July 9, 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 Park Fire Rescue Consent Agenda – July 28, 2020

The EMS Office of the Medical Director requests the approval of the renewal Certificate of Public Convenience and Necessity for the Winter Park Fire Rescue to provide Advanced Life Support Transport Service. The 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 1981.

The EMS Office of the Medical Director has determined that all requirements have been met by the 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 the Winter Park Fire Rescue to provide Advanced Life Support Transport Service. The term of this certificate is from July 31, 2020 through July 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

	ALS TRANSPORT BLS TRANSPORT ALS AIR TRANSPORT	ALS NON-TRANSPORT BLS NON-TRANSPORT INTERFACILTY TRANSPORT	-
APPLICATION DA	ATE: July 6, 2020		
1. NAME OF SER	RVICE: Winter Park Fire Rescue		
2. BUSINESS AD	DDRESS (STREET) 343 W. Canto	on Avenue CITY: Winter Park	,
COUNTY: Ora	inge STATE: FL ZIP CODE: 32	2789	
3. PHONE NUMB	3ER: (407)599-3604 FAX:	24 Hour Number: (407 644-12	12)
Internet E-Mai	il address: <u>abraish@cityofwinter</u> p	park.org	
Manager's Na	me: Tony Braish Title: EMS Pro	ogram Manager	
LIST BY N	NUMBER IN THE SPACE PROVIDI TE PERSONNEL AND VEHICLE R	DE TO YOUR PREVIOUS APPLICATION ED BELOW. (Use separate sheet if neces ROSTER ATTACHMENTS, IF THERE ARE	ssary).
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		S A Crustal F	blic State of Florida

