



Privilege and Certification System  
Provider User Guide  
Batterers' Intervention Programs

**Effective Date: 3/31/2025**

**Version: 1.1**

*Mission: to work in partnership with local communities to protect the vulnerable, promote strong and economically self-sufficient families, and advance personal and family recovery and resiliency.*

# Privilege and Certification System

## Revision History

Author	Date	Ver.	Notes
A. Murthy	June 28, 2024	1.0	Initial draft with complete narrative
A. Murthy	Feb 27, 2025	1.1	Modified the initial draft and included the enhancement

# Privilege and Certification System

## Table of Contents

User Guide: Introduction .....	5
1    Accessing PCS .....	5
1.1    Sign-In .....	6
1.2    Terms of Notice .....	6
1.3    Home Screen .....	7
2    Provider Application Process .....	8
2.1    Initiate Application Process .....	8
2.2    Documents Required .....	9
2.3    Applicant General Information.....	10
2.4    Provider General.....	12
2.5    Administrative Address .....	13
2.6    Contact.....	14
2.7    Provider Parent Organization .....	15
2.9    BIP General Info.....	16
2.10    Sites .....	17
2.11    Staff .....	18
2.12    Attachments .....	19
2.13    Sign and Submit .....	20
2.14    Print Application.....	21
3    Additional Tabs Visible After Application Submission .....	22
3.1    Discussion.....	22
3.2    Assignment .....	22
3.3    Approval .....	23
4    Provider Closure .....	24

# Privilege and Certification System

## Table of Figures

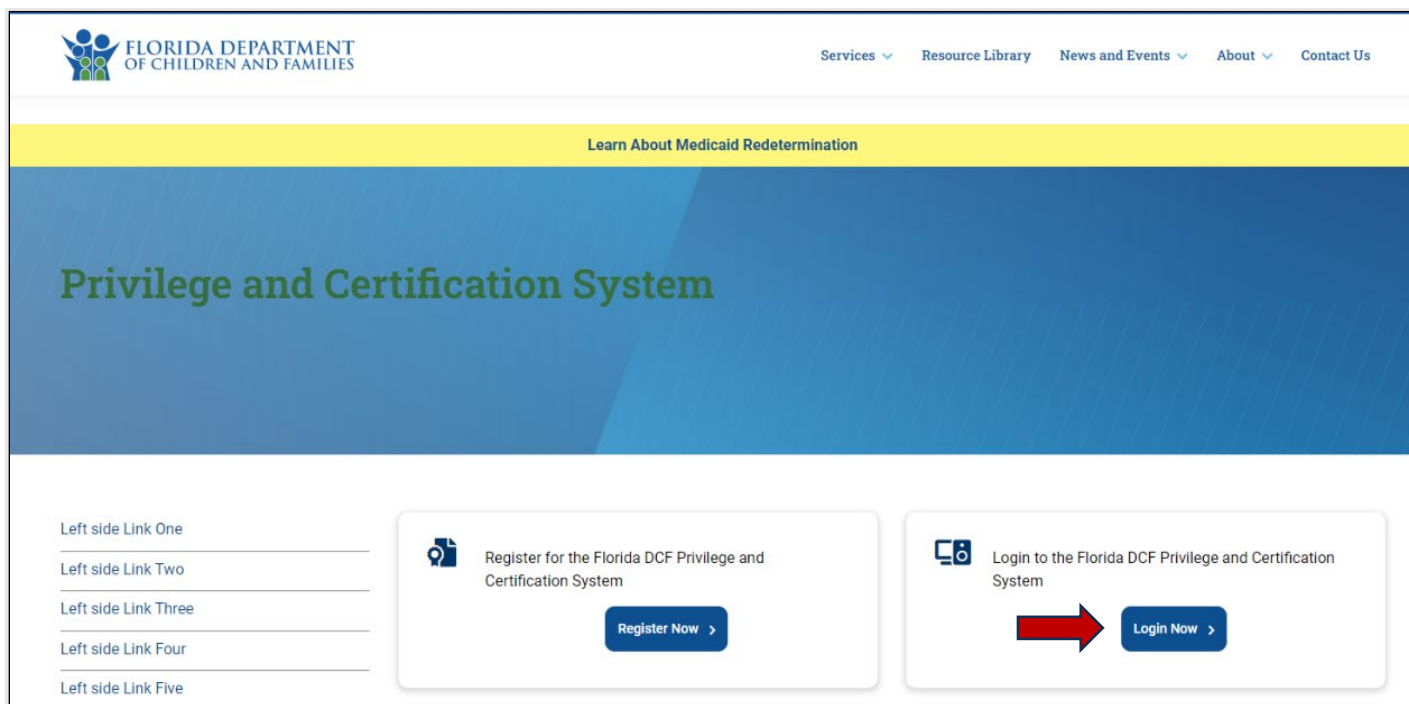
Figure 1: Provider Sign-In – Existing User – DCF Web Site .....	5
Figure 2: Provider Sign-In – Existing User – App Launcher.....	6
Figure 3: Provider Sign-In – Terms of Notice.....	6
Figure 4: Home Screen .....	7
Figure 5: Provider Application Process- Initiate Application Process .....	8
Figure 6: Provider Application Process- Documents Required .....	9
Figure 7: Provider Application Process- Applicant General Information .....	10
Figure 8: Provider Application Process- Applicant General Information – Create a New Application.....	11
Figure 9: Provider Application Process- Provider General.....	12
Figure 10: Provider Application Process- Administrative Address.....	13
Figure 11: Provider Application Process- Contact.....	14
Figure 12: Provider Application Process- Add Provider Contact .....	14
Figure 13: Provider Application Process- Provider Parent Organization .....	15
Figure 16: Application Details- BIP General Info .....	16
Figure 17: Application Details- Sites .....	17
Figure 18: Application Details- Sites- New Site .....	17
Figure 19: Application Details- Staff.....	18
Figure 20: Application Details- Staff – Add New Staff .....	18
Figure 21: Application Details- Attachments.....	19
Figure 22: Application Details- Sign and Submit .....	20
Figure 23: Application Details- Print.....	21
Figure 22: Discussion .....	22
Figure 23: DCF Only- Assignment.....	22
Figure 24: DCF Only- Approval .....	23
Figure 25: Manage- Closures.....	24
Figure 26: View Provider Closure Records .....	24

# Privilege and Certification System

## User Guide: Introduction

This guide is designed to help registered provider users navigate and utilize the various screens and functionalities available within the Department of Children and Families (DCF) Privilege and Certification System (PCS). PCS is used to request and record certification for Human Trafficking Safe Houses, Domestic Violence Centers, Batterers' Intervention Programs, and associated Privileged Staff.

### 1 Accessing PCS

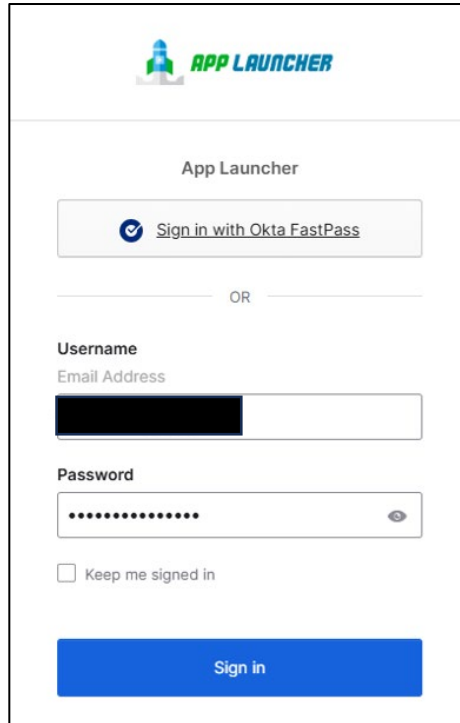


**Figure 1: Provider Sign-In – Existing User – DCF Web Site**

Existing users with an account can sign in by clicking “Login Now” from the DCF Web Site to access their profile.

# Privilege and Certification System

## 1.1 Sign-In

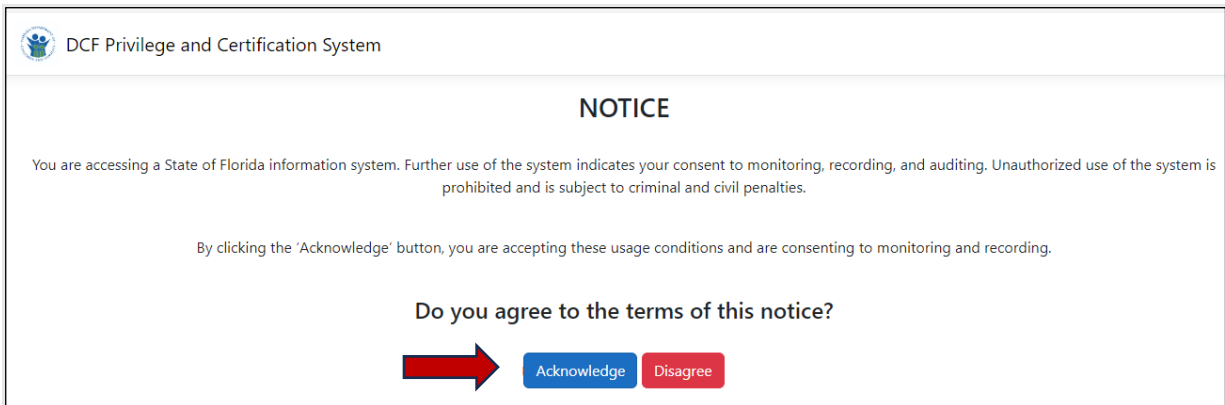


The screenshot shows the 'App Launcher' sign-in interface. At the top, there is a logo with a person icon and the text 'APP LAUNCHER'. Below the logo, the text 'App Launcher' is centered. A button labeled 'Sign in with Okta FastPass' is displayed. Below this button, the text 'OR' is centered. The 'Username' section is labeled 'Email Address' and contains a text input field with a blacked-out placeholder. The 'Password' section contains a text input field with masked characters (dots) and an eye icon for toggling visibility. Below the password field is a checkbox labeled 'Keep me signed in'. At the bottom, there is a large blue button labeled 'Sign in'.

**Figure 2: Provider Sign-In – Existing User – App Launcher**

Users will be presented with a login screen where they will enter their Username and Password to sign in to PCS. Through this screen, existing users will also be able reset a forgotten password or unlock their account following excessive failed login attempts.

## 1.2 Terms of Notice



The screenshot shows the 'Terms of Notice' screen. At the top left, there is a logo with a person icon and the text 'DCF Privilege and Certification System'. The title 'NOTICE' is centered. Below the title, the text reads: 'You are accessing a State of Florida information system. Further use of the system indicates your consent to monitoring, recording, and auditing. Unauthorized use of the system is prohibited and is subject to criminal and civil penalties.' Below this text, it says: 'By clicking the 'Acknowledge' button, you are accepting these usage conditions and are consenting to monitoring and recording.' The question 'Do you agree to the terms of this notice?' is centered. Below the question, there is a large red arrow pointing right, followed by two buttons: 'Acknowledge' (blue) and 'Disagree' (red).

**Figure 3: Provider Sign-In – Terms of Notice**

Users must either acknowledge the terms of notice to proceed or disagree and be redirected to the DCF Web Site (see **Figure 1**).

# Privilege and Certification System

## 1.3 Home Screen

FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES

Services ▾ Resource Library News and Events ▾ About ▾ Contact Us

### DCF Privilege and Certification System

Home Manage ▾ Sign Off

(Select One) ▾ [Create](#) ☒ Show All

10 ▾ entries per page

Action	Reference ID	Type	Status Change Date	DCF Contact	Status	Certificate Expires
<a href="#">Q</a> <a href="#">P</a>	2025-BP-00001	Initial Application for Batterers' Intervention Program	02/20/2025	Joy Blocker	Approved	2/20/2026
<a href="#">Q</a> <a href="#">P</a>	2025-BR-00002	Renewal Application for Batterers' Intervention Program	02/20/2025	Joy Blocker	Approved	

Showing 1 to 2 of 2 entries

« < 1 > »

**Figure 4: Home Screen**

The Home Screen displays key information for managing tasks and applications.

Menu items on the Home Screen include:

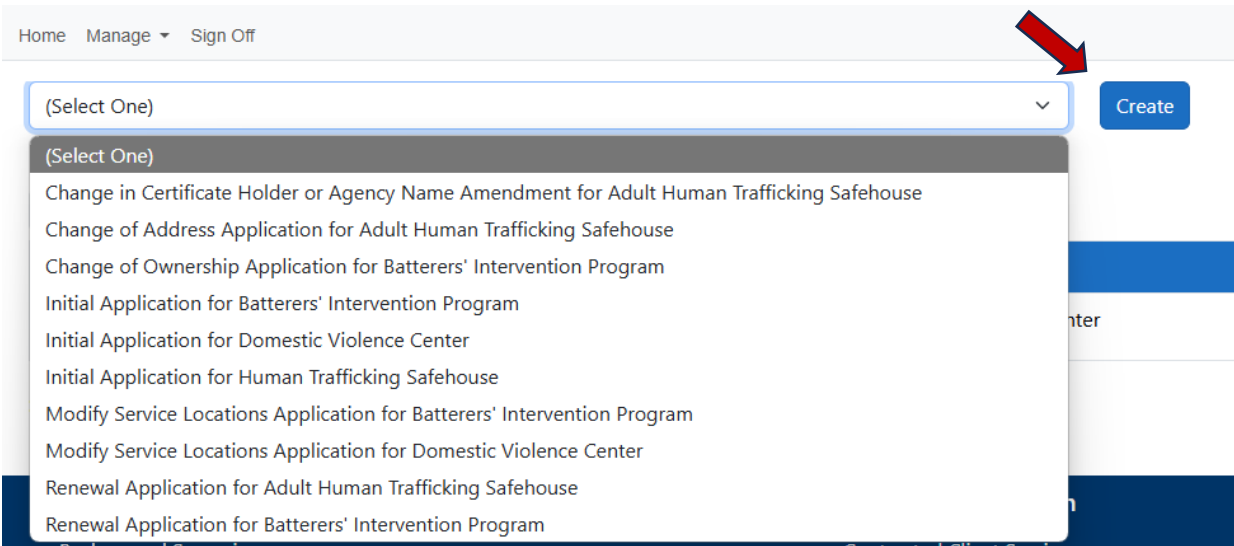
- **Home:** Directs users back to the home page.
- **Manage:** Access to additional menu options to support registration of privileged staff, certification, or view information regarding certificate closures.
- **Sign Off:** Securely logs users out of the system.

Other components on the Home Screen include:

- **Create:** Allows users to initiate various applications, including initial applications for domestic violence centers, as well as updates or changes to service locations.
- **Show All:** Checkbox to include display of completed applications in the Data Grid.
- **Data Grid:** Shows application details such as reference ID, type of application, status change date, DCF contact, status, and expiration details of certificates, and an option to view the application, print the application, or print the resulting certificate.

## 2 Provider Application Process

### 2.1 Initiate Application Process



Home Manage Sign Off

(Select One) Create

- (Select One)
- Change in Certificate Holder or Agency Name Amendment for Adult Human Trafficking Safehouse
- Change of Address Application for Adult Human Trafficking Safehouse
- Change of Ownership Application for Batterers' Intervention Program
- Initial Application for Batterers' Intervention Program
- Initial Application for Domestic Violence Center
- Initial Application for Human Trafficking Safehouse
- Modify Service Locations Application for Batterers' Intervention Program
- Modify Service Locations Application for Domestic Violence Center
- Renewal Application for Adult Human Trafficking Safehouse
- Renewal Application for Batterers' Intervention Program

**Figure 5: Provider Application Process- Initiate Application Process**

To initiate the provider application process, select the appropriate request type from the dropdown menu and proceed by clicking the “Create” button.



# Privilege and Certification System

## 2.2 Documents Required

Home Manage Sign Off

Print

Documents Required

Applicant

Applicant General Information

Provider

Provider General

Administrative Address

Contact

Application Details

BIP General Info

Sites

Staff

Attachments

Sign and Submit

**Initial Application for Batterers' Intervention Program**

Please review and save the Applicant General Information to create an application before completing any other tab.

The following documents are required with your application. Please submit one or more attachments following the specified format and order as outlined below. Multiple items submitted within one attachment should include a table of contents and dividers for each section.

You may download document templates from this page. Attachments may be uploaded via the Attachments tab within the application prior to submission.

Thank you for your attention to detail. We appreciate your adherence to these guidelines and look forward to reviewing your complete application package. Incomplete applications will unfortunately be returned to you for correction.

Item Order	Document Name	Description	Download Template
1	Policy and Procedure Manual	Procedures Manual	
2	Curriculum	Business Requirement	
3	Forms (including screening and assessment tools)	Business Requirement	
4	Informational Brochures	Business Requirement	
5	Staff Credentials and Training	Business Requirement	
6	Affidavit of Good Moral Character	Business Requirement	<a href="#">Download</a>
7	List of partners with title, address, phone number (if applicable)	Business Requirement	
8	Certificate of Status or Acknowledgement Letter of Registration from Department of State	Business Requirement	

Next

Cancel

**Figure 6: Provider Application Process- Documents Required**

The screen features a table detailing the required documents to support the application. It includes columns for Item Order, Document Name, Description, and Download Template. The link in the Download Template column, if present, will allow the user to download a template of the required form for completion. The documents required for submission are different for each application type. Not all application types will require documents to be uploaded.

**Note:** This is NOT where required documents are uploaded. The actual document upload process will occur in a later step. Click the "Next" button to proceed to the Applicant General Information tab.

# Privilege and Certification System

## 2.3 Applicant General Information

The screenshot displays the 'DCF Privilege and Certification System' interface. At the top, the Florida Department of Children and Families logo is visible. The main heading is 'DCF Privilege and Certification System'. Below this, there are navigation links: 'Home', 'Manage', and 'Sign Off'. A 'Print' button is located on the left. The main content area is titled 'Initial Application for Batterers' Intervention Program'. A red message states: 'Please review and save the Applicant General Information to create an application before completing any other tab.' The form is divided into sections: 'Applicant' (with a sub-section 'Applicant General Information'), 'Provider' (with sub-sections 'Provider General', 'Administrative Address', and 'Contact'), and 'Application Details' (with sub-sections 'BIP General Info', 'Sites', 'Staff', 'Attachments', and 'Sign and Submit'). The 'Applicant General Information' section contains the following fields: 'First Name \*', 'Last Name \*', 'Email \*', 'Position \*' (pre-filled with 'Executive Director'), 'Phone \*', and 'County \*'. At the bottom of the form, there are three buttons: 'Previous', 'Next', and 'Save'. A red arrow points to the 'Save' button.

**Figure 7: Provider Application Process- Applicant General Information**

Click the "Save" button to save the application. The pre-populated information is sourced from the user's registration and is displayed in a read-only format.

**Note:** It is important to save the application at this stage to commence the application. Data entered on any other tab will be lost if the application is not saved at this step.

# Privilege and Certification System

**FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES**

## DCF Privilege and Certification System

Home Manage Sign Off

**Initial Application for B...**

Please review and save the Application before completing any other tab.

**Applicant**

Applicant General Information

**Provider**

Provider General  
Administrative Address  
Contact

**Application Details**

BIP General Info  
Sites  
Staff  
Attachments  
Sign and Submit

**First Name \***

**Last Name \***

**Email \***

**Position \***

Executive Director

**Phone \***

**County \***

Previous Next Save

**Create a New Application?**

You are about to save your application data and create a new application.

You will be able to return to this application later and continue working on your saved data.

Continue?

Exit Without Saving Continue to Save

**Figure 8: Provider Application Process- Applicant General Information – Create a New Application**

User may either click the “Continue to Save” button to create a new entry or the “Exit Without Saving” button which will not save the application data. When “Exit Without Saving” is clicked, data cannot be added to the subsequent tabs, the page will not redirect, and users can continue to view the current application.

# Privilege and Certification System

## 2.4 Provider General

**Print**

**Documents Required**

**Applicant**

Applicant General Information

**Provider**

**Provider General**

Administrative Address

Contact

Provider Parent Organization

**Application Details**

BIP General Info

Sites

Staff

Attachments

Sign and Submit

**Initial Application for Batterers' Intervention Program**

**Type of Organization \***

Corporation

**Federal Employer ID \***

[Redacted]

**Name of Organization as Registered with Secretary of State \***

XYZ, Inc.

**Doing Business As-As Registered with Secretary of State**

**Other Names (if applicable)**

**Florida Business Registration \***

**Is a non-profit organization? \***

No

**Is a subsidiary of another organization? \***

Yes

**Has the Organization been granted tax-exempt status by the IRS? \***

No

**If yes, under what section is the federal code? Example: 501(C) \***

Changes have been made on this page. Click Save to retain these changes. If you click Previous, Next, or navigate away from this screen without saving, these changes will be lost.

**Previous** **Next** **Save**

**Figure 9: Provider Application Process- Provider General**

The Provider General tab is designed to efficiently collect essential information during the provider application process. Information on this screen will pre-populate based on the most recently approved data from the user's registration or application for certification.

Click "Save" to retain any information that may have changed, then "Next" to move forward to the next screen.

# Privilege and Certification System

## 2.5 Administrative Address

Print

Documents Required

Applicant

Applicant General Information

Provider

Provider General

Administrative Address

Contact

Provider Parent Organization

Application Details

BIP General Info

Sites

Staff

Attachments

Sign and Submit

Initial Application for Batterers' Intervention Program

Administrative Office Physical Address

Address Line 1 \* ?  
123 Street

Address Line 2 (Optional) ?

City \*  
Tallahassee

State \*  
Florida

Zip Code \*  
32309

☒ Is Administrative address same as mailing address \*

Administrative Office Mailing Address

Address Line 1 \*  
123 Street

Address Line 2 (Optional)

City \*  
Tallahassee

State \*  
Florida

Zip Code \*  
32309

Changes have been made on this page. Click Save to retain these changes. If you click Previous, Next, or navigate away from this screen without saving, these changes will be lost.

Previous

Next

Save

**Figure 10: Provider Application Process- Administrative Address**

The provider's administrative address is essential for official correspondence and legal requirements. It requires the street address, city, state, and zip code to ensure correct mail delivery. Information on this screen will pre-populate based on the most recently approved data from the user's registration or application for certification.

Click "Save" to retain any information that may have changed, then "Next" to move forward to the next screen.

Provider User Guide

Page 13 of 24

# Privilege and Certification System

## 2.6 Contact

**Initial Application for Batterers' Intervention Program**

**New Contact Method**

Action	Contact Type	Contact Info	Contact Description
	Main Line	111-111-1111	Program contact number
	Email Address	me@me.com	Email
	Website	http://www.myagency.com	Website

Showing 1 to 3 of 3 entries

**Add New Contact**

**Contact Type \***

(Select One)

(Select One)

Main Line

Hotline

Email Address

Fax Number

Website

**Contact Info \***

Save New Contact Cancel

**Figure 11: Provider Application Process- Contact**

The Contact tab displays a data grid of existing agency contact information entered during the registration process.

Select the “New Contact Method” button to add a new contact to the grid.

Select the Pencil icon in the grid to edit an existing contact.

Select the Trash Can icon in the grid to delete an existing contact.

**Figure 12: Provider Application Process- Add Provider Contact**

Choose from various Contact Types and enter the relevant details for the chosen contact method, including a description in the free text field, and Save. The new or updated contact information will appear in the data grid, where it can be further modified, viewed, or deleted. All fields are mandatory.

**Note:** Each provider must have at least one contact record.

# Privilege and Certification System

## 2.7 Provider Parent Organization

The screenshot shows a web application interface for the 'Initial Application for Batterers' Intervention Program'. On the left is a sidebar with a 'Print' button at the top, followed by a 'Documents Required' section. Below this are three main categories: 'Applicant' (with 'Applicant General Information'), 'Provider' (with 'Provider General', 'Administrative Address', 'Contact', and 'Provider Parent Organization' - which is highlighted in green), and 'Application Details' (with 'BIP General Info', 'Sites', 'Staff', 'Attachments', and 'Sign and Submit'). The main content area is titled 'Initial Application for Batterers' Intervention Program' and contains several required fields marked with an asterisk (\*). These fields include: 'Name of the Parent Organization \* ?' (text input), 'Contact Person's Name \* ?' (text input), 'Position Title \*' (text input), 'Phone Number \*' (text input), 'Email \*' (text input), 'Address 1 \* ?' (text input), 'Address 2' (text input), 'City \*' (text input), 'State \*' (a dropdown menu currently showing '(Select One)'), and 'Zip \*' (text input). At the bottom of the form are three buttons: 'Previous', 'Next', and 'Save'.

**Figure 13: Provider Application Process- Provider Parent Organization**

The "Parent Organization" tab is visible only when the registered provider answered yes to “Is a subsidiary of another organization” on the Provider General screen during registration. Information on this screen will pre-populate based on the most recently approved data from the user’s registration or application for certification. Users can edit the pre-populated information to update inaccurate or outdated details and correct errors.

Click “Save” to retain any information that may have changed, then “Next” to move forward to the next screen.

# Privilege and Certification System

## 2.9 BIP General Info

Print

Documents Required

**Applicant**

Applicant General Information

**Provider**

Provider General

Administrative Address

Contact

Provider Parent Organization

**Application Details**

BIP General Info

Sites

Staff

Attachments

Sign and Submit

**Initial Application for Batterers' Intervention Program**

**BIP Model** \* ?

☒ Psychoeducational

☒ Cognitive Behavioral Therapy

☐ Other

If Other, please identify ?

**Name of Curriculum** \* ?

Duluth

**Judicial Circuit(s)** \* ?

☐ Circuit 1

☐ Circuit 2

☐ Circuit 3

☐ Circuit 4

☐ Circuit 5

☐ Circuit 6

☐ Circuit 7

☐ Circuit 8

☒ Circuit 9

☐ Circuit 10

☐ Circuit 11

☐ Circuit 12

☐ Circuit 13

☐ Circuit 14

☐ Circuit 15

☐ Circuit 16

☐ Circuit 17

☒ Circuit 18

☐ Circuit 19

☐ Circuit 20

Changes have been made on this page. Click Save to retain these changes. If you click Previous, Next, or navigate away from this screen without saving, these changes will be lost.

Previous

Next

Save

**Figure 14: Application Details- BIP General Info**

This section captures general information about the batterers' intervention program. All fields are mandatory.

Click "Save," then "Next" to move forward to the next screen.



# Privilege and Certification System

## 2.10 Sites

**Initial Application for Batterers' Intervention Program**

Print

Documents Required

**Applicant**

Applicant General Information

**Provider**

Provider General

Administrative Address

Contact

Provider Parent Organization

**Application Details**

BIP General Info

**Sites**

Staff

Attachments

Sign and Submit

**New Site**

Action Name Address City County Zip Phone Site Type

No data available in table

Showing 0 to 0 of 0 entries

Previous Next

**New Site**

Site Name \* ?  
Tallahassee group

Site Type \* ?  
BIP In-Person Group

Site Schedule ?  
Mondays 6-7:30pm  
Wednesdays 2-3:30pm

**Physical (Street) Address**

Address Line 1 \*  
123 Street

Address Line 2 (Optional)

City \* County \* Zip \*

Orlando Orange 32809

Phone \*  
111-111-1111

Judicial Circuit(s)  
☒ Circuit 9  
☒ Circuit 18

Save Site Info Cancel

**Figure 15: Application Details- Sites**

The Sites page mirrors the functionality of the Provider Contact page, displaying a list of sites associated with the provider.

- Select the “New Site” button to add a new site to the grid.
- Select the Pencil icon in the grid to edit an existing site.
- Select the Trash Can icon in the grid to delete an existing site.

**Figure 16: Application Details- Sites- New Site**

Enter the relevant details for the site and Save. Judicial Circuit(s) are displayed for selection based on those entered and saved on the BIP General Info page. The new or updated information will appear in the data grid, where it can be further modified, viewed, or deleted.

# Privilege and Certification System

## 2.11 Staff

**Initial Application for Batterers' Intervention Program**

Documents Required

**Applicant**

Applicant General Information

**Provider**

Provider General

Administrative Address

Contact

**Application Details**

BIPS General Info

Sites

**Staff**

Attachments

Sign and Submit

**New Program Staff**

10 entries per page

Search:

Action	First Name	Last Name	Role	Professional License Number	Email Address	Telephone Number
	Sam					

Showing 1 to 1 of 1 entry

Previous Next

**Add New Staff**

**Role \*** ?

(Select One)

**First Name \*** ?

**Last Name \*** ?

**Professional License Number** ?

**Email Address \*** ?

**Telephone Number \*** ?

**Site Location \*** ?

To select more than one Site Location, click and drag your cursor or hold the [Ctrl] key while selecting multiple values.

site 1

**Save New Staff** **Cancel**

**Figure 17: Application Details- Staff**

The Staff page mirrors the functionality of the Provider Contact page, displaying a list of staff associated with the provider.

Select the “New Program Staff” button to add a new staff member to the grid.

Select the Pencil icon in the grid to edit an existing staff member.

Select the Trash Can icon in the grid to delete an existing staff member.

**Figure 18: Application Details- Staff – Add New Staff**

Enter the relevant details for the staff member and Save. Site Location(s) are displayed for selection based on those entered and saved on the Sites page. Each provider will have staff members assigned to them, regardless of the site. These positions may be assigned to one or more sites, but each site does not require staff to be listed. All roles must be entered/created. The new or updated information will appear in the data grid, where it can be further modified, viewed, or deleted.

# Privilege and Certification System

## 2.12 Attachments

**Initial Application for Batterers' Intervention Program**

Please upload all required and any optional attachments from this page. Listed documents should be uploaded at corresponding listing.

If you have one document attachment that meets multiple requirements, please follow specific policy for your program as found in the application user guide.

Additional supporting documentation may be attached by clicking the Upload Unlisted Document button.

**Upload Unlisted Document**

Item Order	Document Name	Description	Required	Uploaded?	Upload Date	Action
1	Policy and Procedure Manual	Procedures Manual	Yes	No		
2	Curriculum	Business Requirement	Yes	No		
3	Forms (including screening and assessment tools)	Business Requirement	Yes	No		
4	Informational Brochures	Business Requirement	Yes	No		
5	Staff Credentials and Training	Business Requirement	Yes	No		
6	Affidavit of Good Moral Character	Business Requirement	Yes	No		
7	List of partners with title, address, phone number (if applicable)	Business Requirement	No	No		
8	Certificate of Status or Acknowledgement Letter of Registration from Department of State	Business Requirement	Yes	No		

**Upload Document**

Choose File No file chosen

Comments:

**Upload This Document** **Cancel**

**Figure 19: Application Details- Attachments**

The Provider Attachments tab simplifies the submission and verification of required documents. Users can upload unlisted documents, which will appear dynamically in a grid or table.

**Note:** All “**required**” documents must be uploaded to submit an application.

If the user has uploaded a single document that meets multiple requirements, they may upload a one-page/one-line statement indicating that the required content is included in another document, and reference that document name. This allows users to streamline their submissions by referencing other documents instead of duplicating content.

The “Upload Unlisted Document” button allows users to submit additional document(s) that may be beneficial to the Department when reviewing the submitted request.

# Privilege and Certification System

## 2.13 Sign and Submit

Print

Documents Required

**Applicant**

Applicant General Information

**Provider**

Provider General

Administrative Address

Contact

Provider Parent Organization

**Application Details**

BIP General Info

Sites

Staff

Attachments

Sign and Submit

**Initial Application for Batterers' Intervention Program**

Request is not complete. Please complete the identified items.

Previous

Validated	Description
✓	Applicant General Information
✓	Provider General
✓	Provider Administrative Addresses
✓	Provider Contact
✓	BIP General Info
✓	Sites
✗	Staff: Assessor is required
✗	Staff: Facilitator is required
✗	Attachments Required

Showing 1 to 9 of 9 entries

☒ I attest that the named program in this application meets all standards for certification as required by Florida Statutes. By submission of this application and upon approval by the Department of Children and Families, I agree to abide by all rules, statutes, standards, policies and procedures that apply to the operation of an authorized facility. I understand that any omissions, misstatements, or misrepresentations are grounds for rejection of certification. I understand that certification is non-transferable.

I understand that knowingly making a false statement on this application constitutes a second-degree misdemeanor as provided in Florida Statutes. By signing this application, I swear and affirm that all the information given within this application is true and correct.

Previous

Submit

### Figure 20: Application Details- Sign and Submit

Validated information will appear with a green checkmark. Missing or incorrect information will appear with a red "X." Once all required information is validated, an attestation will appear. Users should read the attestation statement and select the confirmation checkbox to reflect agreement with the statement. This action makes the "Submit" button appear. Users can then click the "Submit" button to complete and submit the application.

# Privilege and Certification System

## 2.14 Print Application

The screenshot displays a web application window titled "DCF Privilege and Certification System". At the top, there is a navigation bar with links for "Home", "Manage" (with a dropdown arrow), and "Sign Off". Below the navigation bar, there are two blue buttons: "Print" and "Close". The main content area is titled "Applicant General Information" and contains the following details:

First Name	archana
Last Name	murthy
Email	archana.murthy@mylifamilies.com
Position	Business Analyst
Phone	185-056-7248
County	Leon

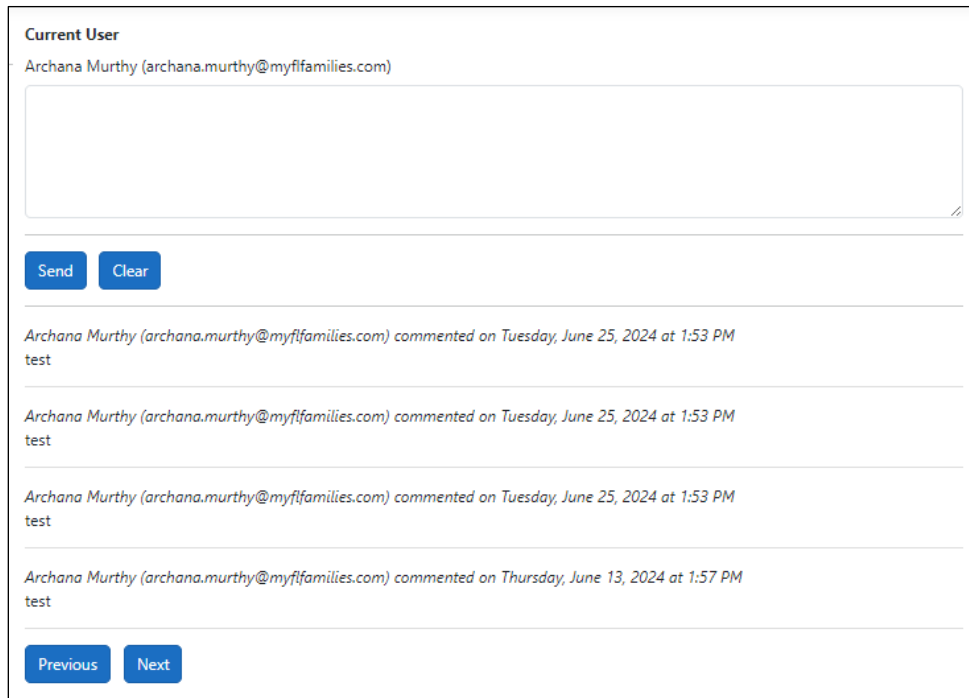
**Figure 21: Application Details- Print**

Users can print the application at any time by clicking the Print button in the application menu. This allows them to either view the entire application and print it or just view it and close the window by using the Close button.

## 3 Additional Tabs Visible After Application Submission

There are several additional tabs that may become visible to the provider after the Department processes its application. Unless indicated otherwise, these tabs are read only and displayed only for informational purposes.

### 3.1 Discussion



The screenshot shows the 'Current User' section with the name 'Archana Murthy' and email 'archana.murthy@myflfamilies.com'. Below this is a large text input area for sending a message, with 'Send' and 'Clear' buttons. A list of previous comments follows, each showing the user's name, email, and the text of the comment along with a timestamp. At the bottom are 'Previous' and 'Next' navigation buttons.

**Current User**  
Archana Murthy (archana.murthy@myflfamilies.com)

[Send](#) [Clear](#)

Archana Murthy (archana.murthy@myflfamilies.com) commented on Tuesday, June 25, 2024 at 1:53 PM  
test

Archana Murthy (archana.murthy@myflfamilies.com) commented on Tuesday, June 25, 2024 at 1:53 PM  
test

Archana Murthy (archana.murthy@myflfamilies.com) commented on Tuesday, June 25, 2024 at 1:53 PM  
test

Archana Murthy (archana.murthy@myflfamilies.com) commented on Thursday, June 13, 2024 at 1:57 PM  
test

[Previous](#) [Next](#)

**Figure 22: Discussion**

The Discussion page enhances interaction between providers and DCF staff. It allows Department and provider staff to send messages to each other and archives all previous communications, displaying them in an organized manner.

### 3.2 Assignment



The screenshot shows the 'Assign Primary' section with a dropdown menu displaying 'Archana Murthy'. Below this is the 'Assign Backup' section with a dropdown menu displaying 'Travis McLane'. At the bottom are 'Previous' and 'Next' navigation buttons.

**Assign Primary**  
Archana Murthy

**Assign Backup**  
Travis McLane

[Previous](#) [Next](#)

**Figure 23: DCF Only- Assignment**

The Assignment page allows programs to view the Department staff assigned and responsible for reviewing the application and ensuring the program remains in compliance.

# Privilege and Certification System

## 3.3 Approval



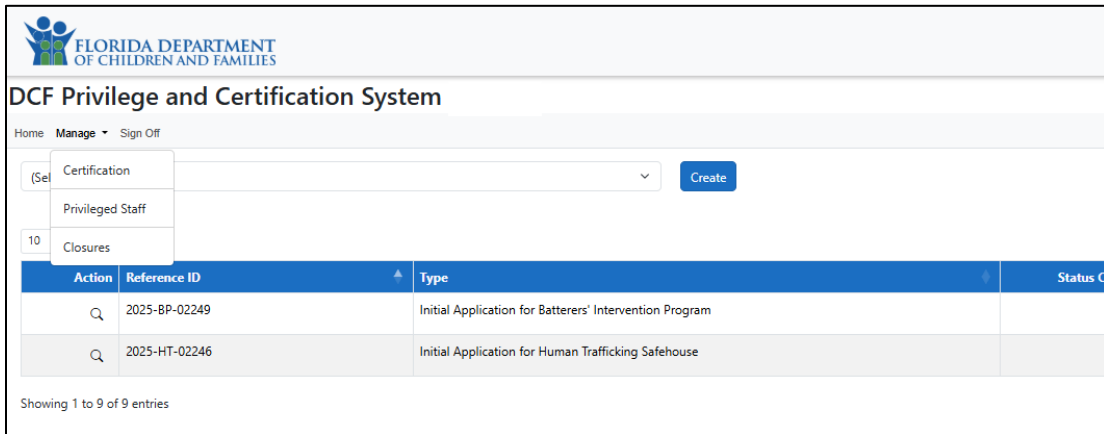
**Figure 24: DCF Only- Approval**

The Approval page displays the current status of the application, up to and including Approval.

# Privilege and Certification System

## 4 Provider Closure

When a provider’s certification has expired, is relinquished, or otherwise not renewed, the Department will process a closure request. The provider will have the capability to view that a closure has taken place.

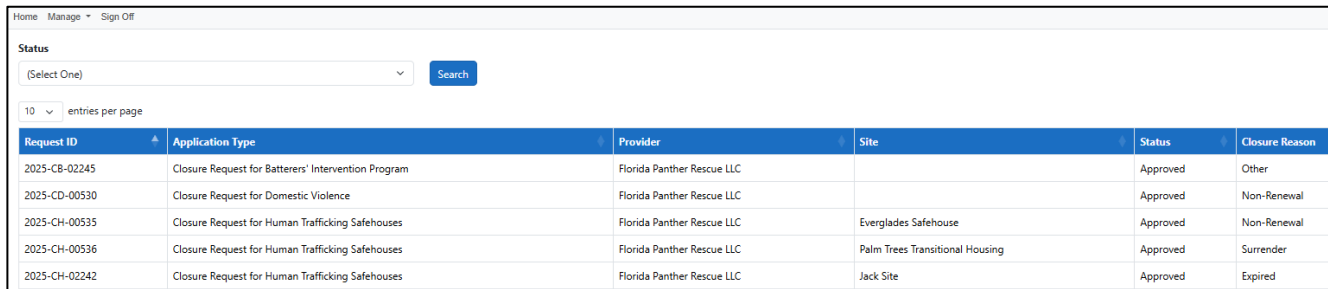


The screenshot shows the 'DCF Privilege and Certification System' interface. At the top is the Florida Department of Children and Families logo. Below it, the title 'DCF Privilege and Certification System' is displayed. A navigation bar includes 'Home', 'Manage' (selected), and 'Sign Off'. A dropdown menu is open under 'Manage', showing options: 'Certification', 'Privileged Staff', and 'Closures' (selected). A 'Create' button is visible next to the dropdown. Below the menu, a table displays closure requests. The table has columns: 'Action', 'Reference ID', 'Type', and 'Status Ch'. Two entries are visible: '2025-BP-02249' (Initial Application for Batterers' Intervention Program) and '2025-HT-02246' (Initial Application for Human Trafficking Safehouse). At the bottom, it says 'Showing 1 to 9 of 9 entries'.

Action	Reference ID	Type	Status Ch
Q	2025-BP-02249	Initial Application for Batterers' Intervention Program	
Q	2025-HT-02246	Initial Application for Human Trafficking Safehouse	

**Figure 25: Manage- Closures**

To view closure requests, the user may select the “Closures” option from the “Manage” menu.



The screenshot shows the 'View Provider Closure Records' screen. At the top, there is a navigation bar with 'Home', 'Manage' (selected), and 'Sign Off'. Below it, a 'Status' dropdown menu is set to '(Select One)' with a 'Search' button. A '10 entries per page' selector is also present. The main content is a table with columns: 'Request ID', 'Application Type', 'Provider', 'Site', 'Status', and 'Closure Reason'. The table contains five rows of data.

Request ID	Application Type	Provider	Site	Status	Closure Reason
2025-CB-02245	Closure Request for Batterers' Intervention Program	Florida Panther Rescue LLC		Approved	Other
2025-CD-00530	Closure Request for Domestic Violence	Florida Panther Rescue LLC		Approved	Non-Renewal
2025-CH-00535	Closure Request for Human Trafficking Safehouses	Florida Panther Rescue LLC	Everglades Safehouse	Approved	Non-Renewal
2025-CH-00536	Closure Request for Human Trafficking Safehouses	Florida Panther Rescue LLC	Palm Trees Transitional Housing	Approved	Surrender
2025-CH-02242	Closure Request for Human Trafficking Safehouses	Florida Panther Rescue LLC	Jack Site	Approved	Expired

**Figure 26: View Provider Closure Records**

The Closures screen displays a list of closure requests that have been processed by the Department. The provider can view the data grid and may contact the Department to report any concerns.