

BACKGROUND CHECKS FOR HEALTHCARE WORKERS

< **Florida Department of Law Enforcement** - Criminal Background check

Form AHCA 3110-0002 and check or money order for \$15.00, payable to FDLE, and sent along with a self-addressed stamped envelope to:

Florida Department of Law Enforcement
Crime Information Bureau
PO Box 1489
Tallahassee, FL 32302

< **Department of Children & Families** - Abuse Background Check

Form ACHA 3310-0003 and check for \$6.00, payable to Florida Department of Children & Families, and sent along with a self-addressed stamped envelope to:

Florida Department of Children & Families
401 NW 2nd Ave
Suite S-811
Miami, FL 33128

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PHYSICAL THERAPY SERVICES, INC.

3741 NE 163rd Street
PMB 114
North Miami Beach
FL 33160

**AGENCY FOR HEALTH CARE ADMINISTRATION
Request for Criminal History Check**

Date: _____

To: Florida Department of Law Enforcement

Pursuant to provisions of Chapter 119 FS, and FDLE's Rule 11C-6, we are requesting a State of Florida criminal record check for the following applicant:

Type of Applicant: _____ Administrator _____ Owner _____ Employee

_____ Nursing Home Facility

_____ Home Health Agency

_____ Homemaker, Companion, Sitter Agencies

_____ Adult Congregate Living Facility

_____ Adult Day Care Center

This space reserved for FDLE use only

Print or type all information

NAME: _____
last first middle maiden

RACE: _____ SEX: _____ DOB: _____

SOCIAL SECURITY NUMBER: _____

CURRENT ADDRESS: _____

Sex codes: **M**=Male **F**=Female Date of Birth: **MM/DD/YY**
Race codes: **W**=White **B**=Black **A**=Asian or Pacific Islander
I=American Indian, Indian, or Alaskan Eskimo **U**=Unknown
Note: Indicate Hispanic as Black or White Based on skin color