| *O.S.H.A  *HIPAA  *ALZHEIMER'S DISEASE  *INFECTION CONTROL  *ASSISTANCE WITH SELF ADMINISTRATION OF MEDICATION   |
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| *DOMESTIC VIOLENCE   |
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| LEVEL 2 BACKGROUND   |
| - AHCA AFFIDAVIT OF COMPLIANCE WITH LEVEL 2  |
| BACKGROUND SCREENING REQUIREMENTS  |
| - LEVEL 2 BACKGROUND CHECK   |
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