

## 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 11C8.001, 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*

**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 or 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 this 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 in the Federal Register describing any system(s) of records in which that agency may also maintain your records, including the authorities, purposes, and routine uses for the system(s).



## Certification Option/Eligibility (Check one)

<input checked="" type="checkbox"/>	<b>Certification Training Route</b>
<input type="checkbox"/>	<b>E1</b> - Completed a State-approved Nursing Assistant Training Program. (Complete Training Info section below)
<input type="checkbox"/>	<b>E2</b> - Enrolled in a State-approved Nursing Assistant Training Program. (Complete Training Info section below)
<input type="checkbox"/>	<b>E3</b> - Challenger. You have never trained as a nursing assistant and have no nursing assistant experience.
<input type="checkbox"/>	<b>E4</b> - Other Nursing Training.
<input type="checkbox"/>	<b>E5</b> - Lapsed Nursing Assistant.

## Training Information

(This section must be completed if the applicant has selected Training Route E1 or E2.)

Name of School or Facility	
Address of School or Facility	
<b>(MANDATORY).</b> Your exams will be scheduled after your training is completed.	<b>(MANDATORY)</b>
Training Completion Date: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Training Program Code: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

## Disciplinary History (Mandatory)

<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been denied or is there now any proceeding to deny your application for any healthcare certification to practice in Florida or any other state, jurisdiction or country?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever had disciplinary action taken against your certification to practice any healthcare-related profession by the licensing authority in Florida or in any other state, jurisdiction or country?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever surrendered a certification to practice any healthcare-related profession in Florida or in any other state, jurisdiction or country while any such disciplinary charges were pending against you?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have any disciplinary actions pending against your certification?

## Criminal History (Mandatory)

<input type="checkbox"/> Yes*	Have you EVER been convicted of, or entered a plea of guilty, nolo contendere, or no contest to, a crime in any jurisdiction other than a minor traffic offense? You must include all misdemeanors and felonies even if adjudication was withheld. Driving under the influence (DUI), driving while impaired (DWI) and driving while license is suspended (DWLS) are not minor traffic offense for purposes of this question.  *If you answered YES, please be prepared to create a typed or printed letter with arrest dates, city, state, charges and final dispositions and be prepared to send it to the Board Office upon request. (Do not send this information with your application for examination.)
<input type="checkbox"/> No	

## Initial Licensure – Individual

**IMPORTANT NOTICE:** Applicants for licensure, certification or registration and candidates for examination may be excluded from licensure, certification or registration if their felony conviction falls into certain timeframes as established in Section 456.0635(2), Florida Statutes. If you answer YES to any of the following questions, please provide a written explanation for each question including the county and state of each termination or conviction, date of each termination or conviction, and copies of supporting documentation. All supporting documentation should be sent to the Florida Department of Health. Supporting documentation includes court dispositions or agency orders where applicable.

1. <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under Chapter 409, F.S. (relating to social and economic assistance), Chapter 817, F.S. (relating to fraudulent practices), Chapter 893, F.S. (relating to drug abuse prevention and control) or a similar felony offense(s) in another state or jurisdiction? (If you responded "no", skip to #2.)
a. <input type="checkbox"/> Yes <input type="checkbox"/> No	If "yes" to 1, for the felonies of the first or second degree, has it been more than 15 years from the date of the plea, sentence and completion of any subsequent probation?
b. <input type="checkbox"/> Yes <input type="checkbox"/> No	If "yes" to 1, for the felonies of the third degree, has it been more than 10 years from the date of the plea, sentence and completion of any subsequent probation? (This question does not apply to felonies of the third degree under Section 893.13(6)(a), Florida Statutes).
c. <input type="checkbox"/> Yes <input type="checkbox"/> No	If "yes" to 1, for the felonies of the third degree under Section 893.13(6)(a), Florida Statutes, has it been more than 5 years from the date of the plea, sentence and completion of any subsequent probation?

d. <input type="checkbox"/> Yes <input type="checkbox"/> No	If "yes" to 1, have you successfully completed a drug court program that resulted in the plea for the felony offense being withdrawn or the charges dismissed? (If "yes", please provide supporting documentation).
2. <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under 21 U.S.C. ss. 801-970 (relating to controlled substances) or 42 U.S.C. ss.1395-1396 (relating to public health, welfare, Medicare and Medicaid issues)?
a. <input type="checkbox"/> Yes <input type="checkbox"/> No	If "yes" to 2, has it been more than 15 years before the date of application since the sentence and any subsequent period of probation for such conviction or plea ended?
3. <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been terminated for cause from the Florida Medicaid Program pursuant to Section 409.913, Florida Statutes? (If "No", do not answer 3a.)
a. <input type="checkbox"/> Yes <input type="checkbox"/> No	If you have been terminated but reinstated, have you been in good standing with the Florida Medicaid Program for the most recent five years?
4. <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been terminated for cause, pursuant to the appeals procedures established by the state, from any other state Medicaid program? (If "No", do not answer 4a or 4b.)
a. <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you been in good standing with a state Medicaid program for the most recent five years?
b. <input type="checkbox"/> Yes <input type="checkbox"/> No	Did the termination occur at least 20 years before the date of this application?
5. <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you currently listed on the United States Department of Health and Human Services Office of Inspector General's List of Excluded Individuals and Entities?
6. <input type="checkbox"/> Yes <input type="checkbox"/> No	If "yes" to any of the questions 1 through 5 above, on or before July 1, 2009, were you enrolled in an educational or training program in the profession in which you are seeking licensure that was recognized by this profession's licensing board or the Department of Health? (If "yes", please provide official documentation verifying your enrollment status.)

### Test Site Information

Please check one of the following options for testing.

<input type="checkbox"/>	<b>Testing at your Facility:</b> My employer or training program is scheduling my exams and I will take the exams at their facility. I will give this application form to the facility coordinator (do not send it to Prometric).	
<input type="checkbox"/>	<b>Regional Test Site:</b> I am applying to test at a Regional Test Site. My preferred test site code is listed. I can find a current list of Test Sites with codes online at <a href="http://www.prometric.com/NurseAide">www.prometric.com/NurseAide</a> .	Test Site Code:

### Testing/Retesting Fees

<input checked="" type="checkbox"/>	Exam (Check all that apply)	Fee	Total
	Clinical Skills and Written (both in English)	\$140	\$
	Clinical Skills and Written Audio (both in English)	\$140	\$
	Written (English)	\$35	\$
	Written Audio (English)	\$35	\$
	Clinical Skills (English)	\$105	\$
	Clinical Skills (English) and Written (Spanish)	\$140	\$
	Clinical Skills (English) and Written Audio (Spanish)	\$140	\$
	Written (Spanish)	\$35	\$
	Written Audio (Spanish)	\$35	\$
		<b>Total Fee</b>	<b>\$</b>

Fees may be paid by cashier's check, company check, money order, Visa, MasterCard or American Express. Make checks payable to Prometric. **Personal checks and cash are not accepted. Fees are not refundable or transferrable.** Complete payment information on the last page.

## Applicant's Affidavit and Candidate Release Statement

- I understand that I am responsible for making sure all of the information provided in this application is completely true and correct.
- I understand that if information given is not true, my registration status as a nurse aide may be at risk.
- I understand that if I pass both parts of the Florida Nurse Aide Examination, I will be placed on the Registry.
- I understand that I may be asked to play the part of the resident for another candidate on exam day. I do not have any physical, medical or other condition that would be affected in any way by my participation in the exam. I agree that I am responsible for my own personal safety both while taking the exam and acting as a resident. I hereby release Prometric, the FLDOH, and their agents and assigns from any responsibility or liability for any claim or damage that may result from my participation in the examination.



Signature of Candidate (in box above)

Date:

**If testing by the In-Facility option:** Provide this completed form, along with all necessary documents to your training coordinator (do not send it to Prometric).

**If testing at a Regional Test Site:** Submit this completed form, along with all necessary documents and fees to:

**By Mail:** Prometric, Attn: Florida Nursing Assistant Testing Program, 7941 Corporate Drive, Nottingham, MD 21236.

**Online:** [www.prometric.com/en-us/clients/nurseaide](http://www.prometric.com/en-us/clients/nurseaide).



# Application Payment



**Note:** You have the option of submitting your application and paying online using your credit card at [www.prometric.com/en-us/clients/nurseaide](http://www.prometric.com/en-us/clients/nurseaide). Please print or type clearly and neatly. Incomplete or illegible information will not be processed.

### Credit Card Card Type (Check One)

MasterCard     Visa     American Express

Card Number	Expiration Date □ □ / □ □
Name of Cardholder (Print)	
Signature of Cardholder	

### Certified Check or Money Order Payments

Certified Check                       3<sup>rd</sup> Party/Facility Check                       Money Order

Certified Check/Money Order/3 <sup>rd</sup> Party/Facility Check Number (one number or letter in each box):
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Fees may be paid by cashier's check, company check, money order, American Express, MasterCard or Visa. Make checks payable to Prometric. **Personal checks and cash are not accepted. Fees are not refundable or transferrable**