

AFFIDAVIT OF APPROPRIATE BACKGROUND SCREENING

I, _____, being first duly sworn, affirm and attest under the penalty
(Enter Full Name)

of perjury that:

1. I am of sound mind, 18 years of age or older, and competent to give this affidavit; and
2. I am the owner, operator, or individual acting with actual authority of

_____ (“Licensee”) that operates
(Enter Full Legal Name of Entity, including Inc/LLC)

_____ (“Camp”)
(Enter Name of Camp/Clinic)

from _____ to _____; and
(Enter start date) (Enter end date)

3. Licensee operates the Camp independently of the University of South Florida Board of Trustees; and
4. The attached Screening List from the Agency for Health Care Administration's Care Provider Background Screening Clearinghouse (“Clearinghouse”) contains the complete list of name(s) of all employees, volunteers, and contractors (“Personnel”) acting on behalf of Licensee to operate the Camp; and
5. I have actual personally knowledge that all Personnel have successfully completed a Level 2 Background Screening as defined in § 435.04, Florida Statutes through the Clearinghouse in accordance with the requirements of § 409.175, Florida Statutes or § 393.0655, Florida Statutes, as applicable.

SIGNATURE OF AFFIANT: _____

Sworn to and subscribed before me this _____ day of _____, 20____.

SIGNATURE OF NOTARY PUBLIC, STATE OF _____

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

(Check one)

Affiant personally known to notary

or

Affiant produced identification, type of identification produced: _____