



Highlands County Fire Rescue



CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY CLASS 5 GOVERNMENTAL ALS NON-TRANSPORTATION SERVICE LICENSE APPLICATION

Please type. Answer all questions that apply to the level of service to be provided. Attach additional sheets as needed.

STATEMENTS AND MATERIALS SUBMITTED WILL BE SUBJECT TO VERIFICATION

CHECK TYPE OF APPLICATION FOR CLASS 5 SERVICE

New

Renewal

Name of Entity

Mailing Address

City

State

Zip Code

Telephone

1.

Chairperson's Name

Email Address

Mailing Address

City

State

Zip Code

(Attach names of elected officials)

2.

Administrator/Contact Person

Telephone

Email Address

3. Date incorporated/formation of entity: _____

Additional pages may be added as needed.

4. Attach copy of law creating the entity: Attachment # _____
5. Address of present/proposed main station and any substations (attach list if more than three (3) substations):

Main Station: _____

Substation: _____

Substation: _____

Substation: _____

6. Financial Information: (Attachment # _____)

Provide a copy of the most recent Comprehensive Annual Financial Report.

7. Insurance: (Attachment # _____)

Provide copies of Certificates of Insurance.

8. Vehicle information: Complete and attach appropriate form. (Attachment # _____)

9. Personnel information: Complete and attach appropriate form. (Attachment # _____)

10. Miscellaneous for Initial Applications:

A. Attach copy of contract with Highlands County's Medical Director. (Attachment # _____)

B. Provide the name of your Quality Improvement/Assurance officer.

Name: _____ Phone: _____ Email: _____

C. Identify staffing patterns and operational hours for each potentially or permitted vehicle in your fleet. (Attachment # _____)

D. Attach proof of purchase of major medical equipment as approved by the County's Medical Director. (Attachment # _____)

E. Attach proof of purchase of EPCR/EHR software that Highlands County Fire Rescue currently uses. (Attachment # _____)

11. Miscellaneous for Renewals only:

A. Provide and annual report of your services, including ALS and BLS service time per vehicle. (Attachment # _____)

12. If any local, state, or federal grants funds are associated with the service provided in this application, provide a copy of the application and award documents, including the scope of work.
(Attachment #)

The Applicant acknowledges the following regarding ALS non-transport, once certificate is issued it:

1. Shall utilize Highlands County Fire Rescue's Medical Director.
2. Shall provide response on all dispatched medical calls for service in the jurisdictional boundary of the COPCN holder.
3. Shall participate in EMS system quality assurance/improvement.
4. Shall comply with the County's medical director's credentialing standards for EMT's and paramedics.
5. Shall abide by the county's Medical and Trauma Transport Protocols and standard operating procedures promulgated by the county's EMS medical director.
6. Shall relinquish patient care to Highlands County Fire Rescue upon their arrival to the scene, unless otherwise directed by the HCFR charge paramedic or higher HCFR authority.
7. Shall not submit a bill for service to a patient or the County for the cost of performing ALS non-transport services.
8. Shall not use ambulances or other patient transport-capable vehicles when providing ALS non-transport services; and
9. Permitted vehicles shall consist of fire engines or fire suppression apparatus that are ordinarily used in business of fire extinguishment or fire prevention services for the protection of life and property.

The applicant acknowledges the following by signing and submitting this application:

Signature of Chairperson or Administrator

Title

STATE OF FLORIDA

COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____, by

(name of person making statement).

Seal

(Signature of Notary Public - State of Florida)

(Print, Type, or Stamp Commissioned Name of Notary
Public)

Personally Known: OR Produced Identification

Type of Identification Produced: _____

All applicants:

1. Return signed and notarized application, upon receipt of the application an invoice will be generated to include an application fee of \$500, exact fees charged for notification process and vehicle permit fees of \$100 per vehicle listed on Highlands County COPCN Certificate Vehicle form. A check made payable to the Highlands County Board of County Commissioners is required prior to any notification is made. All fees are non-refundable.
2. Renewal applicants: Return signed and notarized application, upon receipt of the application an invoice will be generated to include an application fee of \$500, exact fees charged for notification process, and vehicle permit fees of \$100 per vehicle listed on the Highlands County COPCN Certificate Vehicle form. A check made payable to the Highlands County Board of County Commissioners is required prior to any notification is made. All fees are non-refundable.
 - If a request for renewal is less than three months from the expiration of COPCN or application inaccuracies caused by the applicant create a delay of renewal to extend beyond the expiration of the services current COPCN, a non-refundable \$250 late fee will be imposed and required paid prior to notification of renewal request.
 - Any renewal COPCN requiring an extension of service due to late filing to be brought before the Highlands County Board of County Commissioners will require a non-refundable \$1,000 extension fee imposed and paid prior to notifications of extension and renewal application request.