

VECHS

Volunteer & Employee Criminal History System



Application for Qualified Entities

Florida Department of Law Enforcement
Applicant Services Unit Criminal History Services
Phone: (850) 410-8161 FDLEVECHS@fdle.state.fl.us

Thank you for your interest in the Florida Department of Law Enforcement's Volunteer and Employee Criminal History System (VECHS) program!

The Florida Department of Law Enforcement's (FDLE) Volunteer and Employee Criminal History System (VECHS) program is authorized under the National Child Protection Act (NCPA) (1993), as amended, and Florida Statute 943.0542.

FDLE's VECHS program is intended for entities providing services specifically focused on one or more of the vulnerable populations. Qualified entities meeting the criteria set forth by the NCPA and the Federal Bureau of Investigation (FBI) are able to screen approved employees and/or volunteers providing services as described in the application's summary of services. If you are unsure as to whether your entity qualifies for the VECHS program, please refer to the [FDLE's VECHS Eligibility Guide](#).

Please use the VECHS Application for Qualified Entities to provide the FDLE with the necessary information to determine whether your entity falls within the guidelines and parameters set forth by the NCPA, as amended, the FBI, and Florida Statute 943.0542. Once the FDLE VECHS Team has made a determination on your eligibility, you will be contacted with further instruction on how the entity's user agreement between the FDLE and the qualified entity will be executed.

Qualified entities have the option to participate in FDLE's Applicant Fingerprint Retention and Notification Program (AFRNP). Retaining fingerprints in the AFRNP allows your entity the ability to receive state and national arrest hit notifications for employees and volunteers. Please indicate on the application if you would like to participate in the AFRNP.

The cost for the first year of fingerprint retention is included in the initial criminal history record check fee. After the first year of retention, your entity will be invoiced an annual \$6.00 retention fee for each set of employee and/or volunteer fingerprints you choose to continue retaining.

Note: Public school districts, charter schools, specialty schools, and private schools accepting School Choice scholarship funding regulated by Department of Education (DOE) are required by Florida Statute 435.12 to participate and retain applicant fingerprints in the Agency for Health Care Administration's (AHCA) Care Provider Background Screening Clearinghouse. Any private schools accepting state scholarship funding must submit a VECHS Qualified Entity Application to the FDLE as authorized under NCPA and 435.12, F.S.

Please submit as a typed form.



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~~The National Child Protection Act of 1993, as amended, and Section 943.0542, Florida Statutes allows for the creation of the VECHS program. Through this program, FDLE and the Federal Bureau of Investigation (FBI) provide state and national criminal history record information on applicants, employees, and volunteers to qualified organizations in Florida. With this criminal history information, the organizations can more effectively screen out current and prospective volunteers and employees who are not suitable for contact with children, the elderly, or the disabled.~~

~~To be qualified to participate in the VECHS program, an organization (public, private, profit, or non-profit) must provide "care" or "care placement services" to children, the elderly, or the disabled.~~

Entity Information

Entity Name:				
Mailing Address:				
	Street Address			Unit#
	City	State	Zip	County
Physical Operating Address: <input type="checkbox"/> Check here if Physical Address is same as Mailing Address				
	Street Address			Unit#
	City	State	Zip	County

Contact Information

Contact Person:			
Phone Telephone:	Ext:		
E-mail Address:	Fax Direct Telephone:		
Entity Head: (Please Print)	E-mail Address:		

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Summary of Services

Legal Type of Entity: Governmental (Public) Private, Non-Profit Private, For-Profit

~~Are you designated as 501(c)(3) with the United States Internal Revenue Service?~~ Yes No
~~If yes, please provide verifying documentation, such as IRS determination letters.~~

Type of Staff being Screened: Employees Volunteers Both

Please check all that apply to the service(s) that your entity provides to children, the elderly, or the disabled:

Vulnerable Population Served	Care or Treatment		Education, Training, or Instruction		Supervision		Recreation		Care Placement	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Elderly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disabled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please describe in detail the services your entity will provide and how those services will impact children, the elderly, or the disabled (continue on a separate page, if necessary):

Are you a K-12 private school? Yes No

~~If yes, are you receiving or applying to receive scholarship funds?~~ Yes No

Are you currently receiving or applying to receive scholarship funds from the department of education?

Currently Receiving? Applying? Neither of these



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Once approved, please indicate your participation in the Applicant Fingerprint Retention and Notification Program (AFRNP):

No Participation

Employee & Volunteer Retention

Employee Retention Only

Volunteer Retention Only



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Do you wish to screen through the Care Provider Background Screening Clearinghouse?	
<input type="radio"/> Yes <input type="radio"/> No	
Do you understand that current or prospective employees and volunteers that are otherwise statutorily required to receive a state and national criminal history record check are not eligible for the VECHS Program?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you plan to request state and national criminal history record checks on employees and volunteers currently residing outside the state of Florida? If yes, please explain:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you currently required by Florida state statute to obtain state and national criminal history record checks on any of your current or prospective employees and volunteers?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you currently screening employees and/or volunteers for another reason?	
<input type="radio"/> Yes <input type="radio"/> No	
If yes, what is the state statute and/or state agency requiring you to screen current employees and/or volunteers? Briefly explain.	
If yes, what state agency monitors your entity and requires these criminal history record checks? Please check all that apply:	
<input type="checkbox"/>	Florida Department of Children and Families (DCF)
<input type="checkbox"/>	Florida Department of Education (DOE)
<input type="checkbox"/>	Florida Agency for Healthcare Administration (AHCA)
<input type="checkbox"/>	Florida Department of Elder Affairs (DOEA)
<input type="checkbox"/>	If Other(s), please explain below:

It is your responsibility to determine if your entity is otherwise statutorily required to complete criminal history record checks on current or prospective employees and volunteers. Please verify your statutory requirements for record checks with one of the above agencies or Florida Statutes before submitting your application. If you have contacted these agencies and still have questions regarding eligibility, please contact the FDLE VECHS Program at (850) 410-8161 or at FDLEVECHS@fdle.state.fl.us.



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Please submit your completed application to FDLE using the information below. Applications may be submitted by regular mail, e-mail, or fax, but **must be typed**.

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~~Applicant Services Unit Criminal History Services~~
ATTN: VECHS
P.O. Box 1489
Tallahassee, FL 32302-1489
FDLEVECHS@fdle.state.fl.us
Fax: 850-488-4424

Signature of Entity Head: _____

Date: _____