

## Special Exempt Entity Certification – Fingerprinting Exemption

Organization Business Name	Tax ID
LEVY COUNTY BOARD OF COUNTY COMMISSIONERS	59-6000717
DBA Name	NPI (if required to have an NPI)
LEVY COUNTY EMS	1295872331

I, \_\_\_\_\_, request exemption from the fingerprinting requirements under Chapter 409, Florida Statutes, and do hereby certify that the entity listed above meets one, or more, of the following conditions.

(check all that apply)

- This organization is a unit of local government. (if the organization is a contractor with a unit of local government, this exemption does not apply).
- This organization is a School District, and is exempt under Section 409.908, Florida Statutes.
- This organization derives more than 50% of its revenue from the sale of goods to final consumers **AND**
  - Is required to file a form 10K with the Securities and Exchange Commission (include copy of 10K form), **OR**
  - Has a net worth of \$50 million or more. (include copy of annual report including audited financial statements).

### Section 2: Certification Statement

**“I certify that to the best of my knowledge and belief all of the information on this form is true, accurate, and complete. I understand that, under Section 409.920, Florida Statutes, the filing of materially incomplete or false information with this enrollment request is a felony and is sufficient cause for termination from the Florida Medicaid Program. I further understand that false claims, statements, documents, or concealment of material facts may be prosecuted under applicable federal and state laws. Furthermore, I understand that it is my responsibility to notify Medicaid’s fiscal agent of any future changes to the information.”**

Signature of Person Submitting Certification

Printed Name of Person Submitting Certification	Submission Date
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- Enter the Application Tracking Number (ATN) or Medicaid ID at the top of the page.
- Applicants can upload the completed form with their initial or renewal application via the Enrollment Wizard.
- Enrolled providers can fax the completed form to HP Provider Enrollment at 1-866-270-1497.