September 1, 2020

TO:

Mayor Jerry L. Demings

-AND-

Board of County Commissioners

THRU:

Yolanda G. Martinez, EdPhD., PhD., Director

Health Services Department

FROM:

Christian C. Zuver, M.D., Medical Director

EMS Office of the Medical Director

Contact: (407) 836-7611

SUBJECT:

Certificate of Public Convenience and Necessity

Renewal for Winter Garden Fire Rescue Department

Consent Agenda – September 22, 2020

The EMS Office of the Medical Director requests the approval of the renewal Certificate of Public Convenience and Necessity for the Winter Garden Fire Rescue Department to provide Advanced Life Support Transport Service. The Winter Garden Fire Rescue Department has submitted the attached application requesting the renewal of their Certificate of Public Convenience and Necessity. The current certificate has been in effect as an Advanced Life Support Transport Service since 2006.

The EMS Office of the Medical Director has determined that all requirements have been met by the Winter Garden Fire Rescue Department as contained in Orange County Ordinance 2001-9.

ACTION REQUESTED:

Approval and execution of the renewal Certificate of Public Convenience and Necessity for the Winter Garden Fire Rescue Department to provide Advanced Life Support Transport Service. The term of this certificate is from October 31, 2020 through October 31, 2022. There is no cost to the County. (EMS Office of the Medical Director)

CCZ/cf

Attachments



ORANGE COUNTY, FLORIDA EMS OFFICE OF THE MEDICAL DIRECTOR RENEWAL APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY

BLS TRANSPORT ALS AIR TRANSPORT	BLS NON-TRANSPORT () INTERFACILTY TRANSPORT
APPLICATION DATE August 10, 2020	· ,
1. NAME OF SERVICE Winter Garden Fire Reso	cue Department
2. BUSINESS ADDRESS (STREET) 1 East Cypres	s Street CITY Winter Garden
COUNTY Orange STATE FL	ZIP CODE <u>34787</u>
3. PHONE NUMBER 407-877-5175 FAX 407-656	-4017 24 Hour Number 407-656-3679
Internet E-Mail address mmcgrew@cwgdn.com	· · · · · · · · · · · · · · · · · · ·
Manager's Name Matt McGrew	Title Fire Chief
	D BELOW. (Use separate sheet if necessary). DSTER ATTACHMENTS, IF THERE ARE ANY
TO THE BEST OF MY KNOWLEDGE, ALL STATEME AND CORRECT AND THERE ARE NO OTHER (APPLICATION.	ENTS ON THIS APPLICATION ARE TRUE CHANGES TO BE MADE TO THE ORIGINAL

