J. booking

June 21, 2018

TO:

Mayor Teresa Jacobs

-AND-

Board of County Commissioners

THRU:

George A. Ralls, M.D., Deputy County Administrator

County Administrator's Office

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 Park Fire Rescue Consent Agenda – July 10, 2018

The EMS Office of the Medical Director requests the approval and execution of the renewal Certificate of Public Convenience and Necessity for Winter Park Fire Rescue to provide Advanced Life Support Transport Service. Winter Park Fire Rescue 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 1996 and formerly as a Non-Transport since 1983.

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

ACTION REQUESTED:

Approval and execution of the renewal Certificate of Public Convenience and Necessity for Winter Park Fire Rescue to provide Advanced Life Support Transport Service. The term of this certificate is from July 31, 2018 through July 31, 2020. 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

| ALS TE BLS TE ALS AL | R <mark>ANSPORT</mark> RANSPORT R TRANSPORT | ALS NON-TRANSF BLS NON-TRANSF | ORT ORT ANSPORT |
|--|---|---|---|
| APPLICATION DATEJui | ne 7, 2018 | _ | |
| 1. NAME OF SERVICE W | inter Park Fire Rescu | ie | |
| 2. BUSINESS ADDRESS (ST | REET) 343 West Ca | anton Avenue CIT | Y Winter Park |
| COUNTY Orange | STATE FL | ZIP CODE3278 | 9 |
| 3. PHONE NUMBER 407-5 | 99-3298 FAX 407-59 | 99-3231 24 Hour Num | nber 407-644-1212 |
| Internet E-Mail address | rodriguez@cityofwir | nterpark.org | |
| Manager's Name <u>Richa</u> | rd Rodriguez | Title <u>Captain /</u> | EMS Supervisor |
| | THE SPACE PROVID | ED BELOW. (Use sep | OUS APPLICATION, PLEASE arate sheet if necessary). TS, IF THERE ARE ANY |
| TO THE BEST OF MY KNOW AND CORRECT AND THER APPLICATION. | | SIGNATURE DATE: NOTARY SEAL NOTARY SIGNA | MADE TO THE ORIGINAL |

EXPIRES: December 17, 2019
Bonded Thru Notary Public Underwriters

