June 22, 2017

TO:

Mayor Teresa Jacobs

-AND-

FROM:

George A. Ralls, M.D., Deputy County Administrator (5) County Administrator's Office Contact: (407) 836-5406

SUBJECT: Certificate of Public Convenience and Necessity

Renewal for Falck Southeast II Corp. d/b/a American Ambulance

Consent Agenda – July 11, 2017

The EMS Office of the Medical Director requests the approval of the renewal Certificate of Public Convenience and Necessity for Falck Southeast II Corp. d/b/a American Ambulance to provide Interfacility Advanced Life Support Transport Service. Falck Southeast II Corp. d/b/a American Ambulance 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 Interfacility Advanced Life Support Transport Service since December 1999.

The EMS Office of the Medical Director has determined that all requirements have been met by Falck Southeast II Corp. d/b/a American Ambulance as contained in Orange County Ordinance 2001-9.

**ACTION REQUESTED:** 

Approval and execution of the renewal Certificate of Public Convenience and Necessity for Falck Southeast II Corp. d/b/a American Ambulance to provide Interfacility Advanced Life Support Transport Service. The term of this certificate is from August 1. 2017 through August 1, 2019. There is no cost to the County. (EMS Office of the Medical Director)

GAR/cf

**Attachments** 



## ORANGE COUNTY, FLORIDA EMS OFFICE OF THE MEDICAL DIRECTOR RENEWAL APPLICATION FOR

## CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY

ALS TRANSPORT  BLS TRANSPORT  ALS AIR TRANSPORT	ALS NON-TRANSPORT BLS NON-TRANSPORT INTERFACILTY TRANSPORT
APPLICATION DATE 6/5/17	d/b/q
1. NAME OF SERVICE FAICK SOUTH	EAST IT COEP. AMERICAN AMBULANCE
2. BUSINESS ADDRESS (STREET) 3747	SILVER STAR RIS CITY DELANDO
COUNTY ORANGE STATE FL	ZIP CODE <u>32808</u>
3. PHONE NUMBER 1078223700 FAX	1072928757 24 Hour Number <u>407</u> 8223700
	American Ambulance fl. Com
Manager's Name Bus Eberhar +	Title 6. M
LIST BY NUMBER IN THE SPACE PRO	E MADE TO YOUR PREVIOUS APPLICATION, PLEASE OVIDED BELOW. (Use separate sheet if necessary). CLE ROSTER ATTACHMENTS, IF THERE ARE ANY
	ATEMENTS ON THIS APPLICATION ARE TRUE HER CHANGES TO BE MADE TO THE ORIGINAL  SIGNATURE  DATE:  Healther Stoneburner Levides NOTARY SEAL  NOTARY SEAL  NOTARY SIGNATURE

## ORANGE COUNTY BOARD OF COUNTY COMMISSIONERS EMS OFFICE OF THE MEDICAL DIRECTOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY

CERTIFICAT	TE OF PUR	BLIC C	CONV	ENIEN	ICE .	AND NECESSITY
		11 1	meric	N 8 - 3	100	e has requested authorization to provide
(Advanced Life of	Esic Phe Sup	port)		7	serv	rices to the citizens of Orange County and
WHEREAS, there has been a demon	astrated need	o provid	le these	essential	servi	ces to the citizens of Orange County; and,
WHEREAS, the above named servi	ce affirms the	it it will	mainta	in compl	iance	with requirements of the State and
County Laws, Ordinances and Rule	s and Regula	ions.		TT	1	Y
THEREFORE, the Board of County	Commission	ers of (	Orange	County 1	nereby	y issues a Certificate of Public
Convenience and Neccessity to this	GOA	A BI		MI	州	service.
	FL	0	R	I	D	A
Date Issued: August 1, 2017			_ Dat	e of Exp	iratio	n: August 1, 2019
Limitationa.						ECOUNTY CO
Limitations: Interfacility				-		8 5 7
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9-171 (7/10)				1	Mayor	r, Board of County Commissioners )
				The		OF COUNT