

Medicaid ID: \_\_\_\_\_  
or, Application Tracking Number (ATN)

**Non - Profit Organization  
Volunteer Board Member Affidavit for Exemption  
from Medicaid Criminal History Checks**

**Attach a list with each qualifying board member's full name and social security number.**

I, \_\_\_\_\_ request exemption from the fingerprinting  
(Print Name of CEO)  
and criminal history check requirements under Chapter 409, Florida Statutes, and do hereby  
certify that \_\_\_\_\_ is a not-for-profit corporation  
(Print Name of Organization)  
organization as defined in Florida Statutes. I further certify that the members of the board of  
directors of the organization identified in the attached listing meet all of the following criteria:

- 1. Serves solely in a voluntary capacity for the above-named organization;**
- 2. Receives no remuneration from the above-named organization;**
- 3. Does not take part in the day-to-day operational decisions of the above-named organization;**
- 4. Has no financial interest in the above-named organization; and**
- 5. Has no family members with a financial interest in the above-named organization.**

Check here if the CEO also meets the five requirements listed above.

Under penalty of perjury, I do hereby certify that this is a true and accurate statement.

\_\_\_\_\_  
(Signature of CEO of Organization or Superintendent of School District)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Print name of above signatory party)