



## 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	<a href="#">Reprint Privacy Policy</a> <a href="#">Remove</a>

- 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	
<b>Position</b>	<b>Medicaid Provider Enrollment</b>	<b>Eligible</b>	<b>8/20/2015</b>
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