

FDLE Criminal History Check and Fingerprinting Exemption Request

_____ has applied
(print name of organization or individual provider)
to become a Medicaid provider.

This organization is requesting exemption from the fingerprinting and criminal history check requirements under Chapter 409, Florida Statutes, on the following basis:

(Check all that apply and include copy of applicable licenses.)

- ☐ This organization is a School District, and is exempt under Section 409.908, Florida Statutes.
 - ☐ This organization is a hospital licensed under Chapter 395, Florida Statutes.
 - ☐ This organization is a nursing home licensed under Chapter 400, Florida Statutes.
 - ☐ This organization is a hospice licensed under Chapter 400, Florida Statutes.
 - ☐ This organization is an assisted living facility licensed under Chapter 400, Florida Statutes.
 - ☐ This organization is a unit of local government.
 - ☐ This organization derives more than 50% of its revenue from the sale of goods to final consumers
- AND**
- ☐ 1. Is required to file a form 10K with the Securities and Exchange Commission **OR**
 - ☐ 2. Has a net worth of \$50 million or more.

Documentation (annual report including audited financial statements and/or 10K form) must be submitted with any exemption request under this category.

NOTE: If the organization is a contractor with a unit of local government, this exemption does not apply.

Under penalty of perjury, I do hereby certify that _____
(Name of Organization or Individual Provider)
meets one or more of the criteria specified above.

Signature of CEO of Organization or
Superintendent of School District

Date

Print name of above signatory party