder text "XXX-XX-XXXX". The input field is highlighted with a red border. At the bottom of the modal are two buttons: a grey "Cancel" button and a green "Confirm" button. A red arrow points from the right towards the "Confirm" button.

## Enter Profile Information

Enter all required information, as designated by the red asterisks (\*). Enter any aliases used; please enter as First Name and Last Name.

- Please note that the height and weight limits are set by the Florida Department of Law Enforcement. If an applicant falls outside of the established limits, please select the closest match.

### Enter Person Profile

[Home](#) > [Initiate New Screening](#) > [Enter Person Profile](#)

<b>First Name *</b>	<b>Middle Name (optional)</b>	<b>Last Name *</b>
<input type="text"/>	<input type="text"/>	<input type="text" value="PULL"/>
<b>Suffix (optional)</b>	<b>Aliases (optional)</b>	
<input type="text"/>	<input type="text"/>	
<b>SSN *</b>	<b>Date of Birth *</b>	<b>Place of Birth *</b>
<input type="text" value="XXX-XX-5454"/>	<input type="text" value="01/01/2000"/>	<input type="text" value="-- Please Select --"/>
<b>Mailing Address *</b>	<b>Apt/Unit/Suite (optional)</b>	
<input type="text"/>	<input type="text"/>	
<b>City *</b>	<b>State *</b>	<b>Zip Code *</b>
<input type="text"/>	<input type="text" value="-- Please Select --"/>	<input type="text"/>
<b>Phone Number *</b>	<b>Email Address *</b>	
<input type="text"/>	<input type="text" value="kbaino.test@gmail.com"/>	

<b>Sex *</b>	<b>Race *</b>	<b>Hair Color *</b>
<input type="text" value="-- Please Select --"/>	<input type="text" value="-- Please Select --"/>	<input type="text" value="-- Please Select --"/>
<b>Eye Color *</b>	<b>Height *</b>	<b>Weight *</b>
<input type="text" value="-- Please Select --"/>	<input type="text" value="-- Please Select --"/>	<input type="text"/>

\* = Required

## Prior States

Select any prior states where you have lived in the past 5 years, other than your current state. Please add all states you have lived in one at a time. When you have entered all prior states, or if you have no prior states of residence, select the 'Next' button.

### Enter Prior States


[Home](#) > [Initiate New Screening](#) > [Enter Person Profile](#) > [Enter Prior States](#)

Please enter any prior states where you have lived in the past 5 years other than your current state.

**Prior States**

Arizona x Arkansas x

Select **Next** once you have entered your prior states or if you have none to report.



## Provider/Position

Select the appropriate position type in the Provider/Profession dropdown field, then click the 'Next' button.

### Enter Provider/Position

[Home](#) > [Initiate New Screening](#) > [Confirm Person Profile](#) > [Enter Prior States](#) > [Enter Provider/Position](#)


Select Provider/Profession from the drop down list below:

**Agency**

Department of Health

**Provider/Profession**

-- Please Select --



## FBI/FDLE Privacy Policy

Read and Acknowledge the FBI/FDLE Privacy Policy, then click the 'Next' button. You will get confirmation that your screening request has been submitted.

### Confirm Privacy Policy

[Home](#) > [Initiate New Screening](#) > [Enter Person Profile](#) > [Enter Prior States](#) > [Enter Provider/ Position](#) > [Confirm Privacy Policy](#)

Federal law requires we provide you a copy of FBI/FDLE Privacy Policy

Please review and affirm the Privacy Policy

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access to children, the elderly, or persons with disabilities.

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

1-789 (08-11-2010)

I acknowledge that I have received a copy of the privacy policies from the Florida Department of Law Enforcement and the Federal Bureau of Investigation which describes the exchange of information where criminal record results will become part of the Care Provider Background Screening Clearinghouse. I understand and agree that I will read and comply with the guidelines contained in the privacy policies. An electronic version of the privacy policies will be emailed to me.

Once the Privacy Policy has been viewed, consent confirmed, select Next

[Back](#) [Next](#) 

## Select Livescan Provider

In accordance with section 408.809(3), Florida Statutes, all Level 2 screenings must be submitted electronically. You may search and select a Livescan Service Provider or click the 'Continue without making an appointment' hyperlink.

### Select Livescan Service Provider

[Home](#) > [Initiate New Screening](#) > [Person Profile](#) > [Enter Prior States](#) > [Enter Provider/Position](#) > [Confirm Privacy Policy](#) > [Select Livescan Provider](#)

In accordance with section 408.809 (3), Florida Statutes, all Level 2 screenings must be submitted electronically. You may search for and select a Clearinghouse approved photo enabled Livescan Service Provider below. The information listed is updated continuously as it is reported to the Clearinghouse by the Livescan vendor. Enter as least one of the following criteria to search for a specific Livescan service provider or locate a service provider in your area.

**Location Name**                      **Zip Code**                      **City**

**County**    **State**

-- Please Select --                      -- Please Select --

[Search](#)

[Continue without making an appointment](#)

**Livescan Locations**

Name	Address	City	County	Phone	Appointment	Cost	Hours	Action
------	---------	------	--------	-------	-------------	------	-------	--------

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## Livescan provider search and schedule appointment

Continue without making an appointment

**Livescan Locations**

Name	Address	City	County	Phone	Appointment	Cost	Hours	Action
Fieldprint	North Monroe Street	Tallahassee	Leon	8776144364	Appointment required, please see website		M TU W TH F 10:30 AM - 05:00 PM SA 10:00 AM - 02:00 PM	<input type="button" value="Make Appt"/>
Fieldprint	North Monroe Street	Tallahassee	Leon	8776144364	Appointment required, please see website		M TU W TH 09:00 AM - 03:40 PM	<input type="button" value="Make Appt"/>
Fieldprint	Capital Circle NE	Tallahassee	Leon	8776144364	Appointment required, please see website		M TU W TH F 10:10 AM - 12:50 PM	<input type="button" value="Make Appt"/>
Fieldprint	Capital Circle SE	Tallahassee	Leon	8776144364	Appointment required, please see website		M TU W TH F 09:30 AM - 05:00 PM SA 10:00 AM - 03:00 PM	<input type="button" value="Make Appt"/>
Fieldprint	Capital Circle SE	Tallahassee	Leon	8776144364	Appointment required, please see website		M TU W TH F 10:00 AM - 04:00 PM	<input type="button" value="Make Appt"/>

Page 1 of 7 Items per page:

After you have selected the Livescan service provider you would like to use, select the **Make Appt** button to schedule an appointment with that service provider. This will direct you to the service provider's website in order to schedule the appointment. While the website will be unique for each service provider, they will all provide the ability to enter the social security number to prepopulate all demographic information for the applicant, reducing duplicative data entry.

Once you schedule an appointment with the service provider, close the 'Make Appointment' window to return to CHAI. To complete the screening request select **Home**.

**Note:** This feature is provided as a convenience to applicants and not maintained, supported, or regulated by AHCA or the Department of Health. Please contact the service provider with any questions or problems about their 'Make Appointment' page.


### New Screening Request Submitted

Once the screening request is submitted, a Livescan Request Form will be generated for the applicant to take to their screening appointment. The request form contains important information, including the following:

1. The **ORI number** required for electronic fingerprint submission
2. The **Screening Request ID** used by Livescan service providers to link the screening results to the screening request
3. **Appointment information** (if an appointment was scheduled during the Livescan step)

# Sample Livescan Request Form

ORI: EDOH4420Z  
Screening ID: 9638285  
Date of Request: 12/01/2023 09:15:30 AM



**Department of Health**

## Livescan Request Form

You have applied for a position with a health care and/or service provider regulated by a specified agency in the Care Provider Background Screening Clearinghouse (Clearinghouse) that requires a fingerprint-based background check. Your fingerprints must be collected by a fingerprint vendor (Livescan Service Provider) authorized to conduct fingerprinting in Florida. As a result of the background check, your screening results will be listed on the Clearinghouse secure background screening result site. Authorized health care and/or service providers may access this secure site and print out screening results for individuals seeking employment in health care.

**Applicant Information**

Applicant's Name:	SAM PULL	SSN:	XXX-XX-5454
Mailing Address:	123 test drive tallahassee FL 32399	Sex:	M
Date of Birth:	01/01/2000	Height:	510
Place of Birth:	AK	Hair Color:	BLK
		Eye Color:	BRO

**Livescan Service Provider Information**  
You must present this form and a current valid government-issued photo identification to be fingerprinted (i.e. driver's license, State ID or military identification card.)

**Requesting Health Care and/or Service Provider**  
Department of Health  
Street Address1  
Street Address1  
City, FL 99999  
**LicenseNumber**  
**PhoneNumber** 999-999-9999

Please return this form to the requesting health care and/or service provider once your prints are taken.

Click the 'Home' Button to complete the Screening request.

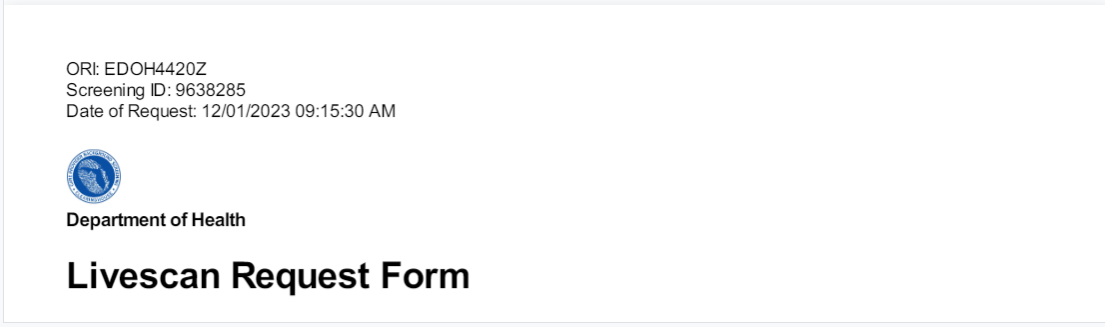
### New Screening Request Submitted

**New Screening Request Submitted Successfully**  
Your screening request was submitted successfully. Screening results are generally available within 5-7 business days.


The Livescan Request Form associated to this screening request is below for your review. Please provide this form to the Livescan Service Provider when you arrive to have your fingerprints scanned for a fingerprint-based background check to be submitted.

To return Home, please select the Home button below.

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ORI: EDOH4420Z  
Screening ID: 9638285  
Date of Request: 12/01/2023 09:15:30 AM



**Department of Health**

## Livescan Request Form

[Home](#) ←

## New Screening Status

The New Screening request status will be displayed in the Person Profile page of CHAI

### SAM PULL

**First Name**

SAM

**Middle Name****Last Name**

PULL

**Aliases****SSN**

XXX-XX-5454

**Date of Birth**

1/1/2000

**Place of Birth**

Alaska

**Mailing Address**

123 test drive

**Apt/Unit/Suite****City**

tallahassee

**State**

Florida

**Zip Code**

32399

**Phone Number**

(123) 456-7890

**Email Address**

sam.pull@gmail.com

**Sex**

MALE

**Race**

ASIAN

**Hair Color**

Black

**Eye Color**

Brown

**Height**

5' 10"

**Weight**

180

**Retained Prints Expiration Date****Prints Not Retained****Clearinghouse Screening Available?****No**[Edit](#)

### Screening in Process

Screening Request ID	Date	Status	Action
9638285	12/01/2023	Awaiting Fingerprints	<a href="#">Make Livescan Appointment</a> <a href="#">View/Print Livescan Request Form</a>