**December 13, 2018** 

TO:

Mayor Jerry L. Demings

-AND-

**Board of County Commissioners** 

THRU:

John Goodrich, Acting Director 5 Vasantin

FROM:

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

**EMS Office of the Medical Director** 

Contact: (407) 836-7611

SUBJECT: Certificate of Public Convenience and Necessity Renewal for Reedy Creek Emergency Services

Consent Agenda – January 8, 2019

The EMS Office of the Medical Director requests the approval and execution of the renewal Certificate of Public Convenience and Necessity for Reedy Creek Emergency Services to provide Advanced Life Support Transport Service. Reedy Creek Emergency Services 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.

The EMS Office of the Medical Director has determined that all requirements have been met by Reedy Creek Emergency Services as contained in Orange County Ordinance 2001-9.

**ACTION REQUESTED:** 

Approval and execution of the renewal Certificate of Public Convenience and Necessity for Reedy Creek Emergency Services to provide Advanced Life Support Transport Service. The term of this certificate is from January 31, 2019 through January 31, 2021. 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 ERTIFICATE OF BURLIC CONVENIENCE AND NECESS

	CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY
	ALS TRANSPORT  BLS TRANSPORT  BLS NON-TRANSPORT  INTERFACILTY TRANSPORT
AF	PPLICATION DATE November 20, 2018
1.	NAME OF SERVICE Reedy Creek Emergency Services
2.	BUSINESS ADDRESS (STREET) 651 E. Buena Vista Drive CITY_Lake Buena Vista
	COUNTY_Orange STATE_FL ZIP CODE _32830
3.	PHONE NUMBER _407-560-6882 FAX_407-560-1959_ 24 Hour Number _407-560-1977_
	Internet E-Mail addressspaynter@rcid.org
	Manager's Name Richard Le Pere Title Fire Chief
N(	OTE: (IF THERE ARE ANY CHANGES TO BE MADE TO YOUR PREVIOUS APPLICATION, PLEASE LIST BY NUMBER IN THE SPACE PROVIDED BELOW. (Use separate sheet if necessary). COMPLETE PERSONNEL AND VEHICLE ROSTER ATTACHMENTS, IF THERE ARE ANY CHANGES).
ΑI	THE BEST OF MY KNOWLEDGE, ALL STATEMENTS ON THIS APPLICATION ARE TRUE ND CORRECT AND THERE ARE NO OTHER CHANGES TO BE MADE TO THE ORIGINAL PPLICATION.  SIGNATURE
	CHRISTINA LYNN ENRIGHT Netary Public - State of Florida

