

# Baker Act Data Collection System Stakeholder Report Instructions for Required Forms

#### SAMH Database and Application Access Request form

#### Section 1. Requester Information

- <u>Requester's SSN</u> is not a required field.
- <u>Private designated Baker Act receiving facilities\*</u> will complete the 'Provider ID' and 'Provider Name' sections and leave the 'Contractor ID' and 'Contractor/ME Name' section blank.
- The 'Provider ID' is your facility's 9-digit Federal Employer Identification Number (FEIN).
- <u>Public designated Baker Act receiving facilities\*</u> will complete the 'Contractor ID' and 'Contractor/ME Name' section as well as the 'Provider ID' and 'Provider Name' sections.
- The <u>'Contractor ID'</u> numbers are listed below.
- <u>'DCF Issued Log-on'</u> is not a required field.

#### **Section 2. Authorization Signatures**

• Managing Entity Data Liaison Name, Signature, and Date are not required fields.

#### Section 3: Database System(s) to be accessed by the Requester

• Select 'Baker Act'.

#### Section 4: Level and Role of the Requester

• Only select options in letter 'C'

#### **Section 5: Action Required**

• Select <u>'Add New User'.</u>

#### Section 6: Confidentiality and Security Requirements/Certifications

• The HIPAA training date is not a required field.

#### Access Confidentiality and Nondisclosure Agreement form:

The 'Agreement/Contract Number' is not a required field.

#### Page 1 of 2

\*Designated Baker Act receiving facilities that receive funding from the Department for Baker Act services are "public," while facilities that do not receive Department funding for Baker Act services are "private".



# **Baker Act Data Collection System Stakeholder Report Instructions for Required Forms**

County	Region	Contractor/ME Name	Contractor ID
Bay, Calhoun, Escambia, Franklin, Gadsden, Gulf, Holmes, Jackson, Jefferson, Leon, Liberty, Madison, Okaloosa, Santa Rosa, Taylor, Wakulla, Walton, and Washington	Northwest	NWF Health Network	03-0423156
Alachua, Baker, Bradford, Citrus, Clay, Columbia, Dixie, Duval, Flagler, Gilchrist, Hamilton, Hernando, Lake, Lafayette, Levy, Marion, Nassau, Putnam, St. Johns, Sumter, Suwannee, Union, and Volusia	Northeast	Lutheran Services Florida	59-2198911
Brevard, Orange, Osceola, and Seminole	Central	Central Florida Cares Health System	51-0448002
Charlotte, Collier, DeSoto, Glades, Hardee, Highlands, Hendry, Hillsborough, Lee, Manatee, Pasco, Pinellas, Polk, and Sarasota	SunCoast	Central Florida Behavioral Health Network	59-3467610
Broward	Southeast	Broward Behavioral Health Coalition	45-3675836
Indian River, Martin, Okeechobee, Palm Beach, and St. Lucie	Southeast	Southeast Florida Behavioral Health Network	27-1871869
Miami-Dade and Monroe	Southern	Thriving Mind South Florida	59-3380599

\*Designated Baker Act receiving facilities that receive funding from the Department for Baker Act services are "public," while facilities that do not receive Department funding for Baker Act services are "private".

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**For Private Receiving Facilities** Office of Information Technology Services, Substance Abuse and Mental Health Application Support

# SAMH Database and Application Access Request for SAMHIS, IRAS, FITS, WITS and Baker Act Users

This form should be completed and printed out for signatures. Electronic signatures are not accepted (except for Managing Entity DL). All information must be completed with the exception of Fax No. and DCF Issued Log-On if not applicable.

1. REQUESTER INFORMATION:		
Requester's First Name M.I.		*Requester's SSN (Not required for Baker Act access)
Lakeisha M Contractor ID (9 digit FEIN) Contra	Rawlings actor/ME Name	
	er Name	
		nerly Westchester General Hospital)
Region NameCircuSouthern11	Dade	If DCF Employee (check one): HQ Region
Requester's Work Phone No. (extension, if applied 305-264-5252 ext. 1104	cable) Requester's Fax No.	
Requester's Physical Work Address: Street	City	LRawlings@keraltyhospital.com State Zip Code
2500 SW 75th Avenue, Miami, FL 33		
*DCF Issued Log-On (if already assign	ed):	
2. AUTHORIZATION SIGNATURES:		
Supervisor's Name: Miriam Sofro	Signatur	re: Date: 1 -623
*Managing Entity Data Liaison Name:	Signatur	e: Date:
SAMH HQ Security Officer Signature:		Date:
3. DATABASE SYSTEM(S) TO BE A	protection of the local division of the loca	
SAMHIS Databases:	F DC Aftercare	e Referral SANDR (Seclusion Restraint)
Other Databases: 🛛 🕅 Bake	er Act	IRAS (Incident Reporting) WITS
4. LEVEL AND ROLE OF THE REQU	ESTER:	Administrator Staff
a. SAMHIS Roles (choose one):	State	
	Region/Circuit	
	Contractor	
	Sub-Contractor/Provid	
	DC Facility	
b. IRAS Roles (choose one):		Incident Coordinator
	<b></b>	Admin Submitter Read Only
a Bakar Act Balas (shases and)	Deker Ast Facility	
c. Baker Act Roles (choose one):	Baker Act Facility	
	DCF	
5. ACTION REQUESTED:		
Add New User	ivate User 🔲 Reactiv	vate User Update User Information
6. CONFIDENTIALITY AND SECURIT	Y REQUIREMENTS/CE	ERTIFICATIONS: By my signature, I acknowledge that I ar
responsible for safeguarding the co	nfidentiality and security	of all information contained in any of the above data
		quired by the following state and federal laws:
42 Code of Federal Regulation Pa		45 Code of Federal Regulation Parts 160 and 164;
Section 394.4615, Florida Statute		Section 397.501(7), Florida Statutes;
Section 916.107(8), Florida Statul		Section 282.318, Florida Statutes
I received Security	and *HIPAA	
Awareness Training on:04/06/2 (mm/dd/		(mm/dd/yyyy) Certificates Attached
Requestor's Signature:	Kasho Raulinge	Date: 4-6-23
*Not required for Baker Act access CF 146, April 2023		Page 1 of 1

# For Public Receiving Facilities



Office of Information Technology Services, Substance Abuse and Mental Health Application Support

# SAMH Database and Application Access Request for SAMHIS, IRAS, FITS, WITS and Baker Act Users

This form should be completed and printed out for signatures. Electronic signatures are not accepted (except for Managing Entity DL). All information <u>must</u> be completed with the exception of Fax No. and DCF Issued Log-On if not applicable.

Amanda       R       Cepreca         Contractor for (digit FEIN)       BCBC/NWF Health Network         92-0423156       BCBC/NWF Health Network         Synthetic field       Apalachee Center         Region Name       Count of Co	1. REQUESTER INFORMATION:		
Contractor ID (digit FEIN) Contractor/ME Hame Solution Contractor ID (digit FEIN) Contractor/ME Hame Provider ID (digit FEIN) Provider Name Prov			*Requester's SSN (Not required for Baker Act access)
03-0423156       BBCEC/NWF Health Network         59-1162148       Apalachee Center         Region Name       Count         NW       02         Region Name       Count         Reguester's Work Phane No issuence, rapplicable       Reguester's Work Email         850-523-3333       ext. 4400         Requester's Work Email       Accepreca44@apalacheecenter.org         Requester's Work Phane No issuence, rapplicable       City         2634 Capital Circle, NE, Tallahassee, FL 32308       Tore Fissued Log-On (if already assigned):         24       Authorization Signature:       Signature:         2634 Capital Circle, NE, Tallahassee, Street       Signature:       Date:         2634 Capital Circle, NE, Tallahassee, FL 32308       Date:       Date:         ************************************			
59-1182143       Apalachee Center         Region Name       County       If DCF Employee (check one):       HQ       Region         NW       02       Leon       If DCF Employee (check one):       HQ       Region         Requester's Work Phone Ne, tensene it apartoably       Requester's Work Email       Accpreca44@apalacheecenter.org         Requester's Work Phone Ne, tensene it apartoably       City       State       Zip Code         2534 Capital Circle, NE, Tallahassee, FL 32308       ToCF Issued Log-On (if already assigned):       Date       Junc         2. AUTHORIZATION SIGNATURES:       Signature:       Date:       Date:       Date:         SMMH HQ Security Officer Signature:       Signature:       Date:       Date:       Date:         SAMH HQ Security Officer Signature:       Date       Contractor       SAMH S Coles (record)       WITS         1. LeveL AND ROLE OF THE REQUESTER:       Administrator       State       State       State       State         a. SAMHIS Roles (choose one):       State       Administrator       Staff       State       State       State       State       Staff         a. SAMHIS Roles (choose one):       Viewer       Incident Coordinator       Incident Coordinator       Incident Coordinator       Incident Coordinator       State			rk l
Region Name       Count       County       Leon       If DCF Employee (check one):       HQ       Region         Requester's Work Phone No. (seveneous).       Acceprece44@apalacheecenter.org       Acceprece44@apalacheecenter.org         Requester's Work Phone No. (seveneous).       Acceprece44@apalacheecenter.org       Acceprece44@apalacheecenter.org         2834 Capital Circle, NE, Tallahassee, FL 32308       ToCF Issued Log-On (if already assigned):       Date:			1
NW       02       Leon       If DCF Employee (check one):       HQ       Region         Requester's Work Phone No: Instruction: Tabletable       Requester's Work Phone No: Instruction: Tabletable       Requester's Work Phone No: Instruction: Tabletable         850-523-3333       ext. 4400       Requester's Work Phone No: Instruction: Struction: Tabletable       Requester's Work Phone       Requester's Work Phone         850-523-3333       ext. 4400       Requester's Work Phone       Requester's Work Enail       Acepreca44@apalacheecenter.org         2634 Capital Circle, NE, Tallahassee, FL 32308       "DCF Issued Log-On (if already assigned):"       Date:       Date: <td>•</td> <td></td> <td></td>	•		
850-523-333       ext. 4400       Acepreca44@apalacheccenter.org         Requestrie Typeside Work Advess       Site       Zip Code         2834 Capital Circle, NE, Tallahassee, FL 32308       Total Circle, NE, Tallahassee, FL 32308       Total Circle, NE, Tallahassee, FL 32308         *DCF Issued Log-On (if already assigned):       AutHORIZATION SIGNATURES:       Junch Minte       Signature:       Junch Minte         *Managing Entity Data Laison Name:       Signature:       Date:       Date:       Junch Minte         SAMH HQ Security Officer Signature:       Date:       Date:       Date:       Date:         SAMH HQ Security Officer Signature:       Date       Date:       Date:       Date:         SAMH HQ Security Officer Signature:       Contractor       Date:       Date:       Date:         Administrator       State       Circle Carteroare Referral       SANDR (Seclusion Restraint)       Other Databases:       NTS         CHEVEL AND ROLE OF THE REQUESTER:       Administrator       State       Contractor/Provider       Date:       Date:       Date:         a. SAMHIS Roles (choose one):       State       Incident Coordinator       DCF	NW 02	Leon If DCF Employee (check one): HQ Region	
Requester's Physical Work Address:       Street       City       State       Żip Code         2834 Capital Circle, NE, Tallahassee, FL 32308       "OCF Issued Log-On (if already assigned):		icable) Requester's Fax No.	
2634 Capital Circle, NE, Tallahassee, FL 32308         *DCF Issued Log-On (if already assigned):         2. AUTHORIZATION SIGNATURES:         Supervisor's Name: Ken White       Signature:         *Managing Entity Data Liaison Name:       Signature:         SAMH HO Security Officer Signature:       Date:         *DATABASE SYSTEM(S) TO BE ACCESSED BY THE REQUESTER:       SANDR (Seclusion Restraint)         Other Databases:       TANF         DC Aftercare Referral       SANDR (Seclusion Restraint)         Other Databases:       TANF         DC Aftercare Referral       SANDR (Seclusion Restraint)         Other Databases:       TANF         DC Aftercare Referral       SANDR (Seclusion Restraint)         Other Databases:       TANF         DC Aftercare Referral       SANDR (Seclusion Restraint)         Other Databases:       TANF         Contractor       IRAS (Incident Reporting)         WITS       Witts         b. IRAS Roles (choose one):       Viewer         DC Facility       DCF         DC Facility       DCF         Add New User       Deactivate User         Deactivate User       Update User Information         CONFIDENTIALITY AND SECURITY REQUIREMENTS/CERTIFICATIONS: By my signature, I acknowledge that I am responsible		t City	
2. AUTHORIZATION SIGNATURES:       Signature:       Jumuit With With With With With With With Wi	2634 Capital Circle, NE, Tallahasse	e, FL 32308	
*Managing Entity Data Liaison Name:	*DCF Issued Log-On (if already assign	ned):	
*Managing Entity Data Liaison Name:	2. AUTHORIZATION SIGNATURES:		the stite states
*Managing Entity Data Liaison Name:	Supervisor's Name: Ken White	Signature	e: //// White Date: ///0/25
<b>a</b> . DATABASE SYSTEM(S) TO BE ACCESSED BY THE REQUESTER:	*Managing Entity Data Liaison Name:		e: Date:
SAMHIS Databases:       ☐ TANF       ☐ DC Aftercare Referral       ☐ SANDR (Seclusion Restraint)         Other Databases:       ☐ Baker Act       ☐ FITS       ☐ IRAS (Incident Reporting)       ☐ WITS         J. LEVEL AND ROLE OF THE REQUESTER:	SAMH HQ Security Officer Signature:		Date:
SAMHIS Databases:       ☐ TANF       ☐ DC Aftercare Referral       ☐ SANDR (Seclusion Restraint)         Other Databases:       ☐ Baker Act       ☐ FITS       ☐ IRAS (Incident Reporting)       ☐ WITS         J. LEVEL AND ROLE OF THE REQUESTER:	3. DATABASE SYSTEM(S) TO BE A	CCESSED BY THE REG	QUESTER:
Other Databases:       Baker Act       FITS       IRAS (Incident Reporting)       WITS         J. LEVEL AND ROLE OF THE REQUESTER:       Administrator       Staff         a. SAMHIS Roles (choose one):       State       Image: Contractor/Provider       Contractor         Bub-Contractor/Provider       DC Facility       DC Facility       Contractor         b. IRAS Roles (choose one):       Viewer       Incident Coordinator         c. Baker Act Roles (choose one):       Viewer       Incident Coordinator         c. Baker Act Roles (choose one):       Baker Act Facility       DCF         DCF       DCF       DCF         Add New User       Decentivate User       Update User Information         c. CONFIDENTIALITY AND SECURITY REQUIREMENTS/CERTIFICATIONS:       By my signature, I acknowledge that I am responsible for safeguarding the confidentiality and security of all information contained in any of the above data systems (Item 3 above) to which I am granted access as required by the following state and federal laws:         42 Code of Federal Regulation Parts 160 and 164; Section 397.501(7), Florida Statutes; Section 394.4615, Florida Statutes       Section 282.318, Florida Statutes         I received Security       and *HIPAA       Training on:	Particular Sector Secto	Print	
A LEVEL AND ROLE OF THE REQUESTER:       Administrator       Staff         a. SAMHIS Roles (choose one):       State       Image: Contractor         Region/Circuit       Image: Contractor       Image: Contractor         DC Facility       Image: Contractor       Image: Contractor         DC Facility       Image: Contractor       Image: Contractor         DC Facility       Image: Contractor       Image: Contractor         C. Baker Act Roles (choose one):       Viewer       Incident Coordinator         C. Baker Act Roles (choose one):       Baker Act Facility       Image: Contractor         DCF       Image: Contractor       Image: Contractor       Image: Contractor         Add New User       Deactivate User       Reactivate User       Update User Information         CORFIDENTIALITY AND SECURITY REQUIREMENTS/CERTIFICATIONS:       By my signature, I acknowledge that I am responsible for safeguarding the confidentiality and security of all information contained in any of the above data systems (Item 3 above) to which I am granted access as required by the following state and federal laws:       42 Code of Federal Regulation Part 2 and Part 142       45 Code of Federal Regulation Parts 160 and 164; Section 397.501(7), Florida Statutes       Section 397.501(7), Florida Statutes         Section 916.107(8), Florida Statutes       Section 397.501(7), Florida Statutes; Section 916.107(8), Florida Statutes       Section 397.501(7), Florida Statutes			
a. SAMHIS Roles (choose one):       State         Region/Circuit			
Region/Circuit	4. LEVEL AND ROLE OF THE REQU	IESTER:	Administrator Staff
Region/Circuit	a. SAMHIS Roles (choose one):	State	
Contractor			
Sub-Contractor/Provider         DC Facility         DC Facility         DC Facility         DC Facility         Incident Coordinator         c. Baker Act Roles (choose one):         Baker Act Facility         DCF         DCF         Contractor/Provider         Admin         Sub-Contractor/Provider         Admin         Baker Act Roles (choose one):         Baker Act Facility         DCF         Contractor/Provider         Add New User         Deactivate User         Reactivate User         Update User Information         CONFIDENTIALITY AND SECURITY REQUIREMENTS/CERTIFICATIONS: By my signature, I acknowledge that I am responsible for safeguarding the confidentiality and security of all information contained in any of the above data systems (Item 3 above) to which I am granted access as required by the following state and federal laws:         42 Code of Federal Regulation Part 2 and Part 142       45 Code of Federal Regulation Parts 160 and 164; Section 394.4615, Florida Statutes         Section 394.4615, Florida Statutes       Section 397.501(7), Florida Statutes; Section 282.318, Florida Statutes;         I received Security       and "HIPAA         Awareness Training on:       Od/06/2023         (mm/dd/yyyyy)       (mm/dd/yyyy)			
DC Facility		the second s	
b. IRAS Roles (choose one):       Viewer       Incident Coordinator         c. Baker Act Roles (choose one):       Admin       Submitter       Read Only         DCF       DCF       DCF       DCF         S. ACTION REQUESTED:       Deactivate User       Reactivate User       Update User Information         S. CONFIDENTIALITY AND SECURITY REQUIREMENTS/CERTIFICATIONS:       By my signature, 1 acknowledge that 1 am responsible for safeguarding the confidentiality and security of all information contained in any of the above data systems (Item 3 above) to which 1 am granted access as required by the following state and federal laws:         42 Code of Federal Regulation Part 2 and Part 142       45 Code of Federal Regulation Parts 160 and 164; Section 394.4615, Florida Statutes         Section 394.4615, Florida Statutes       Section 397.501(7), Florida Statutes; Section 916.107(8), Florida Statutes         I received Security       and *HIPAA         Awareness Training on:       04/06/2023         (mm/dd/yyyy)       (mm/dd/yyyy)         ware mess Training on:       04/06/2023         (mm/dd/yyyy)       math HIPAA         Training on:       (mm/dd/yyyy)         Mathematical Comparison       Math Mathematical Comparison         Mot required for Baker Act access       Date:			
c. Baker Act Roles (choose one):       Admin       Submitter       Read Only         Baker Act Facility       DCF       DCF         Add New User       Deactivate User       Reactivate User       Update User Information         CONFIDENTIALITY AND SECURITY REQUIREMENTS/CERTIFICATIONS:       By my signature, I acknowledge that I am responsible for safeguarding the confidentiality and security of all information contained in any of the above data systems (Item 3 above) to which I am granted access as required by the following state and federal laws:         42 Code of Federal Regulation Part 2 and Part 142       45 Code of Federal Regulation Parts 160 and 164; Section 394.4615, Florida Statutes         Section 394.4615, Florida Statutes       Section 397.501(7), Florida Statutes;         Section 916.107(8), Florida Statutes       Section 282.318, Florida Statutes         I received Security       and *HIPAA         Awareness Training on:       04/06/2023         (mm/dd/yyyy)       (mm/dd/yyyy)         Requestor's Signature:       MacMacma         Mot required for Baker Act access       Section Statutes			
c. Baker Act Roles (choose one):          Baker Act Facility       Image: Construct the second se	b. IRAS Roles (choose one):		Incident Coordinator
DCF       Update User Information         Add New User       Deactivate User       Reactivate User       Update User Information         CONFIDENTIALITY AND SECURITY REQUIREMENTS/CERTIFICATIONS:       By my signature, I acknowledge that I am responsible for safeguarding the confidentiality and security of all information contained in any of the above data systems (Item 3 above) to which I am granted access as required by the following state and federal laws:         42 Code of Federal Regulation Part 2 and Part 142       45 Code of Federal Regulation Parts 160 and 164; Section 394.4615, Florida Statutes         Section 394.4615, Florida Statutes       Section 397.501(7), Florida Statutes;         Section 916.107(8), Florida Statutes       Section 282.318, Florida Statutes         I received Security       and *HIPAA         Training on:       04/06/2023 (mm/dd/yyyy)         Requestor's Signature:       MacAccees         Not required for Baker Act access			Admin Submitter Read Only
ACTION REQUESTED:     Add New User     Deactivate User     Reactivate User     Update User Information     CONFIDENTIALITY AND SECURITY REQUIREMENTS/CERTIFICATIONS:     By my signature, I acknowledge that I am     responsible for safeguarding the confidentiality and security of all information contained in any of the above data     systems (Item 3 above) to which I am granted access as required by the following state and federal laws:     42 Code of Federal Regulation Part 2 and Part 142     45 Code of Federal Regulation Parts 160 and 164;     Section 394.4615, Florida Statutes     Section 916.107(8), Florida Statutes     I received Security     Awareness Training on:     O4/06/2023     (mm/dd/yyyy)     (mm/dd/yyyy)     Requestor's Signature:     Mode Mathematical Access	c. Baker Act Roles (choose one):	Baker Act Facility	
Add New User       Deactivate User       Reactivate User       Update User Information         CONFIDENTIALITY AND SECURITY REQUIREMENTS/CERTIFICATIONS:       By my signature, I acknowledge that I am responsible for safeguarding the confidentiality and security of all information contained in any of the above data systems (Item 3 above) to which I am granted access as required by the following state and federal laws:         42 Code of Federal Regulation Part 2 and Part 142       45 Code of Federal Regulation Parts 160 and 164; Section 394.4615, Florida Statutes         Section 916.107(8), Florida Statutes       Section 282.318, Florida Statutes         I received Security       and *HIPAA         Awareness Training on:       04/06/2023         (mm/dd/yyyy)       (mm/dd/yyyy)         Requestor's Signature:       MamAdegree         Mot required for Baker Act access       MamAdegree		DCF	
Add New User       Deactivate User       Reactivate User       Update User Information         CONFIDENTIALITY AND SECURITY REQUIREMENTS/CERTIFICATIONS:       By my signature, I acknowledge that I am responsible for safeguarding the confidentiality and security of all information contained in any of the above data systems (Item 3 above) to which I am granted access as required by the following state and federal laws:         42 Code of Federal Regulation Part 2 and Part 142       45 Code of Federal Regulation Parts 160 and 164; Section 394.4615, Florida Statutes         Section 916.107(8), Florida Statutes       Section 282.318, Florida Statutes         I received Security       and *HIPAA         Awareness Training on:       04/06/2023         (mm/dd/yyyy)       (mm/dd/yyyy)         Requestor's Signature:       MamAdegree         Mot required for Baker Act access       MamAdegree	C AOTION DEOUEOTED		
responsible for safeguarding the confidentiality and security of <b>all</b> information contained in <b>any</b> of the above data systems (Item 3 above) to which I am granted access as required by the following state and federal laws: 42 Code of Federal Regulation Part 2 and Part 142 Section 394.4615, Florida Statutes Section 916.107(8), Florida Statutes I received Security Awareness Training on: 04/06/2023 and *HIPAA Training on: [Certificates Attached (mm/dd/yyyy) Requestor's Signature:	Add New User	tivate User [_] Reactiv	vate User Update User Information
Section 916.107(8), Florida Statutes       Section 282.318, Florida Statutes         I received Security       and *HIPAA         Awareness Training on:       04/06/2023 (mm/dd/yyyy)       I received Security         Requestor's Signature:       Omm/dd/command         Not required for Baker Act access       Date:       4/4/4/2.3	responsible for safeguarding the co systems (Item 3 above) to which I a 42 Code of Federal Regulation P	onfidentiality and security am granted access as rec art 2 and Part 142 4	of <b>all</b> information contained in <b>any</b> of the above data quired by the following state and federal laws: I5 Code of Federal Regulation Parts 160 and 164;
I received Security Awareness Training on:04/06/2023 and *HIPAA Training on: Certificates Attached (mm/dd/yyyy) (mm/dd/yyyy) Requestor's Signature: Comman C			
Awareness Training on:       04/06/2023 (mm/dd/yyyy)       and "HIPAA Training on:       Certificates Attached         Requestor's Signature:       Omm/dd/yyyy)       (mm/dd/yyyy)       Date:       4/6/2.3         Not required for Baker Act access       Omm/da Copreca       Date:       4/6/2.3			
Not required for Baker Act access	Awareness Training on: 04/06/	2023 Training on:	Certificates Attached
Not required for Baker Act access		1.0	4/12/23
F 146, April 2023 Page 1 of 1	Requestor's Signature: *Not required for Baker Act access CF 146, April 2023	maa episca	