



**CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY
GOVERNMENTAL ENTITY
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 CLASSIFICATION OF 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: _____

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 County 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 the County EMS 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 the County's EMS Medical Director;
2. Shall participate in EMS system quality assurance/improvement;
3. Shall comply with the county EMS medical director's credentialing standards for EMT's and paramedics;
4. Shall abide by the county's Medical and Trauma Transport Protocols and standard operating procedures promulgated by the county's EMS medical director;
5. Shall relinquish patient care to MCEMS, a county contracted provider, or a county certified transport provider upon their arrival to the scene, unless otherwise directed by the MCEMS charge paramedic or higher MCEMS authority;
6. Shall not submit a bill for service to a patient or the County for the cost of performing ALS non-transport services;
7. Shall not use ambulances or other patient transport-capable vehicles when providing ALS non-transport services; and
8. 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.
9. All other applicable criteria in Section 2-13-59 of Article II of the Manatee County Code.

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, notarized application along with a non refundable application fee of \$500.00, made payable to the Manatee County Board of County Commissioners.
2. Renewal applicants: COPCN/License and Vehicle permit fees will be processed separately (COPCN Application fees will be \$500.00 and Vehicle permit fees will be \$100.00 per vehicle) see fee schedule for breakdown.