

**Policy S-4**  
**FLORIDA STATE UNIVERSITY**  
**COLLEGE OF NURSING**

**TITLE: CLINICAL CLEARANCE & PLACEMENT**

**POLICY:** Clinical Clearance is required for a student to participate in a required clinical experience. Any lapse in Clinical Clearance may result in the student being dropped from courses and/or being deemed ineligible to participate in a clinical experience. Any lapse in Clinical Clearance may delay a student's graduation date.

**RATIONALE:** For the health and safety of nursing students and the patients treated by students enrolled in the nursing program, the FSU College of Nursing and its participating agencies require students to, at minimum, have a current CPR certification, along with documentation of active health insurance, current health status, and up-to-date immunizations.

Clinical Clearance will be issued only after all the requirements associated with a student's clinical experience are complete.

**PROCEDURE:**

**For All Students Enrolled in College of Nursing Programs:**

- It is the responsibility of each student to provide the following documentation for review. This required documentation must be uploaded to the student's clinical clearance account. All deadlines for submittal will be communicated to students via their FSU email. It is the responsibility of the student to regularly monitor and respond to emails.
- **College of Nursing Immunization Form**  
All students must provide proof of the following immunizations or titer results upon admission to the College of Nursing: polio, diphtheria, tetanus, MMR (measles, mumps, rubella), varicella (chickenpox) and hepatitis B series. *(See Attachment #1 – Policy on Health Examination and Immunizations)*
- **TB/PPD Test Results**  
All students must provide proof of a negative PPD test upon admission to the College of Nursing, which must be updated annually, or seven (7) days before the start of third semester, whichever is sooner. *(See Attachment #1– Policy on Health Examination and Immunizations)* Students who have positive results must provide documentation from a health care provider and submit an annual review of symptoms. *(See*

*Attachment#2 – Positive PPD Test Results– Tuberculosis Symptom Questionnaire)*

- **Influenza Vaccine**

All students must provide documentation of receiving the current seasonal Influenza Vaccine every Fall Semester. Any time a student does not receive the current seasonal Influenza Vaccine; the student must submit documentation from a healthcare provider explaining the reason why immunization is not possible. Alternative clinical placement may be required for students who do not receive a current seasonal Influenza Vaccine. In addition, if an alternate clinical placement is not available, the student may not be able to progress in the nursing major.

- **Essential Functions / Technical Standards Required of Nursing Students Form**

All students must have a complete physical examination and have an appropriate healthcare provider sign off on this form upon admission to the College of Nursing and may require updating throughout the program. *(See Attachments #3 and #4)* If you believe that you cannot meet one or more of the standards listed without accommodations or modifications, it is your responsibility to request appropriate assistance and guidance from the faculty and/or college administration *(See College of Nursing Policy S-3)*. It will be determined, on an individual basis, whether the necessary accommodations or modifications can be made reasonably.

- **CPR Certification**

All students must provide proof of CPR certification upon admission to the College of Nursing; in addition, CPR certification must always be renewed prior to expiration (e.g., students must always have a current CPR certification on file). A copy of the most current certification card, which includes an expiration date, must be uploaded to your clinical clearance account.

- **Criminal History Background Check**

All students must submit to a FDLE/FBI Level II Background Check upon admission to the College of Nursing. In addition, all students must submit a Certified Background Review, which includes the Patriot Act, Social Security Alert, Sex Offender Index, Employment Verification, Nationwide Healthcare Fraud & Abuse Scan, Residence History and Local Criminal Check based on county of residence for last 7 years. *(See College of Nursing Student Policy #S-2 – Criminal Background Check)*.

- **Affidavit of Good Moral Character**

All students must submit this notarized form prior to admission and renew annually. *(See Attachment #5)*

■ **Personal Health Insurance**

All students must provide proof of active personal health insurance coverage upon admission to the program.

■ **10 Panel Drug Screen**

All students must submit to a 10-panel drug urinalysis screening prior to admission, and renew annually. *(See College of Nursing Student Policy #S-5- Substance Abuse)*

■ **Current unencumbered/unrestricted Florida RN License**

Students enrolled in the graduate nursing program must provide proof of a current unencumbered/unrestricted Florida Registered Nurse license prior to enrollment in the program. Licensure must be active and unencumbered/unrestricted throughout enrollment in the nursing program.

2. The aforementioned documentation must be on file and current to obtain clinical clearance. It is the responsibility of the student to provide updated information and to obtain clinical clearance prior to enrollment in a clinical course. It is the responsibility of each student to upload all documentation to your clinical clearance account, or location otherwise indicated.

Undergraduate nursing students must satisfactorily complete all clinical clearance within 30 days prior to the first day of BSN orientation. Failure to comply with the afore mentioned requirement will result in the college of nursing rescinding your seat in the program.

Timeline exceptions may be considered on a case-by-case basis for international students.

3. Undergraduate nursing students must satisfactorily complete required Drug Math Tests and Clinical Skills Testing *(See College of Nursing Undergraduate Policy U-8 and U- 9)*.
4. Students may be requested by a faculty member or clinical agency to provide evidence of clinical clearance in order for a student to participate in a required clinical experience.

5. The requirements outlined above are not exhaustive. Clinical sites may request additional clinical clearance requirements and/or placement documentation at any time, sometimes with short notice. When this occurs, the Undergraduate Program Office will notify students via email and provide the submission deadline.

It is the student's responsibility to regularly monitor their university email and stay current with all program-related communications. Students must adhere to all deadlines for submitting documentation and all clinical clearance requirements. Failure to submit the required materials by the stated deadline may result in the student being unable to participate in the clinical experience. This may cause delays in course progression and may impact the student's ability to meet program requirements on schedule, potentially resulting in a graduation delay.

Approved:

Faculty: 2/27/04 6/18/07 4/18/08 8/11/10 3/30/12

1/24/13 8/13/15 9/16/16 8/28/2025

Dean: 2/27/04 6/18/07 4/18/08 8/11/10 3/30/12  
1/24/13 8/13/15 9/16/16 1/24/2020 8/28/2025

## ATTACHMENT #1

### Policy on Health Examination and Immunizations

The Florida State University College of Nursing (CON) guidelines for health examination and immunizations are based on the recommendations of the Center for Disease Control and State of Florida guidelines for the adult in a health -related occupation.

Prior to your first term of enrollment, nursing students are required to submit a completed medical examination including evidence of the following immunizations.

### REQUIRED IMMUNIZATIONS

#### Diphtheria,

#### Pertussis & Tetanus

Complete primary DTaP series (3 doses) with Tdap or Td booster within 10 years.

#### Measles

(Rubeola)

Documentation of one of the following:

- a. Two (2) immunizations with live measles (Rubeola) virus vaccine administered at least 30 days apart dated after 1967, and on or after the first birthday; or
- b. Positive Rubeola titer (blood test) proving immunity; or
- c. Statement by a physician on his/her stationary which specifies the date seen and states VERBATIM the person has had an illness “characterized by a general rash lasting three (3) or more days, a fever of 101 degrees Fahrenheit or greater, a cough and conjunctivitis, and, in the physician’s opinion, is diagnosed to have had the ten-day measles (Rubeola)”.

#### Rubella

(German Measles)

Documentation of immunization with one of the following:

- a. Live Rubella virus vaccine, dated after 1967, and on or after the first birthday; or
- b. Positive Rubella titer (blood test) proving immunity.

#### Mumps

Documentation of immunization with one of the following:

- a. Live Mumps virus vaccine, on or after the first birthday; or
- b. Positive Mumps titer (blood test) proving immunity.

Students with a birth date prior to 1/1/57 are exempt from the Measles, Mumps, Rubella (MMR) requirement.

#### Hepatitis B

Documentation of one of the following:

- a. Series of three (3) intra-muscular injections: second and third doses given one (1) and six (6) months after the first injection. Students enrolling in the program must have at least one injection by the first day of classes; or
- b. Positive hepatitis B titer (blood test) proving immunity.

#### Tuberculin Skin Test(Mantoux)

Based on the recommendations from the CDC and the Florida Department of Health, the student must have skin test using the two-step Mantoux tuberculin skin test method. This testing must be completed prior to entry into the major. This two -step method is recommended for healthcare workers who will retested periodically. This

method is used to reduce the likelihood that a boosted reaction will be misinterpreted as recent infection.

If the initial skin test is negative after reading by a trained health care worker, a second test is done 1 to 3 weeks later. Documentation of both tests must be in millimeters and provided to the CoN.

While enrolled in the program, students with a **negative skin test** must have an **annual** skin test. Documentation must be provided to the College of Nursing.

Those students who have a **positive skin test** must provide documentation from the health care provider. The **Positive PPD Test Results– Tuberculosis Symptom Questionnaire** must be completed with the results placed in the student's records.

### **Varicella**

(Chicken pox)

Documentation of one of the following (if have shots must have both vaccines):

- a. Varicella titer (blood test) proving immunity (required for TMH NICU) or
- b. Date of both # 1 and #2 Varicella vaccine.

### **Influenza**

Flu immunization is required each year. Seasonal Influenza vaccines are available in the fall of the year. A student may obtain the immunization through the FSU Student Health Services. Additionally, the College of Nursing participates in flu clinics throughout the campus and students are able to obtain this immunization at that time. If you are unable to receive the Influenza Vaccine then documentation is required from a health care provider regarding reason for not receiving immunization, and alternate clinical placement may be required. If an alternate clinical placement is not available, the student may not be able to progress in the nursing major.

## **RECOMMENDED IMMUNIZATIONS**

**Meningococcal** “Young adults between the ages of 17-24 are at increased risk of developing a severe form of bacterial meningitis called meningococcal meningitis. The American College Health Association and the Centers for Disease Control (CDC) recommend that students consider getting the meningitis vaccine. This bacterial infection, although rare, may cause severe neurologic impairment, partial loss of limbs, or even death (10 -13% MORTALITY RATE).

Freshmen living in residence halls, bar patronage, and exposure to alcohol and cigarette smoke further increase the risk of infection within this age group. The incidence in young adults is one case per 100,000. For freshmen living in residence halls, it is 3.8 or more per 100,000.

There are five different subtypes (called Serogroups) of the bacterium that causes meningococcal meningitis (Serogroups A, B, C, Y, and W-135). The current vaccine does not stimulate protective antibodies to Serogroup B, but does against the remaining four types. In the past, Serogroup B caused about 50% of the cases of meningococcal meningitis in the U.S. but more recently, it has decreased to about 27% or less, making vaccination more protective. The vaccine is estimated to protect for 10 years or longer and is safe.” (Thagard Student Health Center, May, 2007)

Documentation is required of the vaccine received with date or documented decline of the vaccine with date on the Health Exam Form.

All Health Examination and Immunization information is due by the deadline defined by each program. Additional information may be submitted to: Florida State University College of Nursing Office of Student Services Tallahassee, FL 32306-4310



# College of Nursing Immunization Form

The Florida State University College of Nursing  
Tallahassee, FL 32306-4310



Student Name:

(Last name)

(First name)

(Middle name)

Date of Birth:

(Month)

(Day)

(Year)

Phone #:

## REQUIRED IMMUNIZATIONS

	<b>Step One</b>	<b>Step Two</b>	<b>Chest X-Ray (+)</b> Every 2 years acceptable w/ MD note	<b>Quantiferon</b>	<b>Annual Renewal</b> One-Step PPD
<b>Tuberculosis (PPD) Skin Test OR Quantiferon</b>	<b>Date/Results</b>	<b>Date/Results</b>		<b>Date/Results</b>	<b>Date/Result</b>
<b>Gold Blood Test</b>					

MMR or Titer	#1	#2	-OR- Titer Date/Results
Measles			
Mumps			
Rubella <i>(Must document completion of immunization or positive titer)</i>			

Diphtheria, Tetanus & Pertussis <i>(Must provide proof of 3 shots and booster within last 10 years)</i>	#1	#2	#3	#4	Tdap/Td Booster

Hepatitis B Series <i>(must provide proof of 3 shots)</i>	#1	#2	#3	-OR- Titer Date/Result

Varicella (Chickenpox) <i>(Must document completion of both shots or positive titer)</i>	#1	#2	-OR- Titer Date/Result

## RECOMMENDED IMMUNIZATIONS

<b>Influenza</b>	<b>Date (received or actively declined— indicate choice)</b>

<b>Meningococcal</b>	<b>Date (received or actively declined— indicate choice)</b>

Healthcare Provider Signature (MD, DO, ARNP, PA, LPN, RN)

Date

Printed Name and Title

Healthcare Provider License #

State/County Licensed

## ATTACHMENT #2

### POSITIVE PPD TEST RESULTS - TUBERCULOSIS SYMPTOM QUESTIONNAIRE

Those students who have a positive skin test must provide documentation from the health care provider verifying that treatment has been administered or patient is not considered contagious. An annual review of symptoms must be performed with the results placed in the student's records.

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ DATE: \_\_\_\_\_  
Documented PPD History: Date of Test: \_\_\_\_\_ Results: \_\_\_\_\_ mm  
If recent PPD Chest X-Ray date: \_\_\_\_\_ Results: \_\_\_\_\_

Have you had a history of treatment for active TB disease or treatment for latent TB infection?

\_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES, WHEN? \_\_\_\_\_ WHERE? \_\_\_\_\_

NUMBER OF MONTHS TAKEN: \_\_\_\_\_

NAME OF MEDICATION(S): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### SYMPTOM ASSESSMENT

Date of Assessment: \_\_\_\_\_

Do you currently have a prolonged cough or hoarseness? . YES . NO

If yes, how long have you had it? . Days . Weeks . Months

If yes, what color is the mucus? . YES . NO

If yes, are you coughing up blood? . YES . NO

DO YOU HAVE "NIGHT SWEATS"? . YES . NO

Do you have a low-grade fever? . YES . NO

Have you had weight loss without dieting? . YES . NO

If yes, how many pounds have you lost? . \_\_\_\_\_

HAVE YOU HAD UNUSUAL TIREDNESS OR FATIGUE? YES . NO

If yes, how long? . Days . Weeks . Months

DO YOU HAVE CHEST PAIN? . YES . NO

If yes, how long? . Days . Weeks . Months

DO YOU HAVE SHORTNESS OF BREATH? . YES . NO

If yes, how long? . Days . Weeks . Months

Do you know someone who has TB or has had these symptoms? . YES . NO

COMMENTS/REFERRALS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you have any of the above symptoms, see a healthcare provider for further follow-up and testing!

ATTACHMENT #3

The Florida State University

College of Nursing

Essential Functions/Technical Standards Form

Required of Nursing Students

\*\*All students must read and sign the last page of the essential functions required to complete the nursing program at Florida State University.

Student Name:

\_\_\_\_\_ (Last name)

\_\_\_\_\_ (First name)

\_\_\_\_\_ (Middle name)

\*Tasks and activities must be completed with or without accommodations that are deemed to be reasonable and appropriate for the specific environment and situation.

ESSENTIAL FUNCTIONS	TECHNICAL STANDARDS	EXAMPLES OF NECESSARY ACTIVITIES (NOT ALL-INCLUSIVE) *
<b>Cognitive Ability and Critical Thinking</b>	Alertness, cognitive ability and critical thinking skills to collect, analyze and integrate information and knowledge to make clinical judgment and management decisions that promote client outcomes	Examples of relevant activities include, but are not limited to: <ul style="list-style-type: none"><li>■ Apply the nursing process</li><li>■ Identify cause-effect relationships</li><li>■ Sequence or cluster client findings</li><li>■ Process information thoroughly and quickly to prioritize client care</li><li>■ Demonstrate skills of recall and reasoning</li></ul>
<b>Interpersonal and Communication Abilities</b>	Interpersonal abilities sufficient for interaction with individuals, families and groups from various social, emotional, cultural, spiritual and intellectual backgrounds  Communication abilities sufficient for verbal and written interaction with others	Examples of relevant activities include but are not limited to: <ul style="list-style-type: none"><li>■ Communicate effectively and sensitively with clients and other health team members</li><li>■ Speak clearly and effectively in English</li></ul> Read and understand English in printed documents Communicate clearly in writing and with computer entry

<p><b>Strength, Mobility, and Physical Endurance</b></p>	<p>Ability to perform gross and fine motor movements required to provide comprehensive nursing care</p> <p>Physical strength and stamina to perform satisfactorily in clinical nursing experiences</p> <p>Physical abilities sufficient for movement from room to room and in small spaces</p>	<p>Examples of relevant activities include, but are not limited to:</p> <ul style="list-style-type: none"> <li>■ Lifting as described below: <ul style="list-style-type: none"> <li>• Turn and position clients as needed to prevent complications due to bed rest or minimal movement</li> <li>• Transfer clients in and out of bed</li> <li>• Transport and exercise clients</li> </ul> </li> </ul> <p>Administer cardiopulmonary resuscitation (CPR)</p> <ul style="list-style-type: none"> <li>■ Physical endurance sufficient to complete assigned period of clinical practice (e.g. continuous care for 4-5 hours, as well as shifts on days, evenings, nights, or weekends between 8 and 12 hours</li> </ul> <p>Ability to respond to an emergency situation</p> <p>Ability to move around in the client rooms, work spaces and treatment areas</p> <p>Maneuver in small areas such as client rooms and nursing work stations</p>
<p><b>Motor Skills</b></p>	<p>Psychomotor ability necessary to perform or assist with procedures, treatments, administration of medications and emergency interventions</p> <p>Sit, walk and stand without an assistive device on a daily basis whether in a classroom, clinical or volunteer setting (on-campus clinical simulation laboratory or off-campus clinical client care areas)</p>	<p>Examples of relevant activities include, but are not limited to, the ability to:</p> <p>Stand and/or sit for long periods of time (ex: minimum of 3-4 hours)</p> <ul style="list-style-type: none"> <li>■ Stand and maintain balance while transferring clients, reaching below the waist and overhead while providing client care procedures</li> <li>■ Walk without the use of a cane, walker, casts, walking boots, or crutches, as well as, arms free of casts or other assistive/restrictive devices in order to ambulate clients and provide bedside or general nursing care</li> <li>■ Bend, squat, reach, kneel, balance, and/or move his/her body and all extremities quickly</li> <li>■ Carry and lift loads from the floor, lifting loads 12 inches from the floor to shoulder height and overhead</li> <li>■ Occasionally lifting 50 pounds, frequently lifting 25 pounds, and regularly lifting 10 pounds</li> <li>■ Document client care by writing and/or typing on an electronic medical record for long periods of time (e.g. more than 15 minutes at one time).</li> <li>■ Calibrate and manipulate equipment and supplies</li> </ul>

<p><b>Auditory, Olfactory, Visual and Tactile Senses</b></p>	<p>Auditory, olfactory, visual and tactile acuity skills sufficient to monitor, assess, and respond to the clients health care needs.</p>	<p>Examples of relevant and necessary sensory skills include, but are not limited to, sufficient:</p> <p>Tactile sensations to heat, cold, pain, pressure, etc.</p> <p>Use of auditory senses to detect sounds related to bodily functions using a stethoscope</p> <ul style="list-style-type: none"> <li>■ Hear and interpret correctly i.e. verbal orders and alarms</li> </ul> <p>Use of auditory senses to communicate clearly during telephone conversations and respond effectively with clients and/or with other members of the healthcare team</p> <p>Visual skills necessary to make accurate visual observations and complete client assessments</p> <ul style="list-style-type: none"> <li>■ Use of olfactory senses to make accurate assessments and respond appropriately</li> </ul>
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**\*\* Please upload this last page to your clinical clearance account \*\***

# **The Florida State University**

## **College of Nursing**

**Acknowledgement:**

I have read and fully understand the foregoing Essential Functions/Technical Standards required of nursing students. I understand that if I am unable to fully and promptly perform the Essential Functions/Technical Standards of each of the categories listed above, I may be dismissed from the College of Nursing. I understand that if I have a disability that might limit my ability to fully and promptly perform these Essential Functions/Technical Standards categories, I may contact the following to explore whether disability accommodations may be available to me:

The Florida State University Student Disability Resource Center  
874 Traditions Way  
108 Student Services Building  
Tallahassee, FL 32306-4167  
Phone: 850-644-9566 (voice), 850-644-8504 (TDD for the D/deaf)  
Email: [sdrc@admin.fsu.edu](mailto:sdrc@admin.fsu.edu)  
URL: <http://www.disabilitycenter.fsu.edu>

The Florida State University College of Nursing  
Undergraduate Program Manager  
98 Varsity Way, Duxbury Hall  
Tallahassee, FL 32306-4310  
Phone: 850-644-5362

**Student Signature:** \_\_\_\_\_

**Student Name:** \_\_\_\_\_  
(Last name) (First name) (Middle name)

**Date of Birth:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Month) (Day) (Year)

**Home #:** \_\_\_\_\_ **Cell #:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_



Communicates ideas clearly, effectively, and in a timely manner in English verbally and in writing.
Asks pertinent questions, develops health histories, identifies problems, presents alternatives, and reports pertinent information to other members of the healthcare team during care.
Seeks timely supervision and consultation as appropriate.

**Section III: Cognitive Function**

<b>Section III Essential Behaviors</b>
Measures, calculates, analyzes, prioritizes, integrates, and synthesizes information correctly.
Comprehends and effectively synthesizes written information.
Evaluates information using critical thinking and clinical reasoning skills in lectures, small group seminars, labs, simulation, campus setting, and clinical setting.
Indefinites cause and effect relationships, creates and evaluates plans of care, and appropriately evaluates situations and promote client safety
Applies the principles of logic to define problems, collect data, establish facts, and draw valid conclusions. Interprets and implements a variety of technical instructions (fractions, ratios, proportions, measurements, and mathematical calculations)

**Section IV: Behavioral/Emotional Function**

<b>Section IV Essential Behaviors</b>
Functions effectively under stress and adapts to environments that may change rapidly without warning and/or in unpredictable ways.
Demonstrates appropriate moral and ethical behaviors in the lecture, small group seminar, lab, simulation, campus setting, and clinical setting.
Abides by professional standards of practice in lecture, small group seminar, lab, simulation, campus setting, and clinical setting.
The student must be able to meet the University and College of Nursing attendance requirements.
Demonstrates compassion, empathy, tolerance, and integrity when communicating with clients across the lifespan.
Behaves responsibly and honestly in lecture, small group seminar, lab, simulation, campus setting, and clinical setting.
Shows interest, engages in client care in all care settings, and delivers safe and compassionate care consistent with the expected level of learning to all people regardless of age, gender, gender identity, sex, sexual orientation, ethnicity, race, and ability.

**I hereby certify that the above-named student has been examined by me on \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ and is found to meet the \_\_\_\_\_ functions required of nursing students.**

\_\_\_\_\_ Healthcare Provider Signature (MD, DO, ARNP) \_\_\_\_\_ Date

\_\_\_\_\_ Print name and title

Provider License # \_\_\_\_\_ State licensed \_\_\_\_\_

**\*\* Please upload the entire Attachment #4 document to your clinical clearance account\*\***



# Attachment # 5

**\*\*Please upload this entire document to your clinical clearance account\*\***

## AFFIDAVIT OF GOOD MORAL CHARACTER

State of Florida

County of \_\_\_\_\_

Before me this day personally appeared \_\_\_\_\_ who, being duly  
(Applicant's/Employee's Name)  
sworn, deposes and says:

As an applicant for employment with, an employee of, a volunteer for, or an applicant for certification with \_\_\_\_\_, I affirm and attest under penalty of perjury that I meet the moral character requirements for employment, as required by the Florida Statutes and rules, in that:

I have not been arrested with disposition pending or found guilty of, regardless of adjudication, or entered a plea of nolo contendere or guilty to or have been adjudicated delinquent and the record has not been sealed or expunged for, any offense prohibited under any of the following provisions of the Florida Statutes or under any similar statute of another jurisdiction for any of the offenses listed below:

Relating to:

- Section: 39.205 failure to report child abuse, abandonment, or neglect
- Section: 393.135 sexual misconduct with certain developmentally disabled clients and reporting of such sexual misconduct
- Section: 394.4593 sexual misconduct with certain mental health patients and reporting of such sexual misconduct
- Section: 414.39 fraud, if the offense was a felony
- Section: 415.111 adult abuse, neglect, or exploitation of aged persons or disabled adults or failure to report of such abuse
- Section: 741.28 criminal offenses that constitute domestic violence, whether committed in Florida or another jurisdiction
- Section: 777.04 attempts, solicitation, and conspiracy to commit an offense listed in this subsection
- Section: 782.04 murder
- Section: 782.07 manslaughter, aggravated manslaughter of an elderly person or disabled adult, or aggravated manslaughter of a child
- Section: 782.071 vehicular homicide
- Section: 782.09 killing an unborn child by injury to the mother
- Chapter: 784 assault, battery, and culpable negligence, if the offense was a felony
- Section: 784.011 assault, if the victim of the offense was a minor
- Section: 784.021 aggravated assault
- Section: 784.03 battery, if the victim of the offense was a minor
- Section: 784.045 aggravated battery
- Section: 784.075 battery on staff or a detention or commitment facility or on a juvenile probation officer
- Section: 787.01 kidnapping
- Section: 787.02 false imprisonment
- Section: 787.025 luring or enticing a child
- Section: 787.04(2) taking, enticing, or removing a child beyond the state limits with criminal intent pending custody proceeding
- Section: 787.04(3) carrying a child beyond the state lines with criminal intent to avoid producing a child at a custody hearing or delivering the child to the designated person
- Section: 787.06 human trafficking
- Section: 787.07 human smuggling
- Section: 790.115(1) exhibiting firearms or weapons within 1,000 feet of a school
- Section: 790.115(2) (b) possessing an electric weapon or device, destructive device, or other weapon on school property
- Section: 794.011 sexual battery
- Former Section: 794.041 prohibited acts of persons in familial or custodial authority
- Section: 794.05 unlawful sexual activity with certain minors
- Section: 794.08 relating to female genital mutilation
- Chapter: 796 prostitution
- Section: 798.02 lewd and lascivious behavior
- Chapter: 800 lewdness and indecent exposure
- Section: 806.01 arson

**CONTINUED ON NEXT PAGE**

Section: 810.02	burglary
Section: 810.14	voyeurism, if the offense is a felony
Section: 810.145	video voyeurism, if the offense is a felony
Chapter 812	relating to theft, robbery, and related crimes, if the offense was a felony
Section: 817.563	fraudulent sale of controlled substances, only if the offense was a felony
Section: 825.102	abuse, aggravated abuse, or neglect of an elderly person or disabled adult
Section: 825.1025	lewd or lascivious offenses committed upon or in the presence of an elderly person or disabled adult
Section: 825.103	exploitation of disabled adults or elderly persons, if the offense was a felony
Section: 826.04	incest
Section: 827.03	child abuse, aggravated child abuse, or neglect of a child
Section: 827.04	contributing to the delinquency or dependency of a child
Former Section: 827.05	negligent treatment of children
Section: 827.071	sexual performance by a child
Section: 831.311	unlawful sale, manufacture, alteration, delivery, uttering, or possession of counterfeit-resistant prescription blanks for controlled substances
Section: 836.10	written or electronic threats to kill, do bodily injury, or conduct a mass shooting or an act of terrorism
Section: 843.01	resisting arrest with violence
Section: 843.025	depriving a law enforcement, correctional, or correctional probation officer means of protection or communication
Section: 843.12	aiding in an escape
Section: 843.13	aiding in the escape of juvenile inmates in correctional institution
Chapter: 847	obscene literature
Section: 859.01	poisoning food or water
Section: 873.01	prohibition on the purchase or sale of human organs and tissues
Section: 874.05	encouraging or recruiting another to join a criminal gang
Chapter: 893	drug abuse prevention and control, only if the offense was a felony or if any other person involved in the offense was a minor
Section: 916.1075	sexual misconduct with certain forensic clients and reporting of such sexual conduct
Section: 944.35(3)	inflicting cruel or inhuman treatment on an inmate resulting in great bodily harm
Section: 944.40	escape
Section: 944.46	harboring, concealing, or aiding an escaped prisoner
Section: 944.47	introduction of contraband into a correctional facility
Section: 985.701	sexual misconduct in juvenile justice programs
Section: 985.711	contraband introduced into detention facilities

**THE FOLLOWING APPLIES ONLY TO THOSE APPLICANTS FOR POSITIONS REQUIRED TO BE SCREENED UNDER SECTION 408.809, FLORIDA STATUTES:**

In addition to the Chapter 435, F.S. listed offenses the following offenses are also applicable for any licensure or employment required in the applicable statutes.

	<u>Relating to:</u>
Chapter: 408	felony offenses contained in Chapter 408
Section: 409.920	Medicaid provider fraud
Section: 409.9201	Medicaid fraud
Section: 741.28	domestic violence
Section: 777.04	attempts, solicitation, and conspiracy to commit an offense listed in this subsection
Section: 784.03	battery, if the victim is a vulnerable adult as defined in s. 415.102 or a patient or resident of a facility licensed under chapter 395, chapter 400, or chapter 429
Section: 817.034	fraudulent acts through mail, wire, radio, electromagnetic, photoelectronic, or photooptical systems
Section: 817.234	false and fraudulent insurance claims
Section: 817.481	obtaining goods by using a false or expired credit card or other credit device, if the offense was a felony
Section: 817.50	fraudulently obtaining goods or services from a health care provider
Section: 817.505	patient brokering
Section: 817.568	criminal use of personal identification information
Section: 817.60	obtaining a credit card through fraudulent means
Section: 817.61	fraudulent use of credit cards, if the offense was a felony
Section: 831.01	forgery
Section: 831.02	uttering forged instruments
Section: 831.07	forging bank bills, checks, drafts or promissory notes
Section: 831.09	uttering forged bank bills, checks, drafts, or promissory notes
Section: 831.30	fraud in obtaining medicinal drugs
Section: 831.31	the sale, manufacture, delivery, or possession with the intent to sell, manufacture, deliver any counterfeit controlled substance, if the offense was a felony
Section: 895.03	racketeering and collection of unlawful debts
Section: 896.101	the Florida Money Laundering Act

**CONTINUED ON NEXT PAGE**

I also affirm that I have not been designated as a sexual predator pursuant to s. 775.21; a career offender pursuant to s. 775.261; or a sexual offender pursuant to s. 943.0435, unless the requirement to register as a sexual offender has been removed pursuant to s. 943.04354.

SIGNATURE OF AFFIANT: \_\_\_\_\_

I understand that I must acknowledge the existence of any applicable criminal record relating to the above lists of offenses including those under any similar statute of another jurisdiction, regardless of whether or not those records have been sealed or expunged.

SIGNATURE OF AFFIANT: \_\_\_\_\_

I understand that, while employed or volunteering at \_\_\_\_\_ in any position that requires background screening as a condition of employment, I must immediately notify my supervisor/employer of any arrest and any changes in my criminal record involving any of the above listed provisions of Florida Statutes or similar statutes of another jurisdiction whether a misdemeanor or felony. This notice must be made within one business day of such arrest or charge. Failure to do so could be grounds for termination.

SIGNATURE OF AFFIANT: \_\_\_\_\_

I attest that I have read the above carefully and state that my attestation here is true and correct that **my record does not contain any of the above listed offenses**. I also understand that it is my responsibility to obtain clarification on anything contained in this affidavit which I do not understand prior to signing. I am aware that any omissions, falsifications, misstatements or misrepresentations may disqualify me from employment consideration and, if I am hired, may be grounds for termination or denial of an exemption at a later date.

SIGNATURE OF AFFIANT: \_\_\_\_\_

### Sign Above OR Below, DO NOT Sign Both Lines

To the best of my knowledge and belief, **my record contains one or more of the applicable disqualifying acts or offenses listed above. I have placed a check mark by the offense(s) contained in my record.** (If you have previously been granted an exemption for this disqualifying offense, please attach a copy of the letter granting such exemption.) (Please circle the number which corresponds to the offense(s) contained in your record.)

SIGNATURE OF AFFIANT: \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
SIGNATURE OF NOTARY PUBLIC, STATE OF FLORIDA

\_\_\_\_\_  
(Print, Type, or Stamp Commissioned Name of Notary Public)

(Check one)

Affiant personally known to notary

OR

Affiant produced identification

Type of identification produced: \_\_\_\_\_