



Department of Children and Families/  
Agency for Persons with Disabilities

# Care Provider Background Screening Clearinghouse

## ***DCF/APD CDC+ User Registration Guide: Access to Background Screening through the AHCA Clearinghouse***

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## Portal Registration Overview

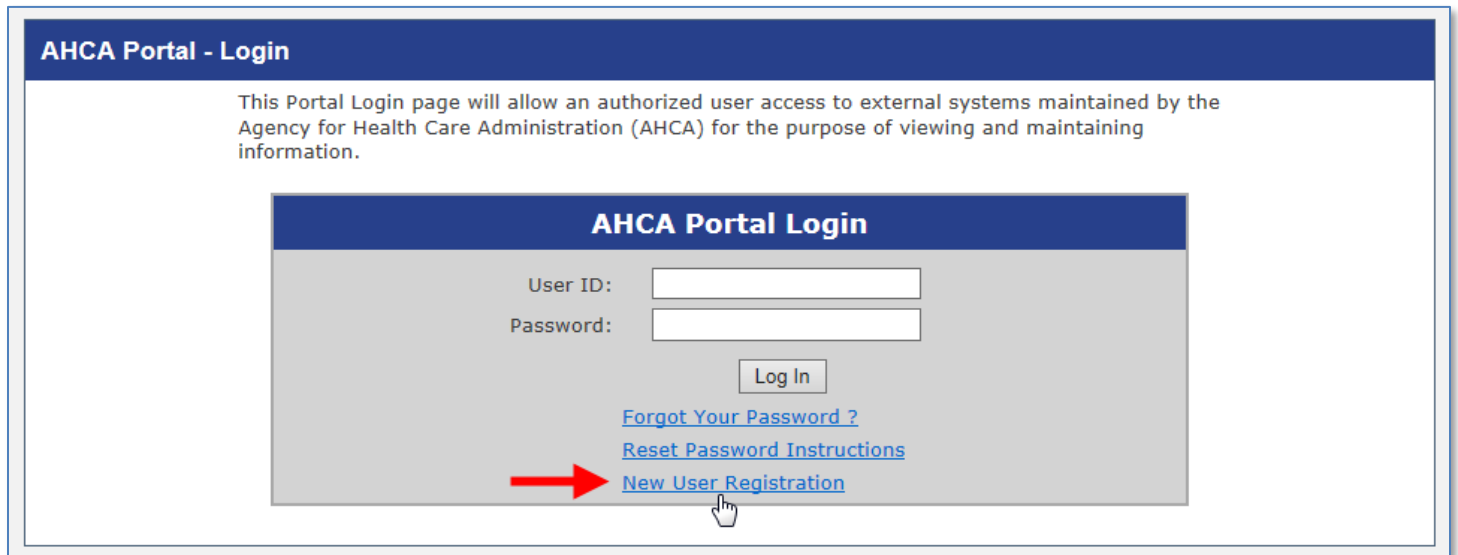
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The Care Provider Background Screening Clearinghouse (Clearinghouse) website is maintained by the Agency for Health Care Administration (AHCA) and available through the AHCA web portal (Portal). If you are not enrolled on the Portal, you will need to create a Portal account before requesting access to background screening and submitting a user agreement. The user agreement for new accounts must be received and approved by agency staff before accessing the site.

The link to the Portal is <https://apps.ahca.myflorida.com/SingleSignOnPortal>. Once access is granted users may initiate a screening, search for screening results, connect to specified agency screenings, select a Livescan service provider and connect to the service provider's website to schedule appointments, and create and maintain an employee roster. Instructions for using the Clearinghouse results website can be found at [http://ahca.myflorida.com/MCHQ/Central\\_Services/Background\\_Screening/BGS\\_results.shtml](http://ahca.myflorida.com/MCHQ/Central_Services/Background_Screening/BGS_results.shtml).

## New User Registration

Select **New User Registration** from the Portal Login page (<https://apps.ahca.myflorida.com/SingleSignOnPortal>). If you have an existing account please skip to page 6 to request access as a Department of Children and Families or Agency for Persons with Disabilities provider.



**AHCA Portal - Login**

This Portal Login page will allow an authorized user access to external systems maintained by the Agency for Health Care Administration (AHCA) for the purpose of viewing and maintaining information.

**AHCA Portal Login**

User ID:

Password:

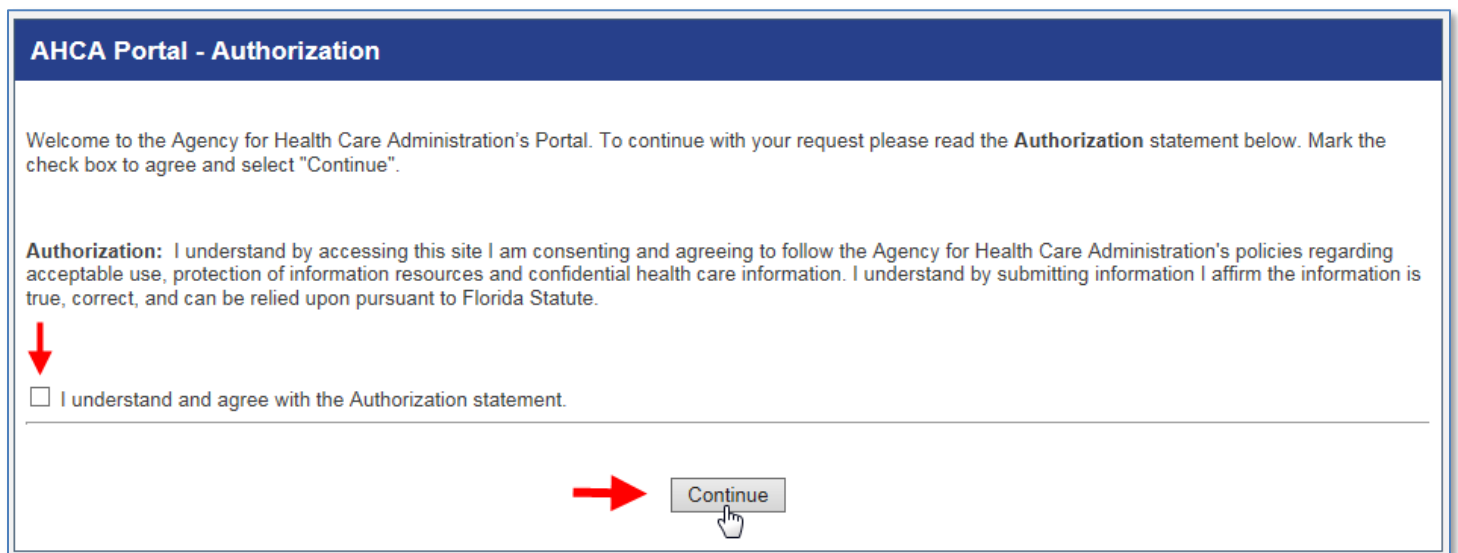
Log In

[Forgot Your Password ?](#)

[Reset Password Instructions](#)

[New User Registration](#)

After reading the authorization statement, check the confirmation box and select **continue**.



**AHCA Portal - Authorization**

Welcome to the Agency for Health Care Administration's Portal. To continue with your request please read the **Authorization** statement below. Mark the check box to agree and select "Continue".

**Authorization:** I understand by accessing this site I am consenting and agreeing to follow the Agency for Health Care Administration's policies regarding acceptable use, protection of information resources and confidential health care information. I understand by submitting information I affirm the information is true, correct, and can be relied upon pursuant to Florida Statute.

I understand and agree with the Authorization statement.

Continue

Enter all required information as indicated by the red asterisk (\*) and select 'Register' to continue.

**IMPORTANT – Please note the following items:**

- Each user must create their individual account. There is NO LIMIT on the number of users per facility/provider.
  - User names and passwords **CANNOT** be shared with other users.
- Important notifications and background screening updates will be sent to the email address on file with the Portal, including account registration notices, employee arrest notifications, and others. **Please ensure you enter a valid email address and ensure it is kept up-to-date.**

**AHCA Portal - Account Registration**

**User Information**

\* First Name:  \* Last Name:   
Position Title:  \* Telephone Number:   
\* Email Address:   
\* Verify Email Address:   
Employer's Company Name:

**Address Information**

\* Address Line1:  Address Line2:   
\* City:  \* State: -- Select A State-- \* Zip:

**Security Information**

You must register a User Name and create a Password. You will need to use these each time you access the Portal. As the account owner, you are responsible for all information accessed.

\* User Name:   
\* Password:  (The password must be at least 7 characters and must contain at least one special character e.g., @, #)  
\* Enter Password Again:   
\* Security Question: -- Select a question --  
\* Security Answer:

**Verification:** For protection against spam, please type the letters, numbers and punctuation as seen in the box below. Please be sure to use proper case and spacing.


Type the text

[Privacy & Terms](#)

Once your user account is successfully created, select 'Return to Login' to request, access to the Clearinghouse results website.

**AHCA Portal - Account Registration**

User Account created successfully.



Enter the User ID and Password created in the previous steps. Select **'Log In'**.


**AHCA Portal - Login**

This Portal Login page will allow an authorized user access to external systems maintained by the Agency for Health Care Administration (AHCA) for the purpose of viewing and maintaining information.

**AHCA Portal Login**

User ID:

Password:



[Forgot Your Password ?](#)

[Reset Password Instructions](#)


[New User Registration](#)

From the drop down list, select **'Department of Children and Families'** (DCF) under Background Screening Clearinghouse. Agency for Persons with Disabilities (APD) providers should select **'Department of Children and Families'** as well, since DCF conducts APD provider background screenings. Select **'Request Program Access'** to continue.

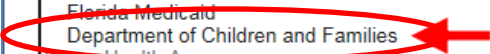
**AHCA Portal - Portal Landing** User ID: test.dcf1  
Email: [test.dcf1@myahca.com](#)

**Request Program Access**

Choose from the list of programs below and select "Request Program Access".



**Ma**

- Background Screening Clearinghouse
- Agency For Health Care Administration
- Vocational Rehabilitation
- Department of Elder Affairs
- Department of Juvenile Justice
- Florida Medicaid
- Department of Children and Families** 
- Home Health Agency
- Home Health Quarterly Report
- Low Income Pool
- Low Income Pool System
- Online Licensure
- Online Licensure

## Add Provider

A role is necessary in order to obtain proper access. Select **'Provider'** from the drop down list.

Note: APD CDC Consumer is considered a 'Provider' in the Clearinghouse

**Background Screening Clearinghouse Program - Department of Children and Families - Request for Program Access** User ID: test.dcf1  
Email: [redacted]

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**Select Role/Provider Information**

A role is necessary in order to obtain proper access. Select the role that best describes your affiliation.

**Provider** - I am an owner, operator, licensee, or employee of a provider authorized to conduct background screening under DCF and/or APD.

Select the most appropriate role from the drop down list below. After you have made your role selection, you will need to select a Provider Type.

\* Role:   
Provider

Select the **'Provider Type.'** After selecting the 'Provider Type', **APD CDC Provider**. Start typing the 'Provider Name' in the next field.

**Background Screening Clearinghouse Program - Department of Children and Families - Add Additional Providers**

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**Select Role/Provider Information**

\* Provider Type:   
Child Care  
Family Child Care Home  
Religious Exempt  
Substance Abuse  
Foster Care  
Summer Camps  
Mental Health  
APD General  
APD DDC  
Afterschool and/or Enrichment Programs  
**APD CDC Provider**  
DCF Other

Provider Name:

**Start typing the 'Provider Name' associated with your APD certification and/or OCA number. Select your provider from the list when it appears. Select 'Add Provider'.**

*\*Note the OCA number is displayed at the end of the name for identification. Users should ensure that the OCA # and city match the provider name selected.*

**Remember: the Provider name is the CDC+ Consumer's name. (first name last name) – Once you start typing the first name, it should provide a list to choose from.**

**Background Screening Clearinghouse Program - Department of Children and Families - Request for Program Access**

**Select Role/Provider Information**

A role is necessary in order to obtain proper access. Select the role that best describes your affiliation.

**Provider** - I am an owner, operator, licensee, or employee of a provider authorized to conduct background screening under DCF and/or APD.

Select the most appropriate role from the drop down list below. After you have made your role selection, you will need to select a Provider Type.

\* Role:

\* Provider Type:

Start typing the name of your Provider and select it from the list below when it appears.

Provider Name:





Review the requested Provider information to ensure you have selected the correct provider(s) and location(s). If correct, select “**Submit Request and Generate User Agreement.**” If not, click ‘Delete’ and enter the appropriate "Provider Name.”

### Background Screening Clearinghouse Program - Department of Children and Families - Request for Program Access

#### Select Role/Provider Information

A role is necessary in order to obtain proper access. Select the role that best describes your affiliation.

**Provider** - I am an owner, operator, licensee, or employee of a provider authorized to conduct background screening under DCF and/or APD.

Select the most appropriate role from the drop down list below. After you have made your role selection, you will need to select a Provider Type.

\* Role:

\* Provider Type:

Start typing the name of your Provider and select it from the list below when it appears.

Provider Name:


**The Consumer's name should be listed here.**

#### Requested Provider(s):

Requested Provider(s)

	Provider Name	City	OCA Number
<input type="button" value="Delete"/>	<b>APD CDC Provider</b>	TALLAHASSEE	02370247Z

If the requested Provider(s) is correct, select "Submit Request and Generate User Agreement". If not, click Delete and choose the appropriate "Provider Name".



## Print User Registration Agreement

The User Registration Agreement will display in a viewing window. **To open a printable copy of the agreement, please select the link in the upper right corner.** Please print and sign the user registration agreement. Once you have printed the user registration agreement, select 'Return to Portal Landing' or 'Return to DCF Tasks Page' in the upper left corner.

[Return to DCF Tasks Page](#) To open a printable copy of the User Agreement, [click here.](#)

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### Background Screening (BGS)

#### Provider User Registration Agreement

**Mail To:**  
Office of Background Screening  
1317 Winewood Blvd.  
Building 6, Room 361  
Tallahassee, FL 32399

**Scan and E-Mail To:**  
bgs.helpdesk@myflfamilies.com  
Subject Line: BGS User Agreement

**FaxTo:**  
(850) 487-6088

**ATTACH A COPY OF A GOVERNMENT ISSUED IDENTIFICATION CARD WITH THIS FORM.**

**User Information:**

Name:	Mini Me Jones	User ID:	Test.home
Employer Name:	123 Ave North		
Address:	Tallahassee, Florida 32323		
E-Mail Address:	Minime.jones@yahoo.com	Phone Number:	(850) 888-8888

**Selected Provider:**

Provider Name: Consumer's Name Here

Address: 123 APD WAY, TALLAHASSEE, FL

Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Contact: FACILITY DIRECTOR

Provider Type: APD CDC PROVIDER

OCA:

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Each person with access to this web site must abide by the following:

- Do not disclose or lend your USER ID AND/OR PASSWORD to anyone. They are for your use only and will serve as your "electronic signature." This means that you may be held responsible for the consequences of unauthorized or illegal transactions.
- Do not browse or use this information for unauthorized or illegal purposes.
- Do not make any disclosure of this data that is not specifically authorized.
- Do not intentionally cause corruption or disruption of these files.

If you become aware of any violation of these security requirements or suspect that someone may have used your User ID or Password, immediately report that information to the Department of Children and Families' (DCF) Background Screening Unit at (888) 352-2842.

I understand that as a user of the Background Screening Program, I assert that I am authorized to submit electronic requests, retrieve screening results and maintain employment status on behalf of the provider listed above. By accessing this system, I am agreeing to follow the Agency for Health Care Administration's policies regarding acceptable use and protection of confidential information. By submitting electronic requests, I am affirming that the information contained in the request are true and the results received will be used only for determining employment eligibility in accordance with the applicable Florida Statutes. In accordance with section 435.11(1)(b), it is a misdemeanor of the first degree to use records information for purposes other than screening for employment or release records information to other persons for purposes other than screening for employment. By signing this document, I acknowledge reading, understanding and agreeing to its contents.

**User Information:**

User Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Review and Approval by Provider:**

Owner/Administrator/Supervisor: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DCF USE ONLY:**

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Name: \_\_\_\_\_

The Rep signs both lines. As the user AND the Review/Approval by Provider.

You may mail, email, or fax the agreement for approval. DCF and APD providers (Consumers) both send their user agreements to the address, email, or fax number on the agreement. Your request for access to the Clearinghouse results website will be in **Pending status until staff receives and processes your user registration agreement.**

**IMPORTANT – Please note that an email will be sent to the address on file once your request for access has been approved.**

**Background Screening Clearinghouse Program - Department of Children and Families - Access Page** User ID: test.dcf1  
Email: [mailto:backgroundscreening@dcf.tn.gov](#)

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Select Your Desired Task Below  
[Add Additional Providers](#)

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**List of Providers**  
If you need to reprint a user agreement, select the checkbox next to the appropriate provider(s), and select Reprint Registration Agreement. If you select Reprint Registration Agreement without identifying a specific provider below, all agreements will be printed.

Reprint Registration Agreement

Provider Name	City	Status	OCA Number
<input type="checkbox"/> <a href="#">APD CDC Provider</a>	City	Pending	A11111


## Add Additional Providers

To add additional Providers (Consumer) after your initial registration please log in at <https://apps.ahca.myflorida.com/SingleSignOnPortal>.

Select Background Screening Clearinghouse – Department of Children and Families.

**AHCA Portal - Portal Landing** User ID: test.dcf1  
Email: [redacted]

**Program Access**  
Select the appropriate link below to be directed to the Program's access page.

[Background Screening Clearinghouse - Department of Children and Families](#)   
Department of Children and Families

**Request Program Access**  
Choose from the list of programs below and select "Request Program Access".

-- Select Program --

**Manage Account**


[Edit User Information](#)  
[Change Password](#)  
[Update Security Question and Answer](#)

This will bring you to the Background Screening Clearinghouse Program – Department of Children and Families – **Access page**.

Select **Add Additional Providers** and follow the 'Add Provider' instructions in this document.

**Background Screening Clearinghouse Program - Department of Children and Families - Access Page** User ID: test.dcf1  
Email: [redacted]

**Select Your Desired Task Below**

[Add Additional Providers](#) 

**List of Providers**  
If you need to reprint a user agreement, select the checkbox next to the appropriate provider(s), and select Reprint AHCA Registration Agreement. If you select Reprint AHCA Registration Agreement without identifying a specific provider below, all will display.

Provider Name	City	Status	OCA Number
<input type="checkbox"/> APD CDC Provider	Tallahassee		123456789


## Reprint User Registration Agreement

To reprint your user registration agreement after your initial registration please log in at <https://apps.ahca.myflorida.com/SingleSignOnPortal>.

Select Background Screening Clearinghouse – Department of Children and Families.

**AHCA Portal - Portal Landing** User ID: test.dcf1  
Email: [redacted]

**Program Access**  
Select the appropriate link below to be directed to the Program's access page.

[Background Screening Clearinghouse - Department of Children and Families](#)   
Department of Children and Families

**Request Program Access**  
Choose from the list of programs below and select "Request Program Access".

-- Select Program --

**Manage Account**

[Edit User Information](#)  
[Change Password](#)  
[Update Security Question and Answer](#)

This will bring you to the Background Screening Clearinghouse Program – Department of Children and Families – **Access page**.


Check the boxes for the agreements you wish to reprint and then select '**Reprint Registration Agreement**' and follow the 'Print User Registration Agreement' instructions in this document.

**Background Screening Clearinghouse Program - Department of Children and Families - Access Page** User ID: test.dcf1  
Email: [redacted]

**Select Your Desired Task Below**

[Add Additional Providers](#)

**List of Providers**  
If you need to reprint a user agreement, select the checkbox next to the appropriate provider(s), and select Reprint AHCA Registration Agreement. If you select Reprint AHCA Registration Agreement without identifying a specific provider below, all will display.



Provider Name	City	Status	OCA Number
<input type="checkbox"/> APD CDC Provider	Tallahassee	Status	123456789

## Manage Your Account

From the Portal Landing you may complete the following:

- Edit your user information (i.e. email address, phone number)
  - **It is very important that you maintain an up to date email address so that you will be able to reset your password if necessary and receive important notifications about background screening changes**
- Change your password, and
- Update your security question and answer
  - Successfully answering your security question will be necessary if you ever need to reset your password

**AHCA Portal - Portal Landing** User ID: test.dcf1  
Email: test.dcf1@myflorida.com

**Program Access**  
Select the appropriate link below to be directed to the Program's access page.

[Background Screening Clearinghouse - Department of Children and Families](#)  
Department of Children and Families

**Request Program Access**  
Choose from the list of programs below and select "Request Program Access".

-- Select Program --

**Manage Account**

[Edit User Information](#)  
[Change Password](#)  
[Update Security Question and Answer](#)

## Request Program Access for another Agency/Program

From the Portal Landing you may add access to request screenings and view results from other State agencies and programs that participate in the Clearinghouse. See the advanced user guide for your scenario at this link:

[http://ahca.myflorida.com/MCHQ/Central\\_Services/Background\\_Screening/BGS\\_results.shtml](http://ahca.myflorida.com/MCHQ/Central_Services/Background_Screening/BGS_results.shtml).

### **Important Notes:**

- Your password is required to be reset every 90 days
- Add employees to your employee roster immediately upon hiring
- Make note of your user name and password (no one knows your information except you!)
- Keep your email address up to date in the Clearinghouse