

PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS
AGENDA ITEM SUMMARY

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Meeting Date: December 21, 2010	<input type="checkbox"/>	Consent	<input type="checkbox"/>	Regular
	<input type="checkbox"/>	Ordinance	<input checked="" type="checkbox"/>	Public Hearing

Department: Department of Public Safety
Submitted By: Division of Emergency Management
Submitted For: Division of Emergency Management

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I. EXECUTIVE BRIEF

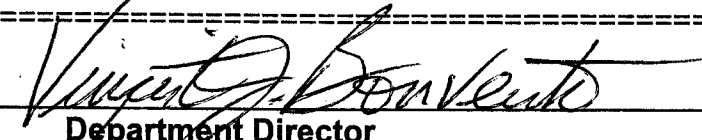
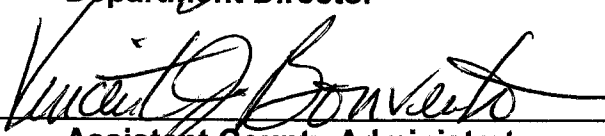
Motion and Title: Staff recommends motion to approve: the renewal of the following Primary ALS (Advanced Life Support) Provider's six-year Emergency Medical Services Certificate of Public Convenience and Necessity (COPCN's): City of Boca Raton Fire-Rescue; City of Boynton Beach Fire Rescue; City of Delray Beach Fire-Rescue; City of Greenacres Public Safety Department; Village of North Palm Beach Public Safety; Palm Beach County Fire Rescue; Town of Palm Beach Fire Rescue; City of Palm Beach Gardens Fire Rescue; City of Riviera Beach Fire Rescue; Village of Tequesta Fire Rescue; and City of West Palm Beach Fire Rescue.

Summary: Pursuant to Palm Beach County Ordinance 2006-040, any agency providing, or desiring to provide emergency medical services in Palm Beach County, must submit an application and meet the requirements for issuance of a Certificate of Public Convenience and Necessity (COPCN). On October 21, 2010 the Emergency Medical Services Advisory Council reviewed all eleven (11) applications and their required documents. The attached lists of agencies have met the requirements for issuance of their respective COPCN's and the level of Advanced Life Support Endorsement required. Countywide (DW)

Background and Justification: EMS Ordinance 2006-040 established the requirement for the issuance of a six (6) year COPCN. All EMS agencies wishing to operate in the county, must apply every six years to obtain a COPCN. The COPCN term will be from January 1, 2011 to December 31, 2016. The attached lists of ALS providers have met all pertinent state and county regulations. Palm Beach County's EMS office and the EMS Advisory Council have reviewed their COPCN applications and deem them to be satisfactory.

- Attachments**
- 1. EMS Council Report
 - 2. Administrative Report
 - 3. Summary Reports for ALS Providers
 - 4. Certificates (2 per EMS Provider)
 - 5. Three Proofs of Publication

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Recommended by:		11/29/10
	Department Director	Date
Approved By:		11/29/10
	Assistant County Administrator	Date

A. Five Year Summary of Fiscal Impact

Fiscal Years	<u>2011</u>	<u>2012</u>	<u>2013</u>	<u>2014</u>	<u>2015</u>
Capital Expenditures	_____	_____	_____	_____	_____
Operating Costs	_____	_____	_____	_____	_____
External Revenues	_____	_____	_____	_____	_____
Program Income (County)	_____	_____	_____	_____	_____
In-Kind Match (County)	_____	_____	_____	_____	_____
Net Fiscal Impact	=====	=====	=====	=====	=====
# ADDITIONAL FTE POSITIONS (Cumulative)	*	0	0	0	0

II. FISCAL IMPACT ANALYSIS

Budget Account Exp No: Fund _____ Department _____ Unit _____ Object _____
 Rev No: Fund _____ Department _____ Unit _____ Object _____

B. Recommended Sources of Funds/Summary of Fiscal Impact:

*There is no fiscal impact associated with this agenda item.

Departmental Fiscal Review: Stephane Leprie

III. REVIEW COMMENTS

A. OFMB Fiscal and/or Contract Dev. and Control Comments:

[Signature] 12/1/10
 OFMB

[Signature] 12/3/10
 Contract Administration

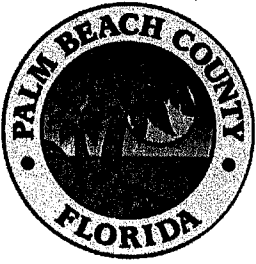
B. Legal Sufficiency:

[Signature] 12/6/10
 Assistant County Attorney

C. Other Department Review:

 Department Director

This summary is not to be used as a basis for payment.



Department of Public Safety
 Division of Emergency Management
 20 S. Military Trail
 West Palm Beach, FL 33415
 (561) 712-6400
 Fax: (561) 712-6464
www.pbcgov.com

**Palm Beach County
 Board of County
 Commissioners**

Burt Aaronson, Chair
 Karen T. Marcus, Vice Chair

District 3

Shelley Vana

Steven L. Abrams

Jess R. Santamaria

Priscilla Taylor

County Administrator
 Robert Weisman

November 2, 2010

TO: Palm Beach County Board of County Commissioners

From: Palm Beach County Emergency Medical Services
 Advisory Council – Darrel Donatto, Chairperson

In accordance with our responsibilities under the Palm Beach County Emergency Medical Services Ordinance (Ord. No. 06-040), the Palm Beach County EMS Advisory Council met on October 18, 2010 to receive and review applications for Certificate of Public Convenience and Necessity (COPCN) for primary EMS providers within Palm Beach County, as well as the corresponding investigative reports for such applications

The Palm Beach County EMS Advisory Council, by unanimous vote, recommends that the Board of County Commissioners grant the COPCN renewals for the following Primary Providers:

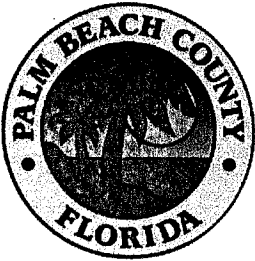
Boca Raton Fire Rescue
 Boynton Beach Fire Rescue
 City of WPB Fire Rescue
 Delray Beach Fire Rescue
 Greenacres Public Safety
 North Palm Beach Public Safety
 Palm Beach County Fire Rescue
 Palm Beach Fire Rescue
 Palm Beach Gardens Fire Rescue
 Riviera Beach Fire Rescue
 Tequesta Fire Rescue

On behalf of the Palm Beach County EMS Advisory Council, it is with serious consideration and great pleasure that we serve the citizens of Palm Beach County and the Board of County Commissioners.

Respectfully,

Darrel Donatto, Chairperson
 Palm Beach County EMS Advisory Council

*"An Equal Opportunity
 Affirmative Action Employer"*



**Department of Public Safety
Division of Emergency Management**

20 S. Military Trail
West Palm Beach, FL 33415
(561) 712-6400
Fax: (561) 712-6464
www.pbcgov.com



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**ADMINISTRATIVE REPORT TO
THE BOARD OF COUNTY COMMISSIONERS**

The purpose of this report is to provide information to the Board regarding applicants wishing to obtain a Certificate of Public Convenience and Necessity (COPCN).

The report is presented in condensed form (attached) with each applicant having an individual information sheet. The information covers the applicable provisions, specifically Section 6, A. 1 through 7, and Section 7, A. 1 through 10 of the EMS Ordinance #2006- which addresses the COPCN application requirements and the administrator's report.

All the applicant's vehicles, equipment, and personnel certifications have been inspected throughout the year and no violations have been found.

There are no outstanding complaints against any of the applicants.

Vehicle staffing levels for all applicants meet or exceed requirements.

Each applicant has ensured that it can meet all requirements identified for a COPCN and its respective endorsement(s).

Staff recommends the issuance of the respective COPCN's and endorsements as noted in the agenda item summary.

Vince Bonvento, Public Safety Director
Department of Public Safety

ATTACHMENT 3

SUMMARY REPORTS FOR ALS PROVIDERS

Division of Emergency Management
Office of Emergency Medical Services
COPCN Summary Report

Provider Name Boca Raton Fire Rescue

- | | | |
|----|-----------------------------------|---|
| 1. | <u>Emergency Medical Services</u> | Michael O'Neil, Division Chief |
| 2. | <u>Service Location</u> | Thomas Wood, Fire Chief |
| 3. | <u>Geographic Area</u> | 6500 Congress Avenue, Suite 150
Boca Raton, FL 33487 |
| 4. | <u>Requirements</u> | City Of Boca Raton |

Attachment #1 Copy of current State EMS license:

Each Provider has a current license or is awaiting a license from the State after the County has issued a COPCN.

Attachment #2 Copy of current State license application profile sheet:

State permitted ambulance and/or rescue vehicles are utilized. All vehicles have been inspected by the State and/or EMS Office and are found to be in compliance with State and County rules.

Attachment #3 Personnel roster. Personnel must meet all requirements of certification and training referred to in 64J-1.008 (1) F.A.C., 64J-1.009 (1) F.A.C.

State certified EMT's and Paramedics are utilized. Staffing is sufficient to meet requirements.

Attachment #4 Current fee schedule. Changes in fees must comply with EMS Ordinance # 2006-040, Sect. 10. B.7 requirements.

ALS 1 \$650.00 BLS \$650.00
ALS 2 \$750.00 SCT \$750.00

Other services may be available with all fees listed and on file with the EMS Office.

Attachment #5 Insurance verification by copy policy of Certificate of Insurance, showing limits of coverage and expiration date. Coverage must meet 64J -1.002(2) (a), F.A.C. requirements. There must be a 30-day cancellation notice and Palm Beach County shall be shown as a certificate holder.

Certificate of Insurance has been provided and is on file with the EMS Office.

Attachment #6 Verification of Medical Director Employment, by copy of contract or agreement. Include copies of DEA and Florida Physician's License. Must meet requirements of 64J-1.004(4), F.A.C.

Medical Director Contract of employment, current medical license and DEA has provided and are current.

Attachment #7 A letter from your Medical Director stating your agency has adopted the minimum standard, pre-hospital treatment/transport protocols, as approved by the Palm Beach County EMS Council.

Letters of the adoption of minimum standard, pre - hospital protocols have been accepted.

Attachment #8 An updated emergency plan for your agency.

An updated Emergency Plan has been reviewed and accepted.

Attachment #9 Copy of current outside financial statement or funds budgeted for EMS services.

Three years of EMS Financial have been received and reviewed by the EMS office.

Attachment #10 A non-refundable application fee/check for five-hundred dollars (\$500.00) made out to "Board of County Commissioners."

A check for \$ 500.00 has been received.

Staff Recommendation

This applicant complies with the operational requirements of Palm Beach County. Staff recommends the issuance of a Certificate of Public Convenience and Necessity to Boca Raton Fire-Rescue for the period of January 1, 2010 to December 31, 2016.

Division of Emergency Management
Office of Emergency Medical Services

COPCN Summary Report

PROVIDER NAME Boynton Beach Fire Rescue

1. Emergency Medical Services Michael Landress, EMS Coordinator
William Bingham, Fire Chief
2. Service Location 100 East Boynton Beach Blvd.
Boynton Beach, FL 33435
3. Geographic Area City of Boynton Beach, Village of
Golf, Town of Hypoluxo, Town of
Ocean Ridge, Town of Briny Breezes

4. Requirements

Attachment #1 Copy of current State EMS license:

Each Provider has a current license or is awaiting a license from the State after the County has issued a COPCN.

Attachment #2 Copy of current State license application profile sheet:

State permitted ambulance and/or rescue vehicles are utilized. All vehicles have been inspected by the State and/or EMS Office and are found to be in compliance with State and County rules.

Attachment #3 Personnel roster. Personnel must meet all requirements of certification and training referred to in 64J-1.008 (1) F.A.C., 64J-1.009 (1) F.A.C.

State certified EMT's and Paramedics are utilized. Staffing is sufficient to meet requirements.

Attachment #4 Current fee schedule. Changes in fees must comply with EMS Ordinance # 2006-040, Sect. 10. B.7 requirements.

ALS 1 \$425.00 BLS \$350.00

ALS 2 \$575.00 SCT \$650.00

Other services may be available with all fees listed and on file with the EMS Office.

Attachment #5 Insurance verification by copy policy of Certificate of Insurance, showing limits of coverage and expiration date. Coverage must meet 64J -1.002(2) (a), F.A.C. requirements. There must be a 30-day cancellation notice and Palm Beach County shall be shown as a certificate holder.

Certificate of Insurance has been provided and is on file with the EMS Office.

Attachment #6 Verification of Medical Director Employment, by copy of contract or agreement. Include copies of DEA and Florida Physician's License. Must meet requirements of 64J-1.004(4), F.A.C.

Medical Director Contract of employment, current medical license and DEA has provided and are current.

Attachment #7 A letter from your Medical Director stating your agency has adopted the minimum standard, pre-hospital treatment/transport protocols, as approved by the Palm Beach County EMS Council.

A letter of the adoption of minimum standard, pre – hospital protocols have been accepted.

Attachment #8 An updated emergency plan for your agency.

An updated Emergency Plan has been reviewed and accepted.

Attachment #9 Copy of current outside financial statement or funds budgeted for EMS services.

Three years of EMS Financial have been received and reviewed by the EMS office.

Attachment #10 A non-refundable application fee/check for five-hundred dollars (\$500.00) made out to "Board of County Commissioners."

A check for \$ 500.00 has been received.

Staff Recommendation

This applicant complies with the operational requirements of Palm Beach County.

Staff recommends the issuance of a Certificate of Public Convenience and Necessity to Boynton Beach Fire Rescue for the period of January 1, 2010 to December 31, 2016.

Division of Emergency Management
Office of Emergency Medical Services

COPCN Summary Report

Provider Name Delray Beach Fire Department

1. Emergency Medical Services Victor Williams, Division Chief
David James, Fire Chief
2. Service Location 501 West Atlantic Ave.
Delray Beach, FL 33444
3. Geographic Area City Of Delray Beach, Town Of
Gulfstream, Town Of Highland
Beach

4. Requirements

Attachment #1 Copy of current State EMS license:

Each Provider has a current license or is awaiting a license from the State after the County has issued a COPCN.

Attachment #2 Copy of current State license application profile sheet:

State permitted ambulance and/or rescue vehicles are utilized. All vehicles have been inspected by the State and/or EMS Office and are found to be in compliance with State and County rules.

Attachment #3 Personnel roster. Personnel must meet all requirements of certification and training referred to in 64J-1.008 (1) F.A.C., 64J-1.009 (1) F.A.C.

State certified EMT's and Paramedics are utilized. Staffing is sufficient to meet requirements.

Attachment #4 Current fee schedule. Changes in fees must comply with EMS Ordinance # 2006-040, Sect. 10. B.7 requirements.

ALS 1 \$700.00 BLS \$650.00

ALS 2 \$800.00 SCT \$800.00

Other services may be available with all fees listed and on file with the EMS Office.

Attachment #5 Insurance verification by copy policy of Certificate of Insurance, showing limits of coverage and expiration date. Coverage must meet 64J -1.002(2) (a), F.A.C. requirements. There must be a 30-day cancellation notice and Palm Beach County shall be shown as a certificate holder.

Certificate of Insurance has been provided and is on file with the EMS Office.

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Attachment #7 A letter from your Medical Director stating your agency has adopted the minimum standard, pre-hospital treatment/transport protocols, as approved by the Palm Beach County EMS Council.

A letter of the adoption of minimum standard, pre – hospital protocols have been accepted.

Attachment #8 An updated emergency plan for your agency.

An updated Emergency Plan has been reviewed and accepted.

Attachment #9 Copy of current outside financial statement or funds budgeted for EMS services.

Three years of EMS Financial have been received and reviewed by the EMS office.

Attachment #10 A non-refundable application fee/check for five-hundred dollars (\$500.00) made out to "Board of County Commissioners."

A check for \$ 500.00 has been received.

Staff Recommendation

This applicant complies with the operational requirements of Palm Beach County. Staff recommends the issuance of a Certificate of Public Convenience and Necessity to Delray Beach Fire Department for the period of January 1, 2010 to December 31, 2016.

Division of Emergency Management
Office of Emergency Medical Services

COPCN Summary Report

Provider Name Greenacres Dept. Of Public Safety

1. Emergency Medical Services Lt. Mark Pure
2. Service Location 2995 Jog Road
Greenacres, FL 33467
3. Geographic Area City of Greenacres
City of Atlantis

4. Requirements

Attachment #1 Copy of current State EMS license:

Each Provider has a current license or is awaiting a license from the State after the County has issued a COPCN.

Attachment #2 Copy of current State license application profile sheet:

State permitted ambulance and/or rescue vehicles are utilized. All vehicles have been inspected by the State and/or EMS Office and are found to be in compliance with State and County rules.

Attachment #3 Personnel roster. Personnel must meet all requirements of certification and training referred to in 64J-1.008 (1) F.A.C., 64J-1.009 (1) F.A.C.

State certified EMT's and Paramedics are utilized. Staffing is sufficient to meet requirements.

Attachment #4 Current fee schedule. Changes in fees must comply with EMS Ordinance # 2006-040, Sect. 10. B.7 requirements.

ALS 1 \$430.00 BLS \$430.00

ALS 2 \$555.00 SCT \$656.25

Other services may be available with all fees listed and on file with the EMS Office.

Attachment #5 Insurance verification by copy policy of Certificate of Insurance, showing limits of coverage and expiration date. Coverage must meet 64J -1.002(2) (a), F.A.C. requirements. There must be a 30-day cancellation notice and Palm Beach County shall be shown as a certificate holder.

Certificate of Insurance has been provided and is on file with the EMS Office.

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Medical Director Contract of employment, current medical license and DEA has provided and are current.

Attachment #7 A letter from your Medical Director stating your agency has adopted the minimum standard, pre-hospital treatment/transport protocols, as approved by the Palm Beach County EMS Council.

A letter of the adoption of minimum standard, pre – hospital protocols have been accepted.

Attachment #8 An updated emergency plan for your agency.

An updated Emergency Plan has been reviewed and accepted.

Attachment #9 Copy of current outside financial statement or funds budgeted for EMS services.

Three years of EMS Financial have been received and reviewed by the EMS office.

Attachment #10 A non-refundable application fee/check for five-hundred dollars (\$500.00) made out to "Board of County Commissioners."

A check for \$ 500.00 has been received.

Staff Recommendation

This applicant complies with the operational requirements of Palm Beach County. Staff recommends the issuance of a Certificate of Public Convenience and Necessity to Greenacres Fire Rescue for the period of January 1, 2010 to December 31, 2016.

Division of Emergency Management
Office of Emergency Medical Services

COPCN Summary Report

Provider Name North Palm Beach Public Safety

1. Emergency Medical Services Lt. Andrew Lezza
J.D. Armstrong, Fire Chief
2. Service Location 560 U. S. Highway #1
North Palm Beach, FL 33408
3. Geographic Area Village Of North Palm Beach

4. Requirements

Attachment #1 Copy of current State EMS license:

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Attachment #2 Copy of current State license application profile sheet:

State permitted ambulance and/or rescue vehicles are utilized. All vehicles have been inspected by the State and/or EMS Office and are found to be in compliance with State and County rules.

Attachment #3 Personnel roster. Personnel must meet all requirements of certification and training referred to in 64J-1.008 (1) F.A.C., 64J-1.009 (1) F.A.C.

State certified EMT's and Paramedics are utilized. Staffing is sufficient to meet requirements.

Attachment #4 Current fee schedule. Changes in fees must comply with EMS Ordinance # 2006-040, Sect. 10. B.7 requirements.

ALS 1 \$545.00 BLS \$495.00

ALS 2 \$600.00

Other services may be available with all fees listed and on file with the EMS Office.

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Medical Director Contract of employment, current medical license and DEA has provided and are current.

Attachment #7 A letter from your Medical Director stating your agency has adopted the minimum standard, pre-hospital treatment/transport protocols, as approved by the Palm Beach County EMS Council.

A letter of the adoption of minimum standard, pre – hospital protocols have been accepted.

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Three years of EMS Financial have been received and reviewed by the EMS office.

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A check for \$ 500.00 has been received.

Staff Recommendation

This applicant complies with the operational requirements of Palm Beach County.

Staff recommends the issuance of a Certificate of Public Convenience and Necessity to North Palm Beach Public Safety for the period of January 1, 2010 to December 31, 2016.

Division of Emergency Management
Office of Emergency Medical Services

COPCN Summary Report

Provider Name Palm Beach Fire Department

1. Emergency Medical Services Darrell Donatto, Division Chief
William Amador, Fire Chief

2. Service Location 300 North County Road
Palm Beach, FI 33480

3. Geographic Area Town of Palm Beach

4. Requirements

Attachment #1 Copy of current State EMS license:

Each Provider has a current license or is awaiting a license from the State after the County has issued a COPCN.

Attachment #2 Copy of current State license application profile sheet:

State permitted ambulance and/or rescue vehicles are utilized. All vehicles have been inspected by the State and/or EMS Office and are found to be in compliance with State and County rules.

Attachment #3 Personnel roster. Personnel must meet all requirements of certification and training referred to in 64J-1.008 (1) F.A.C., 64J-1.009 (1) F.A.C.

State certified EMT's and Paramedics are utilized. Staffing is sufficient to meet requirements.

Attachment #4 Current fee schedule. Changes in fees must comply with EMS Ordinance # 2006-040, Sect. 10. B.7 requirements.

ALS 1 \$470.00 BLS \$450.00

ALS 2 \$590.00 SCT \$656.25

Other services may be available with all fees listed and on file with the EMS Office.

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A check for \$ 500.00 has been received.

Staff Recommendation

This applicant complies with the operational requirements of Palm Beach County. Staff recommends the issuance of a Certificate of Public Convenience and Necessity to Palm Beach Fire Rescue for the period of January 1, 2010 to December 31, 2016.

Division of Emergency Management
Office of Emergency Medical Services

COPCN Summary Report

Provider Name Palm Beach County Fire-Rescue

1. Emergency Medical Services William Peters, Rescue Division Chief
Steve Jerauld, Fire Administrator
2. Service Location 405 Pike Road
West Palm Beach, FL 33411
3. Geographic Area All unincorporated area and the incorporated areas of the Towns of Glen Ridge, Juno Beach, Lake Clarke Shores, Cloud Lake, Haverhill, Lake Park, Lantana, Jupiter, City of Lake Worth, Manalapan, Village of Palm Springs, South Palm Beach, and the Villages of Wellington and Royal Palm Beach, Belle Glade, Pahokee, and South Bay; Air Ambulance (Countywide)

4. Requirements

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Attachment #4 Current fee schedule. Changes in fees must comply with EMS Ordinance # 2006-040, Sect. 10. B.7 requirements.

ALS 1 \$530.00 BLS \$530.00

ALS 2 \$690.00

Other services may be available with all fees listed and on file with the EMS Office.

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Attachment #8 An updated emergency plan for your agency.

An updated Emergency Plan has been reviewed and accepted.

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Three years of EMS Financial have been received and reviewed by the EMS office.

Attachment #10 A non-refundable application fee/check for five-hundred dollars (\$500.00) made out to "Board of County Commissioners."

A check for \$ 500.00 has been received.

Staff Recommendation

This applicant complies with the operational requirements of Palm Beach County.

Staff recommends the issuance of a Certificate of Public Convenience and Necessity to Palm Beach County Fire-Rescue for the period of January 1, 2010 to December 31, 2016.

Division of Emergency Management
Office of Emergency Medical Services

COPCN Summary Report

Provider Name Palm Beach Gardens Fire Rescue

1. Emergency Medical Services Keith Bryer, Deputy Chief
Peter T. Bergel, Fire Chief
2. Service Location 10500 North Military Trail
Palm Beach Gardens, FL 33410
3. Geographic Area City of Palm Beach Gardens

4. Requirements

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Each Provider has a current license or is awaiting a license from the State after the County has issued a COPCN.

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ALS 1 \$600.00 BLS \$550.00

ALS 2 \$650.00

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A letter of the adoption of minimum standard, pre – hospital protocols have been accepted.

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A check for \$ 500.00 has been received.

Staff Recommendation

This applicant complies with the operational requirements of Palm Beach County.

Staff recommends the issuance of a Certificate of Public Convenience and Necessity to Palm Beach Gardens Fire Rescue for the period of January 1, 2010 to December 31, 2016.

Division of Emergency Management
Office of Emergency Medical Services

COPCN Summary Report

Provider Name Riviera Beach Fire Rescue

1. Emergency Medical Services Thomas Mccarthy, Ems Div. Chief
Peter LeDuc, Fire Chief
2. Service Location 600 W. Blue Heron Blvd.
Riviera Beach, Fl 33404
3. Geographic Area City Of Riviera Beach

4. Requirements

Attachment #1 Copy of current State EMS license:

Each Provider has a current license or is awaiting a license from the State after the County has issued a COPCN.

Attachment #2 Copy of current State license application profile sheet:

State permitted ambulance and/or rescue vehicles are utilized. All vehicles have been inspected by the State and/or EMS Office and are found to be in compliance with State and County rules.

Attachment #3 Personnel roster. Personnel must meet all requirements of certification and training referred to in 64J-1.008 (1) F.A.C., 64J-1.009 (1) F.A.C.

State certified EMT's and Paramedics are utilized. Staffing is sufficient to meet requirements.

Attachment #4 Current fee schedule. Changes in fees must comply with EMS Ordinance # 2006-040, Sect. 10. B.7 requirements.

ALS 1 \$450.00 BLS \$450.00

ALS 2 \$575.00

Other services may be available with all fees listed and on file with the EMS Office.

Attachment #5 Insurance verification by copy policy of Certificate of Insurance, showing limits of coverage and expiration date. Coverage must meet 64J -1.002(2) (a), F.A.C. requirements. There must be a 30-day cancellation notice and Palm Beach County shall be shown as a certificate holder.

Certificate of Insurance has been provided and is on file with the EMS Office.

Attachment #6 Verification of Medical Director Employment, by copy of contract or agreement. Include copies of DEA and Florida Physician's License. Must meet requirements of 64J-1.004(4), F.A.C.

Medical Director Contract of employment, current medical license and DEA has provided and are current.

Attachment #7 A letter from your Medical Director stating your agency has adopted the minimum standard, pre-hospital treatment/transport protocols, as approved by the Palm Beach County EMS Council.

A letter of the adoption of minimum standard, pre – hospital protocols have been accepted.

Attachment #8 An updated emergency plan for your agency.

An updated Emergency Plan has been reviewed and accepted.

Attachment #9 Copy of current outside financial statement or funds budgeted for EMS services.

Three years of EMS Financial have been received and reviewed by the EMS office.

Attachment #10 A non-refundable application fee/check for five-hundred dollars (\$500.00) made out to "Board of County Commissioners."

A check for \$ 500.00 has been received.

Staff Recommendation

This applicant complies with the operational requirements of Palm Beach County. Staff recommends the issuance of a Certificate of Public Convenience and Necessity to Riviera Beach Fire Department for the period of January 1, 2010 to December 31, 2016.

Division of Emergency Management
Office of Emergency Medical Services

COPCN Summary Report

Provider Name Tequesta Fire Rescue

1. Chief of Emergency Medical Services Cpt. Dan Tilles, Ems Coordinator
James Weinand, Fire Chief
2. Service Location 357 Tequesta Drive
Tequesta, FL 33469
3. Geographic Area Village Of Tequesta, Jupiter Inlet Colony

4. Requirements

Attachment #1 Copy of current State EMS license:

Each Provider has a current license or is awaiting a license from the State after the County has issued a COPCN.

Attachment #2 Copy of current State license application profile sheet:

State permitted ambulance and/or rescue vehicles are utilized. All vehicles have been inspected by the State and/or EMS Office and are found to be in compliance with State and County rules.

Attachment #3 Personnel roster. Personnel must meet all requirements of certification and training referred to in 64J-1.008 (1) F.A.C., 64J-1.009 (1) F.A.C.

State certified EMT's and Paramedics are utilized. Staffing is sufficient to meet requirements.

Attachment #4 Current fee schedule. Changes in fees must comply with EMS Ordinance # 2006-040, Sect. 10. B.7 requirements.

ALS 1 \$435.00 BLS \$435.00

ALS 2 \$625.00

Other services may be available with all fees listed and on file with the EMS Office.

Attachment #5 Insurance verification by copy policy of Certificate of Insurance, showing limits of coverage and expiration date. Coverage must meet 64J -1.002(2) (a), F.A.C. requirements. There must be a 30-day cancellation notice and Palm Beach County shall be shown as a certificate holder.

Certificate of Insurance has been provided and is on file with the EMS Office.

Attachment #6 Verification of Medical Director Employment, by copy of contract or agreement. Include copies of DEA and Florida Physician's License. Must meet requirements of 64J-1.004(4), F.A.C.

Medical Director Contract of employment, current medical license and DEA has provided and are current.

Attachment #7 A letter from your Medical Director stating your agency has adopted the minimum standard, pre-hospital treatment/transport protocols, as approved by the Palm Beach County EMS Council.

A letter of the adoption of minimum standard, pre – hospital protocols have been accepted.

Attachment #8 An updated emergency plan for your agency.

An updated Emergency Plan has been reviewed and accepted.

Attachment #9 Copy of current outside financial statement or funds budgeted for EMS services.

Three years of EMS Financial have been received and reviewed by the EMS office.

Attachment #10 A non-refundable application fee/check for five-hundred dollars (\$500.00) made out to "Board of County Commissioners."

A check for \$ 500.00 has been received.

Staff Recommendation

This applicant complies with the operational requirements of Palm Beach County.
Staff recommends the issuance of a Certificate of Public Convenience and Necessity to Tequesta

Fire Rescue for the period of January 1, 2010 to December 31, 2016.

Division of Emergency Management
Office of Emergency Medical Services

COPCN Summary Report

Provider name West Palm Beach Fire Rescue

1. EMS Chief Brent Braunworth, EMS Chief
Phil Webb, Fire Chief
2. Business location 500 north Dixie highway
West Palm Beach, fl 33401
3. Geographic area City of West Palm Beach,
Town of Mangonia Park

4. Requirements

Attachment #1 Copy of current State EMS license:

Each Provider has a current license or is awaiting a license from the State after the County has issued a COPCN.

Attachment #2 Copy of current State license application profile sheet:

State permitted ambulance and/or rescue vehicles are utilized. All vehicles have been inspected by the State and/or EMS Office and are found to be in compliance with State and County rules.

Attachment #3 Personnel roster. Personnel must meet all requirements of certification and training referred to in 64J-1.008 (1) F.A.C., 64J-1.009 (1) F.A.C.

State certified EMT's and Paramedics are utilized. Staffing is sufficient to meet requirements.

Attachment #4 Current fee schedule. Changes in fees must comply with EMS Ordinance # 2006-040, Sect. 10. B.7 requirements.

ALS 1 \$490.00 BLS \$490.00

ALS 2 \$650.00 SCT \$700.00

Other services may be available with all fees listed and on file with the EMS Office.

Attachment #5 Insurance verification by copy policy of Certificate of Insurance, showing limits of coverage and expiration date. Coverage must meet 64J -1.002(2) (a), F.A.C. requirements. There must be a 30-day cancellation notice and Palm Beach County shall be shown as a certificate holder.

Certificate of Insurance has been provided and is on file with the EMS Office.

Attachment #6 Verification of Medical Director Employment, by copy of contract or agreement. Include copies of DEA and Florida Physician's License. Must meet requirements of 64J-1.004(4), F.A.C.

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A letter of the adoption of minimum standard, pre – hospital protocols have been accepted.

Attachment #8 An updated emergency plan for your agency.

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Three years of EMS Financial have been received and reviewed by the EMS office.

Attachment #10 A non-refundable application fee/check for five-hundred dollars (\$500.00) made out to "Board of County Commissioners."

A check for \$ 500.00 has been received.

Staff Recommendation

This applicant complies with the operational requirements of Palm Beach County. Staff recommends the issuance of a Certificate of Public Convenience and Necessity to West Palm Beach Fire-Rescue for the period of January 1, 2010 to December 31, 2016.

ATTACHMENT 4
CERTIFICATES

Certificate of Public Convenience and Necessity

Palm Beach County Emergency Medical Services

WHEREAS, there is a need for Boca Raton Fire Rescue to operate and provide essential emergency medical services to the citizens and visitors of Palm Beach County, Florida; and WHEREAS, said agency has applied to provide these services; and WHEREAS, said agency has indicated that it will comply with the requirements of Palm Beach County's Emergency Medical Services Ordinance (#2006-040), the Board of County Commissioners of Palm Beach County hereby issues a Certificate of Public Convenience and Necessity to said emergency medical service provider, valid from January 1, 2011 to December 31, 2016.

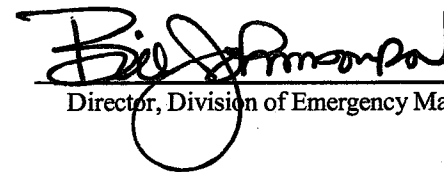
In issuing this Certificate, it is understood that the agency named hereon will meet the requirements of all pertinent county and state legislation and will provide emergency medical services on a twenty-four hour basis in the area(s) or zone(s) designated, providing the level of service endorsed as follows:



Area(s): The municipal boundaries of the City of Boca Raton

Service Endorsed: Primary ALS Provider – ALS Transport, Routinely Transport BLS




Director, Division of Emergency Management



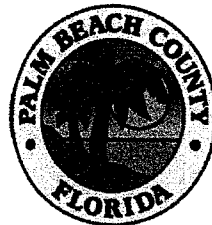
Chair, Board of County Commissioners

Certificate of Public Convenience and Necessity

Palm Beach County Emergency Medical Services

WHEREAS, there is a need for Boca Raton Fire Rescue to operate and provide essential emergency medical services to the citizens and visitors of Palm Beach County, Florida; and WHEREAS, said agency has applied to provide these services; and WHEREAS, said agency has indicated that it will comply with the requirements of Palm Beach County's Emergency Medical Services Ordinance (#2006-040), the Board of County Commissioners of Palm Beach County hereby issues a Certificate of Public Convenience and Necessity to said emergency medical service provider, valid from January 1, 2011 to December 31, 2016.

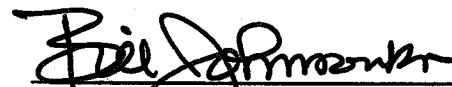
In issuing this Certificate, it is understood that the agency named hereon will meet the requirements of all pertinent county and state legislation and will provide emergency medical services on a twenty-four hour basis in the area(s) or zone(s) designated, providing the level of service endorsed as follows:

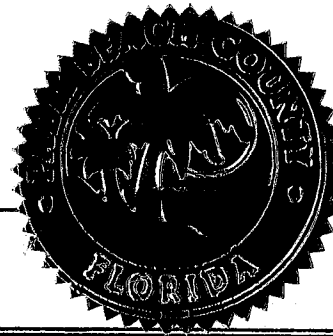


Area(s): The municipal boundaries of the City of Boca Raton

Service Endorsed: Primary ALS Provider – ALS Transport, Routinely Transport BLS




Director, Division of Emergency Management



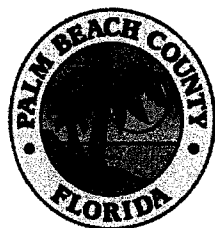
Chair, Board of County Commissioners

Certificate of Public Convenience and Necessity

Palm Beach County Emergency Medical Services

WHEREAS, there is a need for Boynton Beach Fire Rescue to operate and provide essential emergency medical services to the citizens and visitors of Palm Beach County, Florida; and WHEREAS, said agency has applied to provide these services; and WHEREAS, said agency has indicated that it will comply with the requirements of Palm Beach County's Emergency Medical Services Ordinance (#2006-040), the Board of County Commissioners of Palm Beach County hereby issues a Certificate of Public Convenience and Necessity to said emergency medical service provider, valid from January 1, 2011 to December 31, 2016.

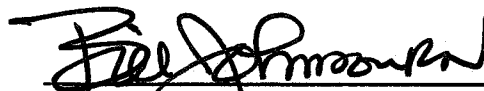
In issuing this Certificate, it is understood that the agency named hereon will meet the requirements of all pertinent county and state legislation and will provide emergency medical services on a twenty-four hour basis in the area(s) or zone(s) designated, providing the level of service endorsed as follows:



Area(s): The incorporated boundaries of the City of Boynton Beach, the Towns of Hypoluxo, Ocean Ridge, Briny Breezes and the Village of Golf

Service Endorsed: Primary ALS Provider – ALS Transport, Routinely Transport BLS




Director, Division of Emergency Management



Chair, Board of County Commissioners

Certificate of Public Convenience and Necessity

Palm Beach County Emergency Medical Services

WHEREAS, there is a need for Boynton Beach Fire Rescue to operate and provide essential emergency medical services to the citizens and visitors of Palm Beach County, Florida; and WHEREAS, said agency has applied to provide these services; and WHEREAS, said agency has indicated that it will comply with the requirements of Palm Beach County's Emergency Medical Services Ordinance (#2006-040), the Board of County Commissioners of Palm Beach County hereby issues a Certificate of Public Convenience and Necessity to said emergency medical service provider, valid from January 1, 2011 to December 31, 2016.


In issuing this Certificate, it is understood that the agency named hereon will meet the requirements of all pertinent county and state legislation and will provide emergency medical services on a twenty-four hour basis in the area(s) or zone(s) designated, providing the level of service endorsed as follows:



Area(s): The incorporated boundaries of the City of Boynton Beach, the Towns of Hypoluxo, Ocean Ridge, Briny Breezes and the Village of Golf

Service Endorsed: Primary ALS Provider – ALS Transport, Routinely Transport BLS




Director, Division of Emergency Management



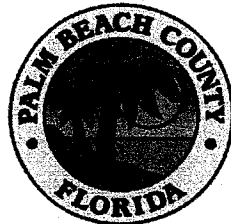
Chair, Board of County Commissioners

Certificate of Public Convenience and Necessity

Palm Beach County Emergency Medical Services

WHEREAS, there is a need for Delray Beach Fire Rescue to operate and provide essential emergency medical services to the citizens and visitors of Palm Beach County, Florida; and WHEREAS, said agency has applied to provide these services; and WHEREAS, said agency has indicated that it will comply with the requirements of Palm Beach County's Emergency Medical Services Ordinance (#2006-040), the Board of County Commissioners of Palm Beach County hereby issues a Certificate of Public Convenience and Necessity to said emergency medical service provider, valid from January 1, 2011 to December 31, 2016.

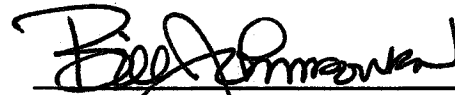
In issuing this Certificate, it is understood that the agency named hereon will meet the requirements of all pertinent county and state legislation and will provide emergency medical services on a twenty-four hour basis in the area(s) or zone(s) designated, providing the level of service endorsed as follows:



Area(s): The City of Delray Beach and the Towns of Gulfstream and Highland Beach

Service Endorsed: Primary ALS Provider – ALS Transport, Routinely Transport BLS




Director, Division of Emergency Management



Chair, Board of County Commissioners

Certificate of Public Convenience and Necessity

Palm Beach County Emergency Medical Services

WHEREAS, there is a need for Delray Beach Fire Rescue to operate and provide essential emergency medical services to the citizens and visitors of Palm Beach County, Florida; and WHEREAS, said agency has applied to provide these services; and WHEREAS, said agency has indicated that it will comply with the requirements of Palm Beach County's Emergency Medical Services Ordinance (#2006-040), the Board of County Commissioners of Palm Beach County hereby issues a Certificate of Public Convenience and Necessity to said emergency medical service provider, valid from January 1, 2011 to December 31, 2016.

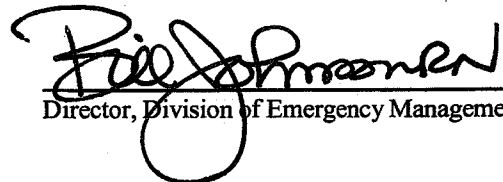
In issuing this Certificate, it is understood that the agency named hereon will meet the requirements of all pertinent county and state legislation and will provide emergency medical services on a twenty-four hour basis in the area(s) or zone(s) designated, providing the level of service endorsed as follows:



Area(s): The City of Delray Beach and the Towns of Gulfstream and Highland Beach

Service Endorsed: Primary ALS Provider – ALS Transport, Routinely Transport BLS




Director, Division of Emergency Management



Chair, Board of County Commissioners

Certificate of Public Convenience and Necessity

Palm Beach County Emergency Medical Services

WHEREAS, there is a need for Greenacres Public Safety to operate and provide essential emergency medical services to the citizens and visitors of Palm Beach County, Florida; and WHEREAS, said agency has applied to provide these services; and WHEREAS, said agency has indicated that it will comply with the requirements of Palm Beach County's Emergency Medical Services Ordinance (#2006-040), the Board of County Commissioners of Palm Beach County hereby issues a Certificate of Public Convenience and Necessity to said emergency medical service provider, valid from January 1, 2011 to December 31, 2016.

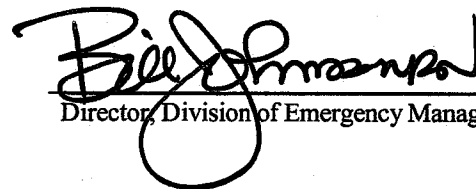
In issuing this Certificate, it is understood that the agency named hereon will meet the requirements of all pertinent county and state legislation and will provide emergency medical services on a twenty-four hour basis in the area(s) or zone(s) designated, providing the level of service endorsed as follows:

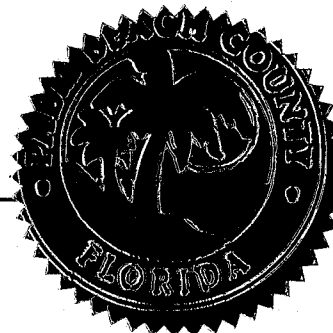


Area(s): The incorporated boundaries of the City of Greenacres and the City of Atlantis

Service Endorsed: Primary ALS Provider – ALS Transport, Routinely Transport BLS




Director, Division of Emergency Management



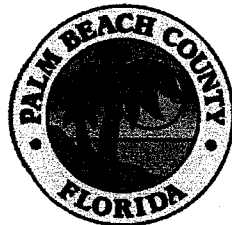
Chair, Board of County Commissioners

Certificate of Public Convenience and Necessity

Palm Beach County Emergency Medical Services

WHEREAS, there is a need for Greenacres Public Safety to operate and provide essential emergency medical services to the citizens and visitors of Palm Beach County, Florida; and WHEREAS, said agency has applied to provide these services; and WHEREAS, said agency has indicated that it will comply with the requirements of Palm Beach County's Emergency Medical Services Ordinance (#2006-040), the Board of County Commissioners of Palm Beach County hereby issues a Certificate of Public Convenience and Necessity to said emergency medical service provider, valid from January 1, 2011 to December 31, 2016.

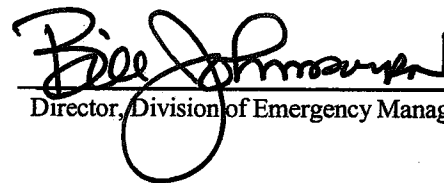
In issuing this Certificate, it is understood that the agency named hereon will meet the requirements of all pertinent county and state legislation and will provide emergency medical services on a twenty-four hour basis in the area(s) or zone(s) designated, providing the level of service endorsed as follows:



Area(s): The incorporated boundaries of the City of Greenacres and the City of Atlantis

Service Endorsed: Primary ALS Provider – ALS Transport, Routinely Transport BLS




Director, Division of Emergency Management



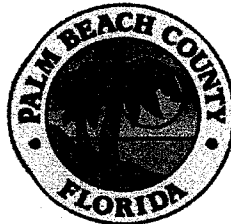
Chair, Board of County Commissioners

Certificate of Public Convenience and Necessity

Palm Beach County Emergency Medical Services

WHEREAS, there is a need for North Palm Beach Public Safety to operate and provide essential emergency medical services to the citizens and visitors of Palm Beach County, Florida; and WHEREAS, said agency has applied to provide these services; and WHEREAS, said agency has indicated that it will comply with the requirements of Palm Beach County's Emergency Medical Services Ordinance (#2006-040), the Board of County Commissioners of Palm Beach County hereby issues a Certificate of Public Convenience and Necessity to said emergency medical service provider, valid from January 1, 2011 to December 31, 2016.

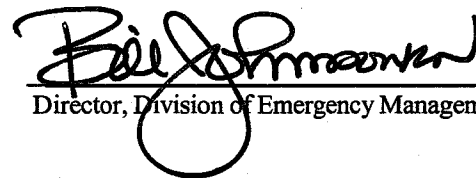
In issuing this Certificate, it is understood that the agency named hereon will meet the requirements of all pertinent county and state legislation and will provide emergency medical services on a twenty-four hour basis in the area(s) or zone(s) designated, providing the level of service endorsed as follows:



Area(s): The incorporated boundaries of the Village of North Palm Beach

Service Endorsed: Primary ALS Provider – ALS Transport, Routinely Transport BLS




Director, Division of Emergency Management



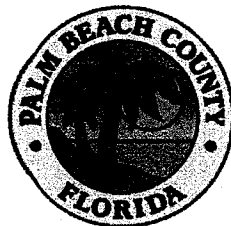
Chair, Board of County Commissioners

Certificate of Public Convenience and Necessity

Palm Beach County Emergency Medical Services

WHEREAS, there is a need for North Palm Beach Public Safety to operate and provide essential emergency medical services to the citizens and visitors of Palm Beach County, Florida; and WHEREAS, said agency has applied to provide these services; and WHEREAS, said agency has indicated that it will comply with the requirements of Palm Beach County's Emergency Medical Services Ordinance (#2006-040), the Board of County Commissioners of Palm Beach County hereby issues a Certificate of Public Convenience and Necessity to said emergency medical service provider, valid from January 1, 2011 to December 31, 2016.

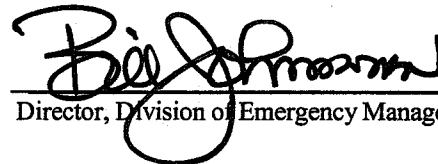
In issuing this Certificate, it is understood that the agency named hereon will meet the requirements of all pertinent county and state legislation and will provide emergency medical services on a twenty-four hour basis in the area(s) or zone(s) designated, providing the level of service endorsed as follows:



Area(s): The incorporated boundaries of the Village of North Palm Beach

Service Endorsed: Primary ALS Provider – ALS Transport, Routinely Transport BLS




Director, Division of Emergency Management



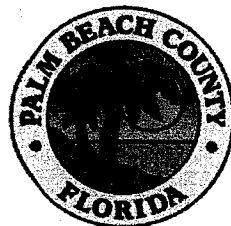
Chair, Board of County Commissioners

Certificate of Public Convenience and Necessity

Palm Beach County Emergency Medical Services

WHEREAS, there is a need for Palm Beach Fire Rescue to operate and provide essential emergency medical services to the citizens and visitors of Palm Beach County, Florida; and WHEREAS, said agency has applied to provide these services; and WHEREAS, said agency has indicated that it will comply with the requirements of Palm Beach County's Emergency Medical Services Ordinance (#2006-040), the Board of County Commissioners of Palm Beach County hereby issues a Certificate of Public Convenience and Necessity to said emergency medical service provider, valid from January 1, 2011 to December 31, 2016.

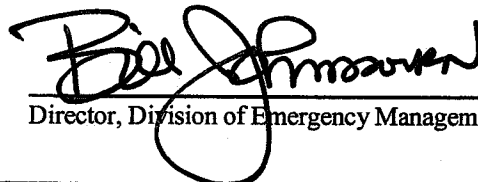
In issuing this Certificate, it is understood that the agency named hereon will meet the requirements of all pertinent county and state legislation and will provide emergency medical services on a twenty-four hour basis in the area(s) or zone(s) designated, providing the level of service endorsed as follows:

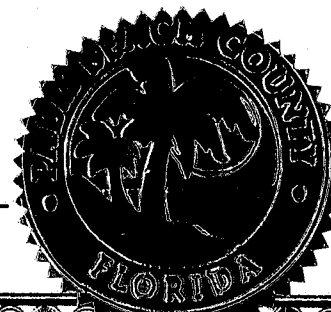


Area(s): The incorporated boundaries of the Town of Palm Beach

Service Endorsed: Primary ALS Provider – ALS Transport, Routinely Transport BLS




Director, Division of Emergency Management



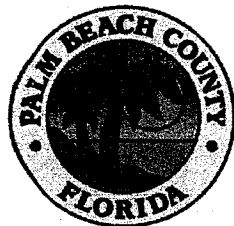
Chair, Board of County Commissioners

Certificate of Public Convenience and Necessity

Palm Beach County Emergency Medical Services

WHEREAS, there is a need for Palm Beach Fire Rescue to operate and provide essential emergency medical services to the citizens and visitors of Palm Beach County, Florida; and WHEREAS, said agency has applied to provide these services; and WHEREAS, said agency has indicated that it will comply with the requirements of Palm Beach County's Emergency Medical Services Ordinance (#2006-040), the Board of County Commissioners of Palm Beach County hereby issues a Certificate of Public Convenience and Necessity to said emergency medical service provider, valid from January 1, 2011 to December 31, 2016.

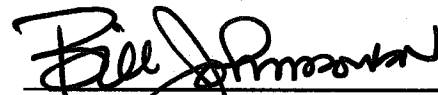
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Area(s): The incorporated boundaries of the Town of Palm Beach

Service Endorsed: Primary ALS Provider -- ALS Transport, Routinely Transport BLS




Director, Division of Emergency Management



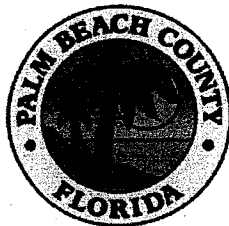
Chair, Board of County Commissioners

Certificate of Public Convenience and Necessity

Palm Beach County Emergency Medical Services

WHEREAS, there is a need for Palm Beach County Fire Rescue to operate and provide essential emergency medical services to the citizens and visitors of Palm Beach County, Florida; and WHEREAS, said agency has applied to provide these services; and WHEREAS, said agency has indicated that it will comply with the requirements of Palm Beach County's Emergency Medical Services Ordinance (#2006-040), the Board of County Commissioners of Palm Beach County hereby issues a Certificate of Public Convenience and Necessity to said emergency medical service provider, valid from January 1, 2011 to December 31, 2016.


In issuing this Certificate, it is understood that the agency named hereon will meet the requirements of all pertinent county and state legislation and will provide emergency medical services on a twenty-four hour basis in the area(s) or zone(s) designated, providing the level of service endorsed as follows:

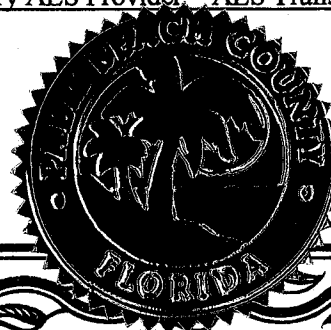


Area(s): All unincorporated areas of Palm Beach County and those Municipalities that have contracted for service or in a Fire/Rescue MSTU. The unincorporated areas and incorporated areas of the City of Belle Glade, Towns of Glen Ridge, Juno Beach, Lake Clarke Shores, Cloud Lake, Haverhill, Lake Park, Lantana, Jupiter, City of Lake Worth, Manalapan, Pahokee, Village of Palm Springs, South Bay, South Palm Beach, and the Villages of Wellington and Royal Palm Beach; Air Ambulance
(Countywide)



Service Endorsed: Primary ALS Provider -- ALS Transport, Routinely Transport BLS


Director, Division of Emergency Management



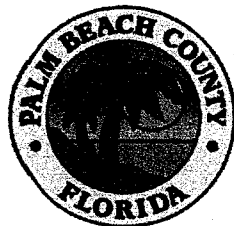
Chair, Board of County Commissioners

Certificate of Public Convenience and Necessity

Palm Beach County Emergency Medical Services

WHEREAS, there is a need for Palm Beach County Fire Rescue to operate and provide essential emergency medical services to the citizens and visitors of Palm Beach County, Florida; and WHEREAS, said agency has applied to provide these services; and WHEREAS, said agency has indicated that it will comply with the requirements of Palm Beach County's Emergency Medical Services Ordinance (#2006-040), the Board of County Commissioners of Palm Beach County hereby issues a Certificate of Public Convenience and Necessity to said emergency medical service provider, valid from January 1, 2011 to December 31, 2016.

In issuing this Certificate, it is understood that the agency named hereon will meet the requirements of all pertinent county and state legislation and will provide emergency medical services on a twenty-four hour basis in the area(s) or zone(s) designated, providing the level of service endorsed as follows:



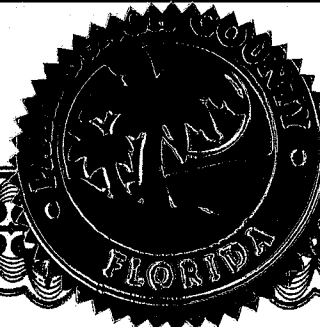
Area(s): All unincorporated areas of Palm Beach County and those Municipalities that have contracted for service or in a Fire/Rescue MSTU. The unincorporated areas and incorporated areas of the City of Belle Glade, Towns of Glen Ridge, Juno Beach, Lake Clarke Shores, Cloud Lake, Haverhill, Lake Park, Lantana, Jupiter, City of Lake Worth, Manalapan, Pahokee, Village of Palm Springs, South Bay, South Palm Beach, and the Villages of Wellington and Royal Palm Beach; Air Ambulance
(Countywide)



Service Endorsed: Primary ALS Provider – ALS Transport, Routinely Transport BLS

A handwritten signature in black ink, appearing to read "Bill Johnson".

Director, Division of Emergency Management



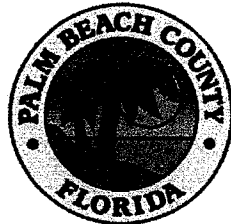
Chair, Board of County Commissioners

Certificate of Public Convenience and Necessity

Palm Beach County Emergency Medical Services

WHEREAS, there is a need for Palm Beach Gardens Fire Rescue to operate and provide essential emergency medical services to the citizens and visitors of Palm Beach County, Florida; and WHEREAS, said agency has applied to provide these services; and WHEREAS, said agency has indicated that it will comply with the requirements of Palm Beach County's Emergency Medical Services Ordinance (#2006-040), the Board of County Commissioners of Palm Beach County hereby issues a Certificate of Public Convenience and Necessity to said emergency medical service provider, valid from January 1, 2011 to December 31, 2016.


In issuing this Certificate, it is understood that the agency named hereon will meet the requirements of all pertinent county and state legislation and will provide emergency medical services on a twenty-four hour basis in the area(s) or zone(s) designated, providing the level of service endorsed as follows:



Area(s): The municipal boundaries of the City of Palm Beach Gardens

Service Endorsed: Primary ALS Provider – ALS Transport, Routinely Transports BLS





Director, Division of Emergency Management



Chair, Board of County Commissioners

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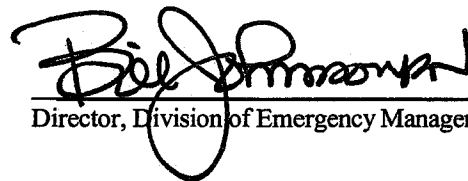
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Area(s): The municipal boundaries of the City of Palm Beach Gardens

Service Endorsed: Primary ALS Provider – ALS Transport, Routinely Transports BLS




Director, Division of Emergency Management



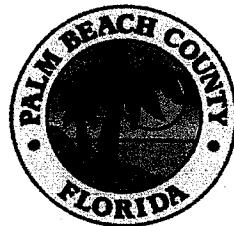
Chair, Board of County Commissioners

Certificate of Public Convenience and Necessity

Palm Beach County Emergency Medical Services

WHEREAS, there is a need for Riviera Beach Fire Rescue to operate and provide essential emergency medical services to the citizens and visitors of Palm Beach County, Florida; and WHEREAS, said agency has applied to provide these services; and WHEREAS, said agency has indicated that it will comply with the requirements of Palm Beach County's Emergency Medical Services Ordinance (#2006-040), the Board of County Commissioners of Palm Beach County hereby issues a Certificate of Public Convenience and Necessity to said emergency medical service provider, valid from January 1, 2011 to December 31, 2016.

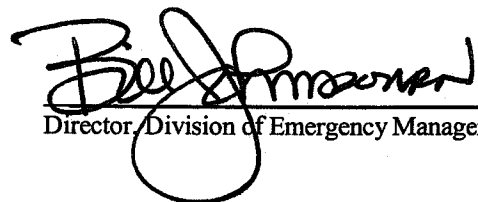
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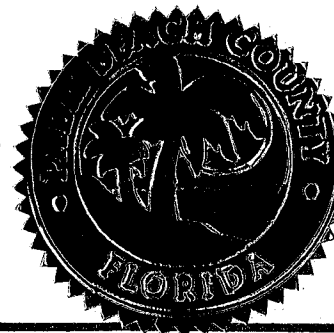


Area(s): The municipal boundaries of the City of Riviera Beach and the Town of Palm Beach Shores.

Service Endorsed: Primary ALS Provider – ALS Transport, Routinely Transport BLS




Director, Division of Emergency Management



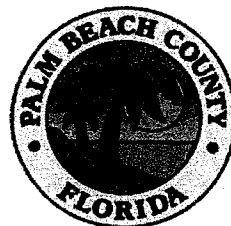
Chair, Board of County Commissioners

Certificate of Public Convenience and Necessity

Palm Beach County Emergency Medical Services

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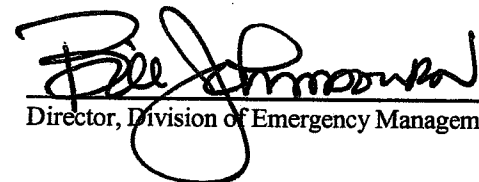
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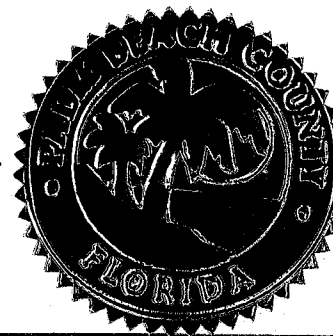


Area(s): The municipal boundaries of the City of Riviera Beach and the Town of Palm Beach Shores.

Service Endorsed: Primary ALS Provider – ALS Transport, Routinely Transport BLS




Director, Division of Emergency Management



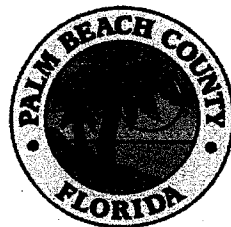
Chair, Board of County Commissioners

Certificate of Public Convenience and Necessity

Palm Beach County Emergency Medical Services

WHEREAS, there is a need for Tequesta Fire Rescue to operate and provide essential emergency medical services to the citizens and visitors of Palm Beach County, Florida; and WHEREAS, said agency has applied to provide these services; and WHEREAS, said agency has indicated that it will comply with the requirements of Palm Beach County's Emergency Medical Services Ordinance (#2006-040), the Board of County Commissioners of Palm Beach County hereby issues a Certificate of Public Convenience and Necessity to said emergency medical service provider, valid from January 1, 2011 to December 31, 2016.

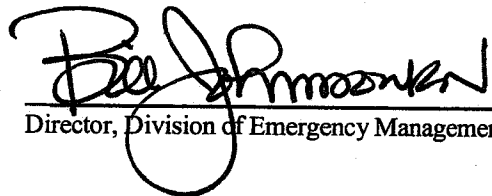
In issuing this Certificate, it is understood that the agency named hereon will meet the requirements of all pertinent county and state legislation and will provide emergency medical services on a twenty-four hour basis in the area(s) or zone(s) designated, providing the level of service endorsed as follows:



Area(s): The incorporated boundaries of the Village of Tequesta and Jupiter Inlet Colony

Service Endorsed: Primary ALS Provider – ALS Transport, Routinely Transports BLS




Director, Division of Emergency Management



Chair, Board of County Commissioners

Certificate of Public Convenience and Necessity

Palm Beach County Emergency Medical Services

WHEREAS, there is a need for Tequesta Fire Rescue to operate and provide essential emergency medical services to the citizens and visitors of Palm Beach County, Florida; and WHEREAS, said agency has applied to provide these services; and WHEREAS, said agency has indicated that it will comply with the requirements of Palm Beach County's Emergency Medical Services Ordinance (#2006-040), the Board of County Commissioners of Palm Beach County hereby issues a Certificate of Public Convenience and Necessity to said emergency medical service provider, valid from January 1, 2011 to December 31, 2016.

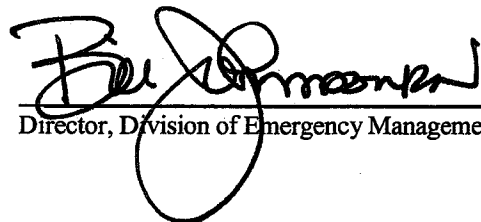
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Area(s): The incorporated boundaries of the Village of Tequesta and Jupiter Inlet Colony

Service Endorsed: Primary ALS Provider – ALS Transport. Routinely Transports BLS




Director, Division of Emergency Management



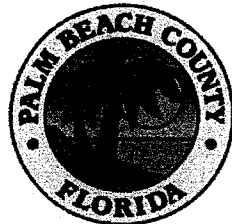
Chair, Board of County Commissioners

Certificate of Public Convenience and Necessity

Palm Beach County Emergency Medical Services

WHEREAS, there is a need for West Palm Beach Fire Rescue to operate and provide essential emergency medical services to the citizens and visitors of Palm Beach County, Florida; and WHEREAS, said agency has applied to provide these services; and WHEREAS, said agency has indicated that it will comply with the requirements of Palm Beach County's Emergency Medical Services Ordinance (#2006-040), the Board of County Commissioners of Palm Beach County hereby issues a Certificate of Public Convenience and Necessity to said emergency medical service provider, valid from January 1, 2011 to December 31, 2016.

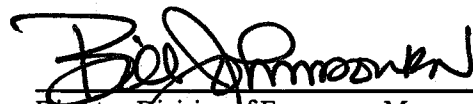
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Area(s): The municipal boundaries of the City of West Palm Beach and the Town of Mangonia Park

Service Endorsed: Primary ALS Provider – ALS Transport, Routinely Transport BLS




Director, Division of Emergency Management



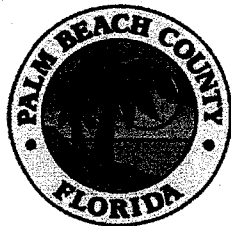
Chair, Board of County Commissioners

Certificate of Public Convenience and Necessity

Palm Beach County Emergency Medical Services

WHEREAS, there is a need for West Palm Beach Fire Rescue to operate and provide essential emergency medical services to the citizens and visitors of Palm Beach County, Florida; and WHEREAS, said agency has applied to provide these services; and WHEREAS, said agency has indicated that it will comply with the requirements of Palm Beach County's Emergency Medical Services Ordinance (#2006-040), the Board of County Commissioners of Palm Beach County hereby issues a Certificate of Public Convenience and Necessity to said emergency medical service provider, valid from January 1, 2011 to December 31, 2016.

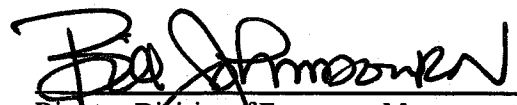
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Area(s): The municipal boundaries of the City of West Palm Beach and the Town of Mangonia Park

Service Endorsed: Primary ALS Provider – ALS Transport, Routinely Transport BLS




Director, Division of Emergency Management



Chair, Board of County Commissioners

THE PALM BEACH POST

Published Daily and Sunday
West Palm Beach, Palm Beach County, Florida

PROOF OF PUBLICATION

STATE OF FLORIDA

COUNTY OF PALM BEACH

Before the undersigned authority personally appeared **Ellen Sanita**, who on oath says that she is **Call Center Revenue Manager** of The Palm Beach Post, a daily and Sunday newspaper, published at West Palm Beach in Palm Beach County, Florida; that the attached copy of advertising for a **Notice** in the matter **Public Hearing** was published in said newspaper in the issues of **October 3, 2010**. Affiant further says that the said The Post is a newspaper published at West Palm Beach, in said Palm Beach County, Florida, and that the said newspaper has heretofore been continuously published in said Palm Beach County, Florida, daily and Sunday and has been entered as second class mail matter at the post office in West Palm Beach, in said Palm Beach County, Florida, for a period of one year next preceding the first publication of the attached copy of advertisement; and affiant further says that she/he has neither paid nor promised any person, firm or corporation any discount rebate, commission or refund for the purpose of securing this advertisement for publication in the said newspaper. Also published in Martin and St. Lucie Counties.



Sworn to and subscribed before 4th day of October, A.D. 2010.
Who is personally known to me.



NOTARY PUBLIC-STATE OF FLORIDA
Karen M. McLinton
Commission #DD832672
Expires: NOV. 15, 2012
BONDED THRU ATLANTIC BONDING CO., INC.

NO. 5561581

NOTICE OF PUBLIC HEARING

Notice is hereby given that a Public Hearing will be held by the Board of County Commissioners of Palm Beach County, Florida, on Tuesday, December 21, 2010 at 9:30 A.M. in the Jane Thompson Memorial Chambers, 6th Floor of the Governmental Center, 301 North Olive Avenue, West Palm Beach, Florida, to consider applications for Emergency Medical Services Certificate of Public Convenience and Necessity (COPCN) for Primary Advanced Life Support Transport and Non Transport Services, and for Countywide Aero-medical Transport Services. For the period of January 1, 2011 through December 31, 2016.

If a person decides to appeal any decisions made by this Commission with respect to any matter considered at this meeting of hearing, he will need to have a record of proceedings, and that, for such purpose, he may need to ensure that a verbatim record of the proceedings is made, which record includes the testimony and evidence upon which the appeal is to be based.
Board of County Commissioners
PUB: The Palm Beach Post
October 3, 2010

THE PALM BEACH POST

Published Daily and Sunday
West Palm Beach, Palm Beach County, Florida

PROOF OF PUBLICATION

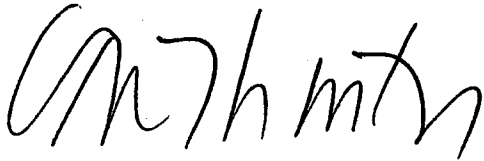
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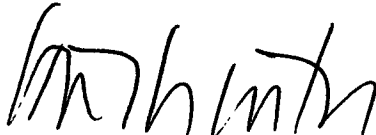
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