



Agency for Health Care Administration

Person Profile

[Switch Agency View](#)

First Name: AGENCY
Middle Name:
Last Name: TEST
Aliases:

SSN: XXX-XX-2006
Date of Birth: 12/24/1972
Place of Birth: Georgia

Address Line 1: 123 LANE
Address Line 2:
City: CITY
State: Florida
ZIP: 33333
County:
Prior States:

Sex: MALE
Race: WHITE
Hair Color: Brown
Eye Color: Hazel
Height: 5' 05"
Weight: lbs.



Edit

Screenings in Process

Screening	Provider	Submitted	Status	Status	Action
211184		03/17/2014	Determination Made	03/17/2014	Reprint Privacy Policy Remove

- Connected screenings

Connect to Screenings

?

Initiate Agency Review

Initiate Resubmission

Retained Prints Expiration Date: 8/21/2020
Clearinghouse Screening Available?: Yes

Agency for Health Care Administration Eligibility ?

Type	Item	Status	Eligibility Determination Date
Employment	Medicaid / Medicare Participating Provider	Agency Review Required	
Employment	Non-Medicaid / Medicare Participating Provider	Agency Review Required	
Position	Medicaid Provider Enrollment	Eligible	8/20/2015
Position	AHCA Provider/Facility Licensure	Agency Review Required	

Employment/Contract History (As reported to Florida's Background Screening Clearinghouse by provider employers.)

Position	Provisional Hire/Contract Date	Permanent Hire/Contract Date	End Date	Action
Employee or Staff Person		09/08/2015		

Add Employment/Contract Record

New Search

View/Print Version

Explanation of Results