

**Florida Department of Children and Families (DCF)
Office of the Inspector General (OIG)
Clearance Attestation**

Individuals previously employed by these agencies are required to be screened by the Florida Department of Children and Families Office of the Inspector General prior to hire:

- Department of Children and Families (DCF)
- Southeast Florida Behavioral Health Network, Inc. (SEFBHN)
- Any agency who is a part of the SEFBHN Provider Network

Please review the attached list of agencies and select one of the following options:

1. I have not previously been employed by DCF, SEFBHN, or any agency who is a part of the SEFBHN Provider Network.
2. I have previously been employed by DCF, SEFBHN, or an agency who is part of the SEFBHN Provider Network. Please note below where you previously worked as applicable to this criteria, if more than one applies, please refer to the most recent.

Agency Name: _____

Position Held: _____

I am certifying that I received a list of the agencies within the SEFBHN Provider network to review as part of this attestation; all statements made on this clearance attestation are accurate; and, I understand this information will be used in the employment screening process.

Signature _____ **Date** _____

Printed Name _____