



Agency for Health Care Administration

Care Provider Background Screening Clearinghouse

AHCA Clearinghouse Applicant Initiated Website (CHAI) Instruction Guide

Updated February 2018

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Clearinghouse Renewals Overview

Per Florida statute, retained fingerprints must be renewed every **5 years** in order to maintain eligibility for employment. To maintain the retention of fingerprints within the Clearinghouse, the employer must request a Clearinghouse Renewal through the Clearinghouse Results Website prior to the retained prints expiration date. By initiating a Clearinghouse Renewal, the current fingerprints retained on file at the Florida Department of Law Enforcement will be resent to the FBI allowing for an updated criminal history to be processed by the Clearinghouse. If the employer does not initiate a Clearinghouse Renewal an employee's prints will no longer be retained, the employee's eligibility determination will expire, and the employee will have to be re-fingerprinted at a Livescan Service Provider at an increased cost to comply with background screening requirements.

The window to initiate a Clearinghouse Renewal opens **60 days** before the Retained Prints Expiration Date is reached and closes on the Retained Prints Expiration Date.

If the Clearinghouse Renewal is not initiated before the Retained Prints Expiration Date a new screening will need to be initiated.

Employers will receive notification of upcoming expiring retained prints for those employees listed on the Employee/Contractor Roster.

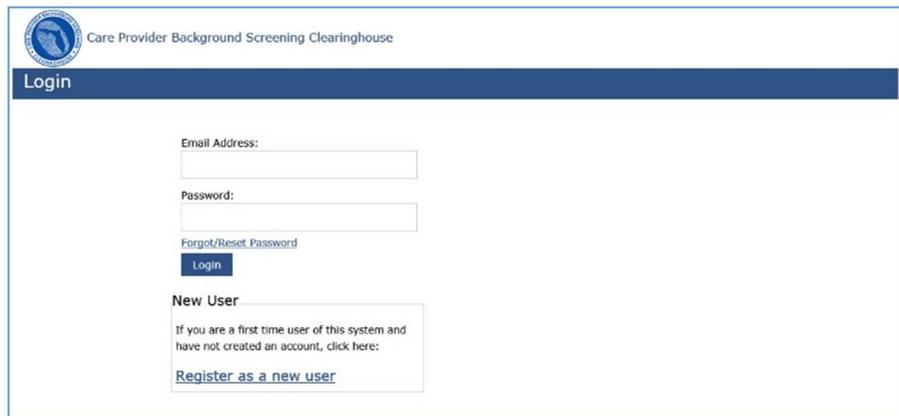
The benefits of initiating a Clearinghouse Renewal are:

- Request and pay for the renewal of a screening all in one system while also receiving cost savings.
 - The current cost for a Clearinghouse Renewal is \$42.00. That's a cost-saving of over \$30 with the average cost for a new screening being \$75.00!
- Faster processing time since the request is immediately sent to the Clearinghouse. No need to wait for the employee to be fingerprinted at a Livescan Service Provider.
- An updated criminal history to ensure compliance with background screening requirements.
- Extend the retained prints expiration by another 5 years.

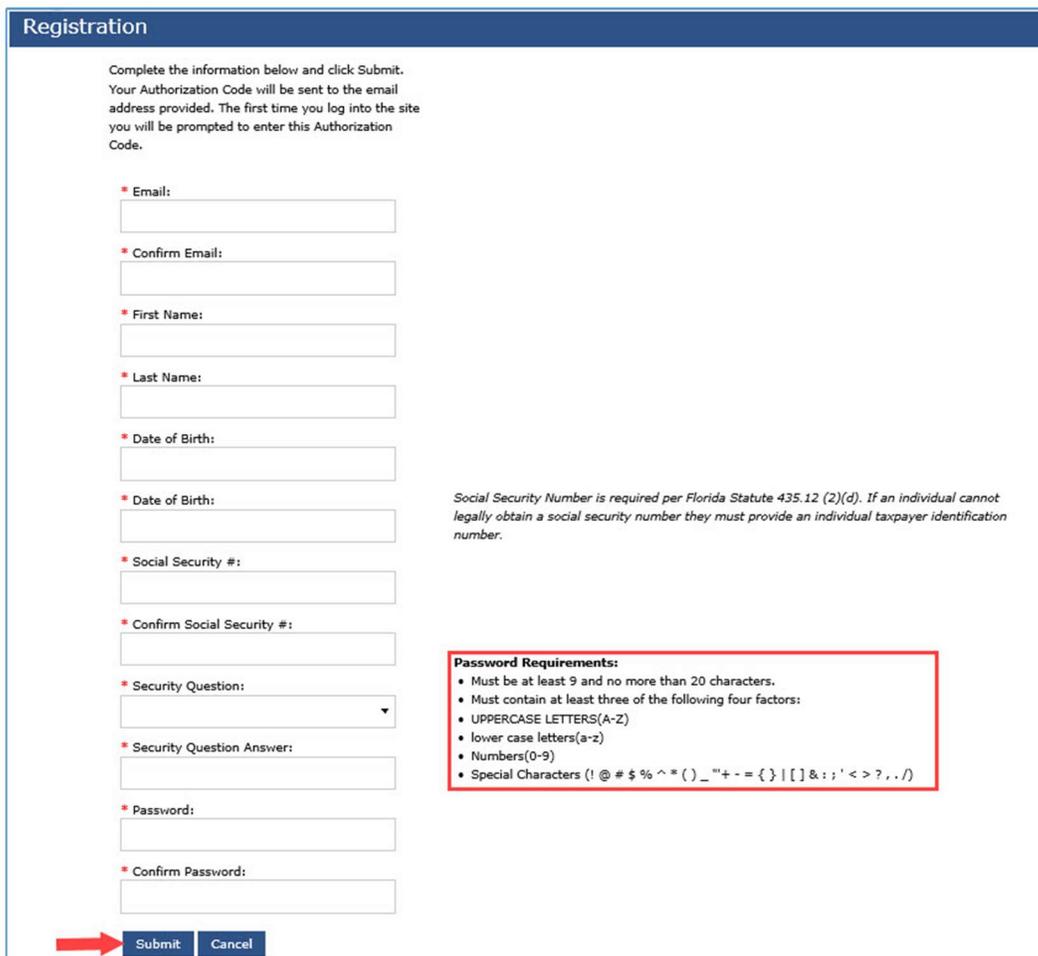
Clearinghouse Applicant Initiated (CHAI) Login Page and Registration

To gain access to the CHAI website you must first register on the home page at:

http://apps.ahca.myflorida.com/BGS_CHAI

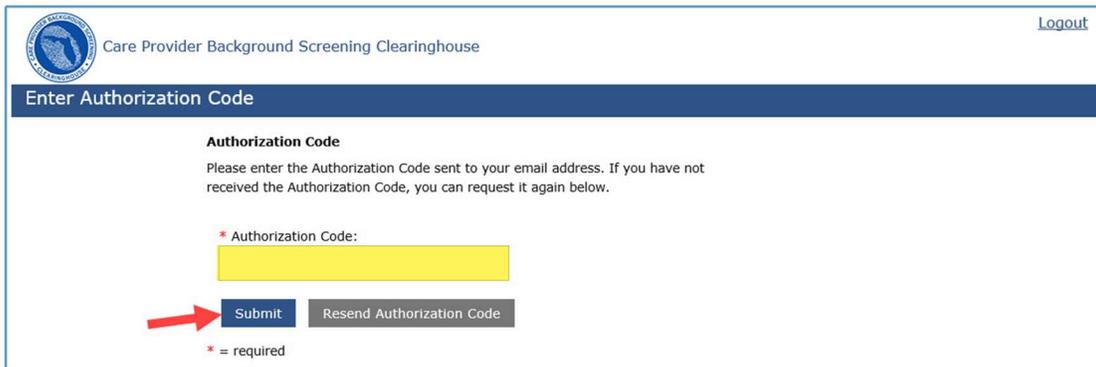
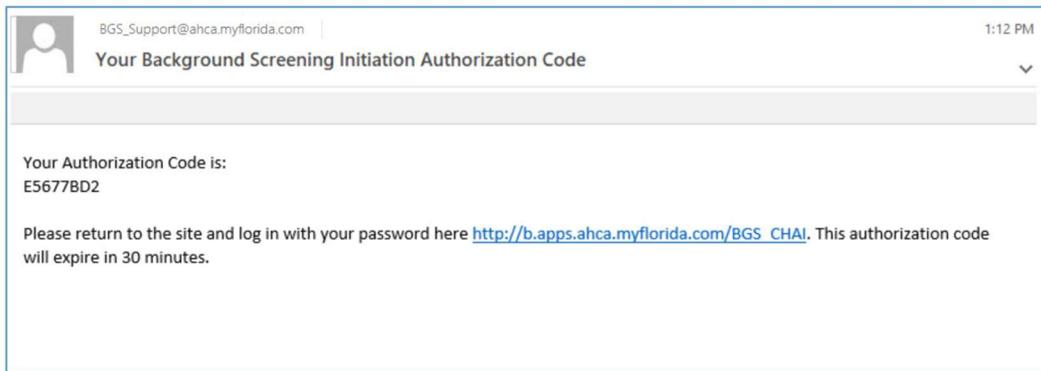


The first time you use the CHAI website select **Register as A New User** to create an account. For subsequent logins you will enter your email and password on the home screen. All fields on the form are required. You will need to remember your security question if you ever need to reset or recover your password. Password requirements are indicated on the screen.



Once you have successfully registered you will be sent an authentication code at the email address provided during registration. The code is case sensitive and must be entered into CHAI within 30 minutes or it will expire. If your code expires, or is not received, push the **Resend Authorization Code** button and a new code will be emailed. Your authorization code is not your password, your password was created by you during registration. The authorization code is auto generated and sent to the email provided in order to verify that it is an actual email address that you have the ability to access.

Sample email (it may look different depending on the email program you use but the message will be the same):



After you enter your authorization code you will be directed to your CHAI Home Page, which could display one of several possible results depending on your renewal status.

When you log in to CHAI, the system will attempt to match the demographic information you entered during registration to an existing screening in the Clearinghouse. Based on the results of the screening match you will be directed to the appropriate section of the system. Click the hyperlink below to go to the relevant section of this guide:

- If the system makes a match to an existing Clearinghouse screening, please see the [Match Found](#) section.
- If the system cannot make a match to an existing Clearinghouse screening, please see the [No Match Found](#) section.
- If the Clearinghouse Renewal window is not open, please see the [Renewal Window Not Open](#) section.
- If your screening is not shareable, please see the [Screening Not Shareable](#) section.

Match Found

If the system can match the demographic data you entered during registration to a screening in the Clearinghouse you will be directed to the Check Renewal Availability screen after you have successfully logged in. From this screen you can click the **Check Renewal Availability** button to see if your renewal window is open. Screenings can only be renewed 60 days before they expire.

Care Provider Background Screening Clearinghouse

[Account](#) | [Logout](#)

Check Renewal Availability

Last Name:	Smith
TCN:	TCN369-999
ORI:	EDOH2550Z
Date Received:	10/31/2017 11:28:01 AM

[Check Renewal Availability](#)

The information displayed on the left is the data from the most recent FDLE-retained fingerprint subscription. The TCN number is specific to the the FDLE subscription. The ORI is the agency and program type that owns interest in the fingerprint subscription and in the case of an arrest, will be provided arrest notification.

If the information on the left unavailable, you must first complete a screening by having fingerprints and photograph taken to obtain a fingerprint subscription.

Select the "[Check Renewal Availability](#)" button to determine if the screening subscription is eligible to be renewed at this time.

The grid below will populate if a screening is initiated using this system - a new fingerprint subscription/screening, a FBI-results-only submission (resubmission), or a subscription renewal.

Application Forms and Links

[FDLE/FBI Privacy Policy](#)

Select Provider

If you have a Clearinghouse screening and your renewal window is open you will be directed to the Select Provider screen. The Agency will be prepopulated as Department of Health. From the Provider Type dropdown select your applicable choice.

The ORI number for the request will be determined based on the Provider Type used to submit the request. The ORI number is used to determine the screening purpose.

Select **Continue**.

Care Provider Background Screening Clearinghouse

[Home](#) | [Account](#) | [Logout](#)

Select Provider

Your screening is eligible for renewal.

Your screening is eligible for renewal. To continue with your fingerprint renewal please select your profession from the drop down list below. Your selection will automatically generate the ORI (Originating Agency Number) that will route your screening results to the appropriate agency. Your screening is eligible for renewal. Please renew by **mm/dd/yyyy** or you will be required to get new fingerprints taken.

Provider Type

Agency: **Department of Health**

Provider Type:

[Continue](#) [Cancel](#)

Initiate Payment

After you have chosen your Provider Type you will be directed to the payment screen. The cost of a renewal is the current fee for a national criminal history check plus a service fee. Renewal payment options include:

- Credit Card
 - MasterCard
 - Discover
 - American Express
 - Visa
- E-Checking
 - Personal or Business checking/savings account

To pay for the renewal:

- Select payment method
 - Credit Card
 - OR
 - Checking
- Select **Pay Total Amount** to continue

Please note that all Clearinghouse Renewal payments will be collected by the Agency for Health Care Administration.

IMPORTANT – Please note that payment information will NOT be saved.



Care Provider Background Screening Clearinghouse

[Home](#) | [Account](#) | [Logout](#)

Payment

Clearinghouse Payment

Division
Department of Health

Transaction Amount	Service Charge	Total Amount
\$42.00	\$1.37	\$43.37

Select Payment Method
 Credit Card Checking

Pay Total Amount 

Terms, Conditions & Fees for Payments:
A non-refundable convenience fee of 3.25% will be added to all credit card payments and \$0.18 on all e-check (checking) payments. Please allow 2 to 5 business days for the payments to be settled and posted.

Refund Policy
The refund processing of your payment will begin upon receipt of the Application for Refund form. Applications for refund are processed in accordance with Florida Administrative Code [12-26.002](#) and Florida Administrative Code [69F-44.020](#). We will notify you if, for any reason, we are not able to process the refund. Section [215.26](#), Florida Statutes, requires all requests for refunds be submitted within 3 years of the initial payment to the State of Florida. Depending upon the user's method of payment, refunds may be issued using the original method of payment.

Verify Payment Details

Verify payment details and select **Confirm**



AGENCY FOR HEALTH CARE ADMINISTRATION

Verify Payment Details

Please review the details of the payment you have entered and select **Confirm** to submit the payment for processing.

Verify Payment Details

Account Details

Account Number : [REDACTED]
First Name : [REDACTED]

Additional Account Details

Division Name : [REDACTED]

Funding Source Details

Name on Card : Applicant Test
Card Number : xxxxxxxxxxxx3330
Expiry Date : 12/17
Address Line 1 : 123 Test
Address Line 2 :
City : Tallahassee
State : FL
Zip : 32308

Payment Details

Payment Date : 10/25/2017
Payment Amount : \$ 43.37

By clicking **Confirm** to confirm your payment, you authorize us to initiate a debit from the **Payment Method Account** to make a payment to the **Account**, as detailed above. The payment to your account will be made on the **Payment Date** detailed above, and the debit from your account will occur within two business days of that date, but no earlier than that date. You also authorize your financial institution (and its successors or assigns), to process this debit to your account.



After you click confirm you will receive your receipt through the payment confirmation screen and via email. Click the **Home** button to return to your home page and see your screening status.

Care Provider Background Screening Clearinghouse [Logout](#)

Payment

Payment Confirmation Status

Your request (2880623) has been successfully submitted. Payment confirmation number is 5G0K1BCRFY.

Division
Department of Health

Transaction Amount	Payment Method	Payment Status
\$43.37	Credit Card	Approved

[Home](#)

Your home page will show your screening request and status.

Care Provider Background Screening Clearinghouse [Account](#) | [Logout](#)

Check Renewal Availability

Last Name: SMITH
TCN: TCN369-999
ORI: EDOH2550Z
Date Received: 10/31/2017 11:28:01 AM

[Check Renewal Availability](#)

The information displayed on the left is the data from the most recent FDLE-retained fingerprint subscription. The TCN number is specific to the the FDLE subscription. The ORI is the agency and program type that owns interest in the fingerprint subscription and in the case of an arrest, will be provided arrest notification.

If the information on the left unavailable, you must first complete a screening by having fingerprints and photograph taken to obtain a fingerprint subscription.

Select the "[Check Renewal Availability](#)" button to determine if the screening subscription is eligible to be renewed at this time.

The grid below will populate if a screening is initiated using this system - a new fingerprint subscription/screening, a FBI-results-only submission (resubmission), or a subscription renewal.

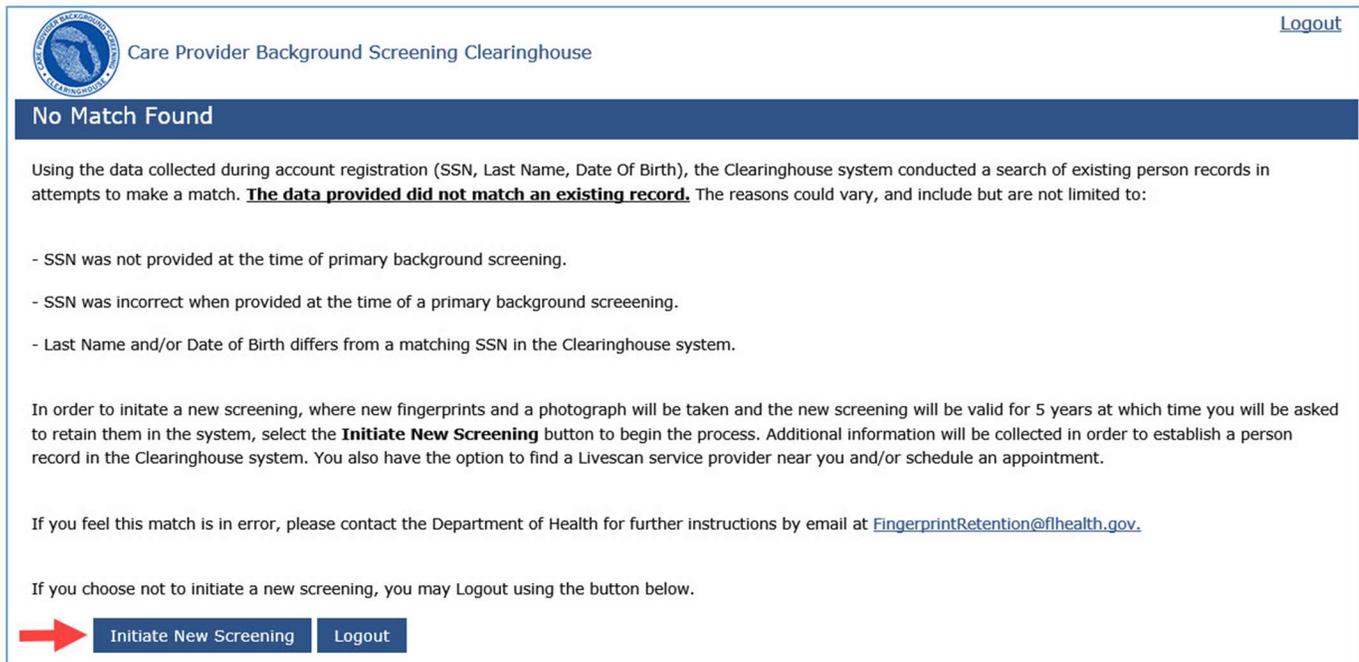
Screening Request #	Date Request Submitted	Provider	Screening Status
2880623	11/1/2017 1:47:44 PM	Department of Health	Renewal In Process

Application Forms and Links
[FDLE/FBI Privacy Policy](#)

No Match Found

If the system cannot make a match to an existing Clearinghouse screening you will see the No Match Found screen. There are various reasons the data provided may not match an existing record. Some of the common reasons are blank or incorrect Social Security numbers, or a different last name or date of birth associated with the Social Security number on record.

If there is no existing record in the Clearinghouse you may initiate a new screening or logout of the system.



Care Provider Background Screening Clearinghouse [Logout](#)

No Match Found

Using the data collected during account registration (SSN, Last Name, Date Of Birth), the Clearinghouse system conducted a search of existing person records in attempts to make a match. **The data provided did not match an existing record.** The reasons could vary, and include but are not limited to:

- SSN was not provided at the time of primary background screening.
- SSN was incorrect when provided at the time of a primary background screening.
- Last Name and/or Date of Birth differs from a matching SSN in the Clearinghouse system.

In order to initiate a new screening, where new fingerprints and a photograph will be taken and the new screening will be valid for 5 years at which time you will be asked to retain them in the system, select the **Initiate New Screening** button to begin the process. Additional information will be collected in order to establish a person record in the Clearinghouse system. You also have the option to find a Livescan service provider near you and/or schedule an appointment.

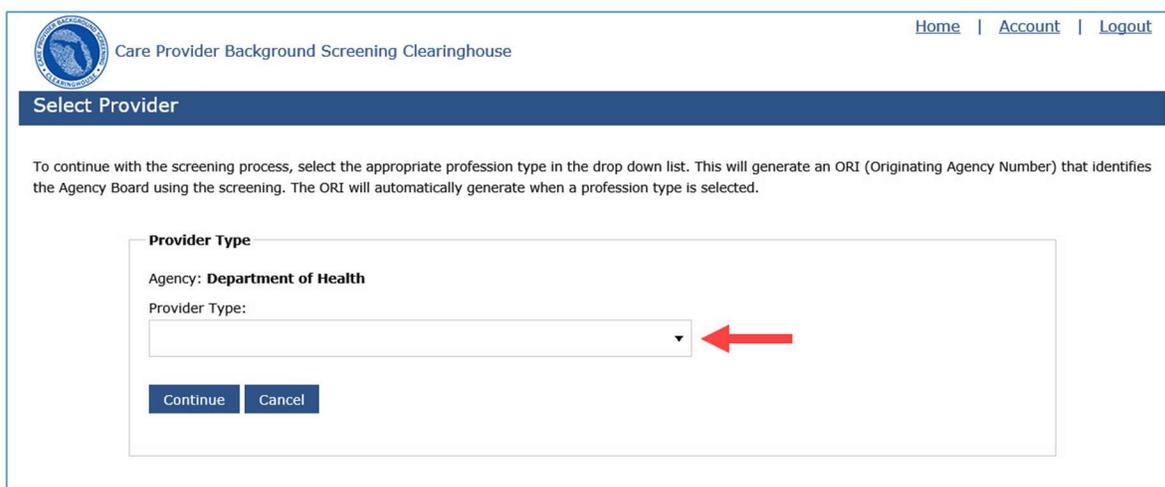
If you feel this match is in error, please contact the Department of Health for further instructions by email at FingerprintRetention@flhealth.gov.

If you choose not to initiate a new screening, you may Logout using the button below.

 [Initiate New Screening](#) [Logout](#)

Initiate New Screening

To initiate a new screening for an individual, select the **Initiate New Screening** button and from the dropdown menu select the appropriate Provider Type for your position. This will generate the correct ORI (Originating Agency Number) to properly route the screening.



Care Provider Background Screening Clearinghouse [Home](#) | [Account](#) | [Logout](#)

Select Provider

To continue with the screening process, select the appropriate profession type in the drop down list. This will generate an ORI (Originating Agency Number) that identifies the Agency Board using the screening. The ORI will automatically generate when a profession type is selected.

Provider Type

Agency: **Department of Health**

Provider Type:

[Continue](#) [Cancel](#)

Enter Profile Information

- Enter all required information, as designated by the red asterisks (*)
 - The demographic information entered during registration is already entered into the appropriate fields on the form and cannot be edited.
 - Please note that the height and weight limits are set by the Florida Department of Law Enforcement. If an applicant falls outside of the established limits please select the closest match.
- Ensure all information is accurate and select the **Next** button.

The screenshot shows the 'Profile Information' form. The form includes the following fields and values:

- First Name: Test
- Middle Name: (empty)
- Last Name: Account
- SSN: XXX-XX-7777
- Date of Birth: 12/24/1972
- Place of Birth: (dropdown menu)
- Sex: (dropdown menu)
- Primary Phone: (empty)
- Eye Color: (dropdown menu)
- Email: test@email.com
- Hair Color: (dropdown menu)
- Height: (dropdown menu)
- Weight: (empty)

Red asterisks (*) indicate required fields. A red arrow points to the 'Next' button at the bottom right.

- Enter home address information.
- Ensure all information is accurate and select the **Next** button.

The screenshot shows the 'Personal Information' form, specifically the 'Home Address' section. The form includes the following fields:

- Address Line 1: (empty)
- Address Line 2: (empty)
- City: (empty)
- State: (dropdown menu)
- ZIP: (empty)
- County: (dropdown menu)

Red asterisks (*) indicate required fields. A red arrow points to the 'Next' button at the bottom right.

- Enter any aliases used. Please enter as First Name and Last Name. If you have more than one alias enter them one at a time and click the **Add this Alias** button after each one.
- When you have entered all aliases, or if you do not have any to enter, select the **Next** button.

Care Provider Background Screening Clearinghouse [Logout](#)

Personal Information

Aliases

An alias is any other name you've been known by, like a maiden name or variation of your name. Please enter all of the names (First Name and Last Name) you have used, or any variations of your name that you use. Click Next once you have entered Aliases, or if you have none to report.

Aliases:

Alias:

[Add this Alias](#)

[Back](#) [Next](#)

- Enter any states you have lived in within the past five years, other than your current state. Select the state from the dropdown menu and click the **Add this State** button. Please add all states you have lived in one at a time.
- When you have entered all prior states, or if you have no prior states of residence, select the **Continue** button.

Care Provider Background Screening Clearinghouse [Logout](#)

Personal Information

Prior States

Please enter any states where you have lived in the past five years, other than your current state. Click Next once you have entered Prior States, or if you have none to report.

Prior States:

State:

[Add this State](#)

[Back](#) [Continue](#)

- Review the profile information you entered for accuracy. If the information needs editing use the **Back** button to get to the appropriate screen. If the information is correct you must open the privacy policy before you can submit the screening request.
- 1. Click the **Open Privacy Policy** button. This will launch a separate window which will display the privacy policy for you to read.
- 2. Once you have read the privacy policy click the check box acknowledging that you received a copy of the privacy policy.
- 3. Click the **Submit Screening Request** button.

Care Provider Background Screening Clearinghouse [Account](#) | [Logout](#)

Review

Profile	Address
First Name: Test	123 Street,City, Fl., 66655
Middle Name:	
Last Name: Account	
SSN: XXX-XX-7777	
Date of Birth: 12/24/1972	
Place of Birth: Dominican Rep	
Aliases:	

These steps must be followed before you can successfully submit your screening request:

1. Select the Open Privacy Policy button and read/print the entire document.
2. Select the box acknowledging you have received the Privacy Policy. "This box will not be available to select until step 1 is complete"
3. Once both of these steps are complete, select the Submit Screening Request button.

***These steps must be followed in this order or your screening request will not be submitted.**

[Open Privacy Policy](#) ← 1

Privacy Policy

I acknowledge that I have received a copy of the privacy policies from the Florida Department of Law Enforcement and the Federal Bureau of Investigation which describe the exchange of information where criminal record results will become part of the Care Provider Background Screening Clearinghouse. I understand and agree that I will read and comply with the guidelines contained in the privacy policies. ← 2

[Back](#) [Submit Screening Request](#) ← 3

- You will get confirmation that your screening request has been submitted. From the confirmation screen you can also make an appointment at a local Live Scan provider to get fingerprints taken.
- Click the **Make Fingerprint Appointment** button to make an appointment.

Select Livescan Provider

In accordance with section 408.809(3), Florida Statutes, all Level 2 screenings must be submitted electronically. You may search for and select a Livescan Service Provider below.

Enter a name, county or zip to view locations in your area.



Care Provider Background Screening Clearinghouse

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In accordance with section 408.809 (3), Florida Statutes, all Level 2 screenings must be submitted electronically. You may search for and select a Clearinghouse approved photo enabled Livescan service provider below. The information listed is updated continuously as it is reported to the Clearinghouse by the Livescan vendor. Enter at least one of the following criteria to search for a specific Livescan service provider or locate a service provider in your area.

Search Criteria

Livescan Service Provider:

County:

ZIP:

Fingerprinting Locations

Name	County	Address	Phone	Appointments
Fieldprint	Leon	Capital Circle SE,Tallahassee, FL, 32301	(877) 614-4364	<input type="button" value="Make Online Appointment"/>
Fieldprint	Leon	NE Capital Circle,Tallahassee, FL, 32308	(877) 614-4364	<input type="button" value="Make Online Appointment"/>
Tallahassee - Photo Enabled - The UPS Store 2281	Leon	1700 N Monroe St, Ste 11,Tallahassee, FL, 32303	1-800-528-1358	<input type="button" value="Make Online Appointment"/>
The UPS Store	Leon	1700 N Monroe St Ste11,Tallahassee, FL, 32303	850-224-9969	<input type="button" value="Make Online Appointment"/>
UPS Store 1962	Leon	1400 Village Square Blvd #3,Tallahassee, FL, 32312	850-668-3470	<input type="button" value="Make Online Appointment"/>

Make Appointment

After you have selected the Livescan service provider you would like to use, select the **Make Online Appointment** button to schedule an appointment with that service provider. This will direct you to the service provider's website in order to schedule the appointment. While the website will be unique for each service provider, they will all provide the ability to enter the social security number to prepopulate all demographic information for the applicant, reducing duplicative data entry.

Once you schedule an appointment with the service provider, close the 'Make Appointment' window to return to CHAI. To complete the screening request select **Home**.

Note: This feature is provided as a convenience to applicants and not maintained, supported, or regulated by AHCA or the Department of Health. Please contact the service provider with any questions or problems about their 'Make Appointment' page.



Care Provider Background Screening Clearinghouse

[Home](#) | [Account](#) | [Logout](#)

In accordance with section 408.809 (3), Florida Statutes, all Level 2 screenings must be submitted electronically. You may search for and select a Clearinghouse approved photo enabled Livescan service provider below. The information listed is updated continuously as it is reported to the Clearinghouse by the Livescan vendor. Enter at least one of the following criteria to search for a specific Livescan service provider or locate a service provider in your area.

Search Criteria

Livescan Service Provider: County: ZIP:

Fingerprinting Locations

Name	County	Address	Phone	Appointments
Fieldprint	Leon	Capital Circle SE, Tallahassee, FL, 32301	(877) 614-4364	<input type="button" value="Make Online Appointment"/>
Fieldprint	Leon	NE Capital Circle, Tallahassee, FL, 32308	(877) 614-4364	<input type="button" value="Make Online Appointment"/>
Tallahassee - Photo Enabled - The UPS Store 2281	Leon	1700 N Monroe St, Ste 11, Tallahassee, FL, 32303	1-800-528-1358	<input type="button" value="Make Online Appointment"/>
The UPS Store	Leon	1700 N Monroe St Ste11, Tallahassee, FL, 32303	850-224-9969	<input type="button" value="Make Online Appointment"/>
UPS Store 1962	Leon	1400 Village Square Blvd #3, Tallahassee, FL, 32312	850-668-3470	<input type="button" value="Make Online Appointment"/>

Print Livescan Request Form

Once the screening request is submitted, a Livescan Request Form will be generated for the applicant to take to their screening appointment. The request form contains important information, including the following:

1. The **ORI number** required for electronic fingerprint submission
2. The **Screening Request ID** used by Livescan service providers to link the screening results to the screening request
3. **Appointment information** (if an appointment was scheduled during the Livescan step)

Care Provider Background Screening Clearinghouse[Account](#) | [Logout](#)

Check Renewal Availability

Last Name: ██████████

TCN: ██████████

ORI: EDOH0380Z

Date Received: 5/4/2017 4:04:01 AM

Check Renewal Availability

The information displayed on the left is the data from the most recent FDLE-retained fingerprint subscription. The TCN number is specific to the the FDLE subscription. The ORI is the agency and program type that owns interest in the fingerprint subscription and in the case of an arrest, will be provided arrest notification.

If the information on the left unavailable, you must first complete a screening by having fingerprints and photograph taken to obtain a fingerprint subscription.

Select the "[Check Renewal Availability](#)" button to determine if the screening subscription is eligible to be renewed at this time.

The grid below will populate if a screening is initiated using this system - a new fingerprint subscription/screening, a FBI-results-only submission (resubmission), or a subscription renewal.

Screening Request #	Date Request Submitted	Provider	Screening Status
3008229	11/17/2017 12:45:39 PM	Department of Health	Awaiting Fingerprints Live Scan Fingerprint Form Make Fingerprint Appointment

Application Forms and Links

[FDLE/FBI Privacy Policy](#)

Sample Livescan Request Form

ORI: EAHCA020Z

Screening ID: 211189

Date of Request: 3/19/2014



LiveScan Request Form

Agency for Health Care Administration

You have applied for a position with a health care and/or service provider regulated by a specified agency in the Care Provider Background Screening Clearinghouse (Clearinghouse) that requires a fingerprint-based background check. Your fingerprints must be collected by a fingerprint vendor (Livescan Service Provider) authorized to conduct fingerprinting in Florida. As a result of the background check, your screening results will be listed on the Clearinghouse secure background screening result site. Authorized health care and/or service providers may access this secure site and print out screening results for individuals seeking employment in health care.

Applicant Information

Applicant's Name:	AGENCY TEST	SSN:	XXX-XX-0001
Mailing Address:	123 LANE	Sex:	MALE
	CITY, Florida 33333	Height:	6' 00"
Date of Birth:	1/1/1990	Hair Color:	Brown
Place of Birth:	Florida	Eye Color:	Brown

(State or Country if not U.S.)

LiveScan Service Provider Information

You must present this form and a current valid government-issued photo identification to be fingerprinted (i.e. driver's license, State ID or military identification card.)

An appointment has been scheduled for you by the health care provider listed below to have your finger prints taken at:

Test Livescan Location

123 Lane
City, FL 33333
(555) 555-555

Appointment Date: 4/1/2014 Appointment Time: 12:00 AM

If you are unable to make this appointment, contact the requesting health care provider to reschedule.

TCN: _____ Technician's Name: _____

Requesting Health Care and/or Service Provider

FLORIDA HOSPITAL
601 E ROLLINS ST

License Number: 4369
Phone Number: (407) 303-5600

ORLANDO, FL

Please return this form to the requesting health care and/or service provider once your prints are taken.

Renewal Window Not Open

If your renewal window is not open you will see the screen indicating when your fingerprints are due to expire. If your prints were recently renewed by another provider or agency a second renewal is not required. If you wish to initiate a new screening with new fingerprints and a new photograph click the **Initiate New Screening** button. If you do not need a new screening you may click **Logout** to end your session.

For instructions on initiating a new screening see [Initiate New Screening](#).

Care Provider Background Screening Clearinghouse

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Renewal Window Not Open

Subscription Expiration Date: 03/15/2023

FDLE fingerprint subscription(s) cannot be renewed at this time. Windows for renewing subscriptions become open at **60 calendar days away** from the subscription expiration.

Additionally, if a subscription has been recently renewed (by another provider or agency), a secondary subscription extension is not permitted.

Subscriptions can only be renewed once every 5 years, for a period of 5 years at a time, and must be done in the aforementioned time periods.

If you would like to initiate a new screening, where new fingerprints and a photograph will be taken, and the new screening will be valid for 5 years at which point you will be asked to retain them, select the **Initiate New Screening** button to begin the process. You will also have the option to find a Livescan service provider near you and/or schedule an appointment. Costs for initiating a new screening will be charged by the Livescan provider.

Once prints are taken and a new subscription established, the next renewal period will open again after 5 years time.

You can return to this application once inside the renewal window to renew your existing subscription, initiate a new screening to establish a new subscription, or log out using the link at the top right of the screen.

[Initiate New Screening](#)

Screening Not Sharable

The screening on file is within the renewal window and may be renewed, however, with no photograph associated with the record this screening is not sharable to other agencies or providers. If you believe it will not be necessary for you to obtain other agency eligibility determinations you can renew your current screening by clicking the **Continue to Renew** button. If you would like initiate a new screening (at a cost) click the **Initiate New Screening** button. If you choose to initiate a new screening this will establish a new five year subscription and your current screening will not need to be renewed.

For instructions on initiating a new screening see [Initiate New Screening](#).

For instructions on continuing to renew see [Select Provider](#).

Care Provider Background Screening Clearinghouse

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Screening Not Shareable

The screening subscription that you are attempting to renew does not have a photograph associated with the record. Without a photograph, your screening cannot be shared through the Clearinghouse system with other participating state agencies. In order to obtain an eligibility status with one of the other participating state agencies (AHCA/Medicaid, DCF/APD, DOEA, DJJ, DOE/VR), a shareable Clearinghouse screening with an associated photograph is required.

You may still renew the current screening subscription if it is not or will not be necessary for you to obtain other agency eligibility determinations. Select the **Continue to Renew** button below.

If you would like to initiate a new screening, where new fingerprints and a photograph will be taken (at a cost), select the **Initiate New Screening** button to begin the process. You will also have the option to find a Livescan service provider near you and/or schedule an appointment. Costs for initiating a new screening will be charged by the Livescan provider.

Once the new screening is completed, this will establish a new subscription making it unnecessary to renew the current subscription record.

[Continue to Renew](#) [Initiate New Screening](#)

Screening Not Sharable; Not Associated with Department of Health

The screening on file is within the renewal window and may be renewed, however, the screening is not associated with the Department of Health and is not included in the Clearinghouse. Since the screening is not included in the Clearinghouse, by law the results cannot be provided to the Department of Health and a new screening must be obtained. Select the **Initiate New Screening** button to begin the process.

For instructions on initiating a new screening, see [Initiate New Screening](#).

Care Provider Background Screening Clearinghouse[Account](#) | [Logout](#)

Screening Not Shareable; Not Associated with Department of Health

The screening subscription that you are attempting to renew does not have a photograph associated with the record. Without a photograph, your screening cannot be shared through the Clearinghouse system with other participating state agencies. In order to obtain an eligibility status with one of the other participating state agencies (AHCA/Medicaid, DCF/APD, DOEA, DJJ, DOE/VR), a shareable Clearinghouse screening with an associated photograph is required.

Additionally, the screening subscription is associated with an agency other than the Department of Health. Since the screening is not sharable, by law, the results cannot be provided to the Department of Health.

You must initiate a new screening, where new fingerprints and a photograph will be taken. Select the **Initiate New Screening** button to begin the process. You will also have the option to find a Livescan service provider near you and/or schedule an appointment. Costs for initiating a new screening will be charged by the Livescan provider.

Once the new screening is completed, this will establish a new subscription, and the results will be provided to the Department of Health for eligibility determination purposes.

Initiate New Screening

Forgot Password

If you have forgotten your password click the **Forgot/Reset Password** link on the Login screen.

Care Provider Background Screening Clearinghouse

Login

Email Address:

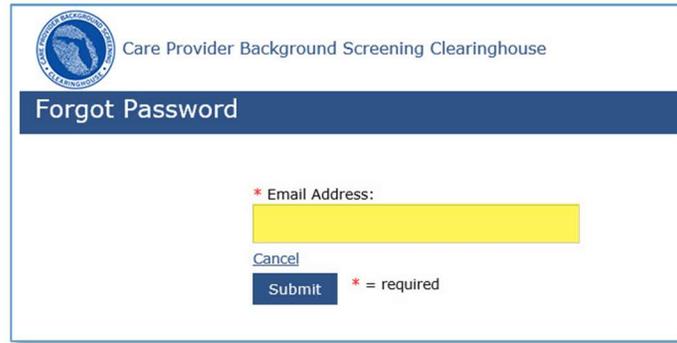
Password:

[Forgot/Reset Password](#) ←

New User

If you are a first time user of this system and have not created an account, click here:
[Register as a new user](#)

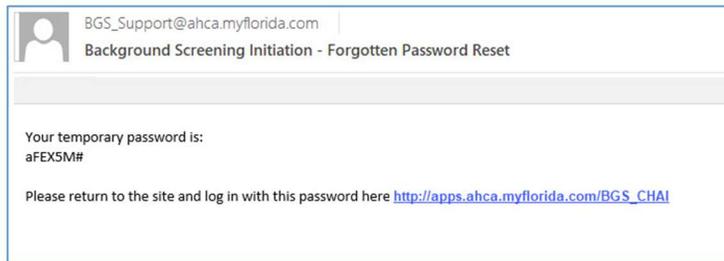
Enter the email address used to register your account. Clicking Cancel on any screen will return you to the Login screen.



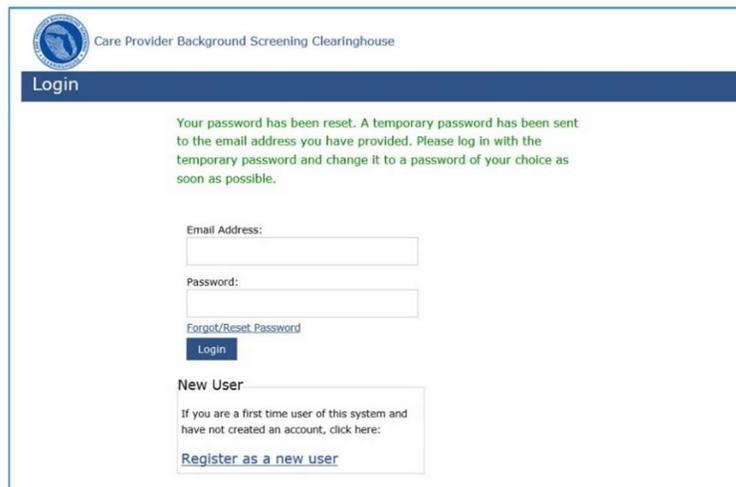
Next answer the security question that you chose during account set up.



You will be redirected back to the login screen and will receive an email from BGS_Support@ahca.myflorida.com containing a temporary password similar to the one shown below.



If CHAI is not already open to the login screen a link is provided in the email. Login in with your email address and the temporary password provided in the email.



After you have logged in with your temporary password you will be prompted to change your password. All fields on this screen are required. Enter your temporary password as your current password. Enter a new password and confirm it.

The password requirements are as follows:

- Must be at least 9 and no more than 20 characters
- Must Contain at least 3 of the following four factors:
 - Uppercase Letters (A – Z)
 - Lowercase Letters (a – z)
 - Numbers (0 – 9)
 - Special Characters (! @ # \$ % ^ * () _ " ' + - = { } | [] & ; : < > ? , . /)
- Must not be identical to the ten previous passwords

Care Provider Background Screening Clearinghouse

Change Password

Change Password

* Current password:

* New Password:

* Confirm Password:

* Security Question:

* Answer:

* Confirm Answer: * = required

When you click **Submit** you will be logged in and directed to the Check Renewal Availability screen.

Care Provider Background Screening Clearinghouse [Account](#) | [Logout](#)

Check Renewal Availability

Last Name:	Smith
TCN:	TCN369-999
ORI:	EDOH2550Z
Date Received:	10/31/2017 11:28:01 AM

The information displayed on the left is the data from the most recent FDLE-retained fingerprint subscription. The TCN number is specific to the the FDLE subscription. The ORI is the agency and program type that owns interest in the fingerprint subscription and in the case of an arrest, will be provided arrest notification.

If the information on the left unavailable, you must first complete a screening by having fingerprints and photograph taken to obtain a fingerprint subscription.

Select the "[Check Renewal Availability](#)" button to determine if the screening subscription is eligible to be renewed at this time.

The grid below will populate if a screening is initiated using this system - a new fingerprint subscription/screening, a FBI-results-only submission (resubmission), or a subscription renewal.

Application Forms and Links
[FDLE/FBI Privacy Policy](#)

Reset Password

If you incorrectly enter your password 6 times you will automatically be locked out of your account for 12 hours. After 12 hours you can reset your password using the **Forgot/Reset Password** link on the Login screen.

Account Settings

Using the **Account** link at the top of most pages you can edit and update your information, change your password, or change your security question. Click the link that applies to the information you would like to update.

The link for **Edit User Information** is only available once you have initiated a screening. You may not edit your Social Security Number. Enter or update any relevant information and click **Submit**.

Edit User Information
Update address and phone number information.
Note: This feature is only available for users who have first initiated a screening.

Change Email Address
Change the email address you use to log on to the Applicant Initiation Portal.

Change Security Questions/Answer
Change your security question and answer in the event of a forgotten password.

Change Password
Change the password you use to log on to the Applicant Initiation Portal.

First Name:

Last Name:

Date of Birth:

Telephone Number:

Address Line 1:

Address Line 2:

City:

State:

County:

ZIP:

To change your email address click the link and enter the new email address. Enter it a second time to verify it was entered correctly and click **Submit**. An email address may only be associated with one account since it doubles as your user name.

The screenshot shows the 'Account Management' page of the Care Provider Background Screening Clearinghouse. It features a navigation bar with the site logo and name, and links for 'Account' and 'Logout'. Below the navigation bar, there is a section titled 'Account Management' with a sub-header 'Use the below links to update your user information, change your password, or change your security question and answer.' Three links are provided: 'Change Email Address', 'Change Security Questions/Answer', and 'Change Password'. The 'Change Email Address' link is highlighted. To the right of the links, there are two input fields: '* Email Address:' and '* Verify Email Address:'. A blue 'Submit' button is located at the bottom right of the form area.

If you want to change your security question or answer you must first select a question from the drop down list. You may select the same question you currently use. Enter your answer and confirm your answer in the spaces provided and click **Submit**.

The screenshot shows the 'Account Management' page of the Care Provider Background Screening Clearinghouse. It features a navigation bar with the site logo and name, and links for 'Account' and 'Logout'. Below the navigation bar, there is a section titled 'Account Management' with a sub-header 'Use the below links to update your user information, change your password, or change your security question and answer.' Three links are provided: 'Change Email Address', 'Change Security Questions/Answer', and 'Change Password'. The 'Change Security Questions/Answer' link is highlighted. To the right of the links, there are three input fields: '* Security Question:' (a dropdown menu), '* Answer:', and '* Confirm Answer:'. A blue 'Submit' button is located at the bottom right of the form area.

In order to change your password you must enter your current password in the space provided. The password requirements for your new password are displayed on the screen. Enter your new password and confirm the new password before clicking **Submit**.