

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Ron DeSantis
Governor

Joseph A. Ladapo, MD, PhD
State Surgeon General

Vision: To be the Healthiest State in the Nation

May 26, 2022

Confidential

Simone Gold
799 104th Ave N
Naples, FL 34108

Profession Code: 1501
File Number: 68955

Dear Applicant:

The Department received your criminal history results. This letter is to acknowledge receipt of those results and does not replace anything requested in the application deficiency letter.

Your criminal background check has disclosed an arrest record(s). Please see the enclosed page for any offenses requiring additional documentation.

In order to continue processing your background screening you will need to provide documentation related to every criminal event in your background. Such documentation may include:

Items required for each offense:

- Self-Explanation – a letter written in your own words that describes the circumstances surrounding each offense, including date, city, state, charges, plea, and disposition/sentencing. If the offense involved battery or assault, you must include your relationship to the victim and the age of the victim at the time the offense occurred in this explanation.
- Court Dispositions/Sentencing – documentation from the county Clerk of Courts in the jurisdiction (state/county) in which the offense(s) occurred, including disposition/final outcome and sentencing (showing what was ordered, examples: probation, fines, etc.). You may be able to obtain this online through the clerk of court website. NOTE: Have all alias/maiden names included in the search.
- Arrest Report(s) – a copy of the arrest report for each offense. If you are unable to obtain a copy from the Clerk of Court, you can request a copy from the arresting agency.
- Probation/Parole, PTI Letters and/or Release (If applicable) – proof that you completed all court ordered probation/parole, PTI (Pre-trial intervention) or jail time ordered. This documentation must be issued by the probation office, Department of Corrections or the jail and must include the start date and termination date of your probation or supervised release.

Florida Department of Health

Division of Medical Quality Assurance • Background Screening Unit
4052 Bald Cypress Way, BSU-01 • Tallahassee, FL 32399-3260
PHONE: (850) 488-0595 • FAX: (850) 617-6290



Accredited Health Department
Public Health Accreditation Board

- Receipt of Payment (If applicable) – proof that all fines, restitution, or other court costs have been paid in full for each offense. This documentation can be obtained from the Clerk of Court in the county in which the offense occurred and must include the date in which the payment/completion of the sanction was satisfied.

If you are unable to produce the information required above, a letter (on letterhead) from the Clerk of Court within the jurisdiction of the offense is required and must state the reason the document is not available. NOTE: Have all alias/maiden names included in the search.

The Department will not be able to complete the review process of your application until the requested documentation is received.

Please return a copy of this letter along with all requested documents to MQA.backgroundscreen@flhealth.gov, fax (850) 617-6290 or mail:

Background Screening Unit
Attn: Brittney Fountain
Florida Department of Health
4052 Bald Cypress Way, Bin BSU - 01
Tallahassee, FL 32399-3260

For any additional questions please visit our website at <http://www.flhealthsource.gov/background-screening/>.

Sincerely,

Brittney Fountain

Brittney Fountain

Supplemental Background Screening Information:

Offense(s):

Date of Offense: 01/18/2021

Offense Description: Treason – 18 USC 1752

Arresting Agency: FBI Los Angeles, CA

***Please note: I received your self explanation but before we can move forward we'll need court docs pertaining to this charge.

Date of Offense:

Offense Description:

Arresting Agency:

Date of Offense:

Offense Description:

Arresting Agency:

Date of Offense:

Offense Description:

Arresting Agency:

Date of Offense:

Offense Description:

Arresting Agency:

Aliases (If Applicable)