

# AHCA Background Screening Attestation

*Independent Contractor Onboarding Packet*

**Florida Requirement:** Pursuant to Florida Statutes §435.05(2) and §408.809(2), all employees and contractors subject to Level 2 background screening must attest, under penalty of perjury, that they meet the requirements for qualifying employment. This is AHCA Form 3100-0008 (July 2024).

## CONTRACTOR INFORMATION

<b>Full Legal Name:</b>	<b>Credential (RN/LPN /CNA/HHA):</b>
_____	_____
<b>Date:</b>	_____
_____	_____

## ATTESTATION OF COMPLIANCE

I hereby attest to meeting the requirements for employment and that I have not been arrested for and been found guilty of, regardless of adjudication, or entered a plea of nolo contendere, or guilty to any offense, or have an arrest awaiting a final disposition prohibited under any of the following provisions of the Florida Statutes or under any similar statute of another jurisdiction, including:

Criminal offenses found in §435.04 F.S. including but not limited to: failure to report child abuse (§39.205), sexual misconduct (§393.135, §394.4593), adult abuse/neglect/exploitation (§415.111), murder (§782.04), manslaughter (§782.07), assault/battery as a felony (Ch. 784), kidnapping (§787.01), false imprisonment (§787.02), human trafficking (§787.06), sexual battery (§794.011), unlawful sexual activity with minors (§794.05), arson (§806.01), burglary (§810.02), theft/robbery as a felony (Ch. 812), abuse/neglect of elderly (§825.102), child abuse (§827.03), sexual performance by a child (§827.071), domestic violence (§741.28), drug offenses as a felony (Ch. 893), and all other offenses listed in §435.04 and §408.809(4), F.S.

Criminal offenses found in §408.809(4) F.S. including Medicaid fraud, identity theft, credit card fraud, forgery, racketeering, and related financial crimes.

**Under penalty of perjury, I hereby swear or affirm that I meet the requirements for qualifying for employment in regards to the background screening standards set forth in Chapter 435 and §408.809, F.S. I agree to immediately inform my employer if arrested or convicted of any disqualifying offense while employed by any health care provider licensed pursuant to Chapter 408, Part II F.S.**

## SIGNATURE

<b>Contractor Signature:</b>	<b>Date:</b>
_____	_____
<b>Printed Full Name:</b>	<b>Title / Credential:</b>
_____	_____

Note: This form will be maintained in your personnel file per AHCA requirements. Level 2 background screening (fingerprinting) through the Care Provider Background Screening Clearinghouse is required and will be coordinated by Opuluxe Tailored Nursing. Rule 59A-35.090, F.A.C.