

Lee County Board of County Commissioners
Agenda Item Summary

Blue Sheet No. 20030202

1. REQUESTED MOTION:

ACTION REQUESTED: Board approve a two year Certificate of Public Convenience and Necessity (CON) for Fort Myers Beach Fire Control District.

WHY ACTION IS NECESSARY: CON required by Florida Statue 401.25 (d) for renewal of EMS provider license application.

WHAT THE ACTION ACCOMPLISHES: Allows Fort Myers Beach Fire Control District to be recertified by the Bureau of EMS as an ALS Provider for two years.

2. DEPARTMENTAL CATEGORY:
COMMISSION DIST. #

C7A

3. MEETING DATE

03-11-2003

4. AGENDA

X CONSENT
ADMINISTRATIVE
APPEALS
PUBLIC
TIME REQUIRED:

5. REQUIREMENT/PURPOSE

(Specify)
STATUTE
ORDINANCE
ADMAN. CODE
X OTHER

6. REQUESTOR OF INFORMATION

A. COMMISSIONER
B. DEPARTMENT Independent
C. DIVISION Public Safety

BY John D. Wilson, Director

Jaw

7. BACKGROUND:

Every two years, Florida EMS providers are required to renew their Advanced Life Support (ALS) License with the Florida Department of Health. According to Florida Statue 401.25 (d), "The applicant has obtained a certificate of public convenience and necessity from each county in which the applicant will operate." The relicensing application requires a copy of the certificate and convenience and necessity be included prior to the issuance of an ALS License by the Bureau of Emergency Medical Service.

Fort Myers Beach Fire Control District current ALS License expires on April 27, 2003. The application is to be submitted for process to the Bureau of EMS within 60 days of the provider's license expiration date.

Attachment 1: Application for Certificate of Public Convenience and Necessity (3)

Attachment 2: Certificate of Public Convenience and Necessity (3)

8. MANAGEMENT RECOMMENDATIONS: Management recommends approval.

9. RECOMMENDED APPROVAL

DEPARTMENT DIRECTOR <i>J. Wilson</i> 2/12/03	Purchasing or Contracts <i>John Wilson</i>	Human Resources	County Attorney <i>James</i>	County Administration OAI QM Risk GC <i>2/18/03</i> <i>2/18/03</i> <i>2/18/03</i> <i>2/18/03</i>	COUNTY MANAGER <i>[Signature]</i>
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10. COMMISSION ACTION:

- APPROVED
- DENIED
- DEFERRED
- OTHER

Rec. by CoAtty
Date: 2/17/03
Time: 1:55 pm
Forwarded To:
Budget
2/17/03 2:40 pm

RECEIVED BY
COUNTY ADMIN. *[Signature]*
2-17-03
5:40
COUNTY ADMIN.
FORWARDED TO: *BX*
2/18 5:00
C

**APPLICATION FOR LEE COUNTY
CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY
AMBULANCE AND RESCUE SERVICE**

January 27, 2003

Governmental <input checked="" type="checkbox"/>	Private <input type="checkbox"/>	Voluntary <input type="checkbox"/>
TYPE:		
Transport	<input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/>	BLS <input type="checkbox"/>
Non-Transport	<input type="checkbox"/> ALS <input type="checkbox"/>	
Air-Medical	<input type="checkbox"/> ALS <input type="checkbox"/>	BLS <input type="checkbox"/>
GOVERNMENTAL/CORPORATION/OWNER		
Name: <u>FT MYERS BEACH FIRE CONTROL DISTRICT</u>		
Address: <u>3043 Estero Blvd., Ft. Myers Beach, FL 33932</u>		
<u>Street/PO Box</u>	<u>City</u>	<u>State</u> <u>Zip</u>
P O Box 2880		
DIRECTORS/OWNERS		
Name: _____		Age _____
Address: _____		
<u>Street/PO Box</u>	<u>City</u>	<u>State</u> <u>Zip</u>
Name: _____		Age _____
Address: _____		
<u>Street/PO Box</u>	<u>City</u>	<u>State</u> <u>Zip</u>
Name: _____		Age _____
Address: _____		
<u>Street/PO Box</u>	<u>City</u>	<u>State</u> <u>Zip</u>
Name: _____		Age _____
Address: _____		
<u>Street/PO Box</u>	<u>City</u>	<u>State</u> <u>Zip</u>

NARRATIVE DESCRIBING HOW THE APPLICANT'S SERVICE WILL
COORDINATE WITH EXISTING PUBLIC SAFETY AGENCIES.

See Attachment A Number 1

FURTHER, HOW WILL THE SYSTEM ENHANCE PRE-HOSPITAL CARE
FOR THE PUBLIC HEALTH, SAFETY AND WELFARE.

See Attachment A Number 2

HOW WILL THE SERVICE IMPROVE PUBLIC CONVENIENCE AND
JUSTIFY THE NECESSITY OF THE INTENDED SERVICE.

See Attachment A Number 3

1. The Fort Myers Beach Fire Department currently coordinates with all Lee County public safety agencies through interlocal agency agreements and mandated mutual aid agreements. We have coordinated our emergency service resources to assist in mitigating catastrophic public safety needs. Our personnel coordinate through cross training and resolution of our community needs in time of disaster.

Through our involvement with a countywide dispatch system we can respond via notification from Lee Control to fire and EMS emergencies quickly. Our relationship with the fire and EMS community exists for the purpose of broad range public safety.

2. The Fort Myers Beach Fire Department offers pre-hospital care to the sick and injured residents and visitors of the greater Fort Myers Beach area. Our involvement and commitment to advanced life support is well documented. The EMTs and paramedics have proven numerous times to be a vital link in the public health, safety and welfare of the community participating in lowering morbidity and mortality rates. Our involvement enhances the existing advanced life support, transport capabilities of the southern island region of Lee County.
3. The advanced life support ambulances supplied by the Fort Myers Beach Fire Department have a long and distinguished history of providing essential medical care to the residents of our community. The public convenience is inherently serviced by our well-trained and experienced personnel in an area not easily accessible year round. Providing quality emergency resources intended to save lives are the beach community's strongly held commitment which justifies the necessity of the intended service.

CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY

IT IS HEREBY CERTIFIED by the Board of County Commissioners of Lee County, Florida to be of public convenience and necessity that:

1. There is hereby granted to:

FORT MYERS BEACH FIRE CONTROL DISTRICT

with the right to maintain, operate and control an ambulance service within the geographic district designated:

FORT MYERS BEACH FIRE CONTROL DISTRICT, FLORIDA

and to do all things needful of the operation, maintenance, and control thereof after the acceptance of the terms of this Certificate by the said District and until rescinded by the County but this Certificate shall **not** be transferred or assigned without the consent of the Board of County Commissioners.

2. The said Ambulance District in carrying out the purpose of this Certificate shall have free right to run the streets of Lee County with its vehicles, subject only to State regulations incident thereto as may govern ambulances and shall have free access to and the right, within said area, to perform ambulance service; provided, however, the District shall at all times hold Lee County harmless, release and indemnify County from any loss or damage by reason of the acts of District, its agent, servants, or employees.

3. It shall be the duty of said District, upon the acceptance of the terms of this Certificate, to diligently and efficiently protect and save lives and authority is hereby granted to said District to do all things needful to such ends not inconsistent to Florida Law now in existence or which may change or hereafter be passed. District certifies it has the legal capacity to operate said ambulance service and to comply with the Laws of Florida, particularly Chapter 401, et al. Florida Statutes.

4. In no event shall Lee County be responsible in any way for the debts or obligations of the Ambulance District contracted in the duties imposed under this Certificate nor shall the County be liable in any manner whatsoever on account of

the negligence of said District in carrying out the provisions of this Certificate.

5. Upon the failure of said Ambulance District to carry out and fulfill the obligation and duties hereby imposed upon it, all the rights hereby granted to said District shall thereupon be forfeited.

6. This Certificate shall be in force and become effective upon written acceptance of its terms by said Association being filed with the County Clerk.

7. This permit is valid for the period April 27, 2003 to April 27, 2005 unless sooner forfeited or rescinded.

Witness
William D. Punt

Chairman
Ronald Kidder
Ronald Kidder Fort Myers
Beach Fire Control District

Witness
Kathy Lottschall

ATTEST:
Charlie Green, Clerk

BOARD OF COUNTY COMMISSIONERS
OF LEE COUNTY, FLORIDA

By: _____
Deputy Clerk

By: _____
Chairman

NUMBER AND TYPE OF RESPONSE/TRANSPORT VEHICLES

1996 Ford E350 Ambulance R-114 (Old R-112)
1998 Pierce Quantum Fire Truck
1998 Pierce Quantum Fire Truck
2000 Horton – Ford E-450
2000 Horton – Ford E-450

We have a total of five advanced life support vehicles

ADDRESS OF HEADQUARTERS

Fort Myers Beach Fire Control District
100 Voorhis Street
P.O. Box 2880
Fort Myers Beach, FL 33932

ADDRESS OF SUB-STATIONS

Station One
3043 Estero Blvd.
Fort Myers Beach, FL 33931

Station Two
17891 San Carlos Blvd.
Fort Myers Beach, FL 33931

SCHEDULE OF RATES FOR SERVICE

The Board of Fire Commissioners for the Fort Myers Beach Fire Control District voted unanimously, Resolution 99-01, on March 9, 1999 at the Regular Monthly Meeting that all District calls being classified as Advanced Life Support for a charge of \$315.00 plus \$6.05 per loaded mile.

The foregoing Resolution was offered by Commissioner Heyman, Seconded by Chairman Goodacre and, being put to a vote, the vote was as follows:

Chairman Goodacre	Aye
Vice Chair Smith	Aye
Sec/Treasurer Kidder	Aye
Commissioner Heyman	Aye
Commissioner Harby	Aye

DULY PASSED AND ADOPTED THIS 9TH Day of March, 1999.

MEDICAL DIRECTOR'S NAME AND LICENSE NUMBER(S)

NAME: Dr. Robert Sharkey

AUDIT CONTROL # 62106

FILE # _____

BOARD CERTIFICATION #ME 56364 Expiration Date 01-31-2005

D.E.A. Certificate Number: BS6540834 Expiration: 02-28-2005

AC# 0766698

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
11/29/2001	ME 56364	62106

THE MEDICAL DOCTOR
NAMED BELOW HAS MET ALL REQUIREMENTS OF
THE LAWS AND RULES OF THE STATE OF FLORIDA.
EXPIRATION DATE: **JANUARY 31, 2005**
ROBERT GEORGE SHARKEY
6400 GRIFFIN BLVD.
FT MYERS, FL 33908

AC# 0766698

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
11/29/2001	ME 56364	62106

THE MEDICAL DOCTOR
NAMED BELOW HAS MET ALL REQUIREMENTS OF
THE LAWS AND RULES OF THE STATE OF FLORIDA.
EXPIRATION DATE: **JANUARY 31, 2005**

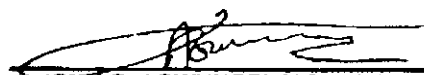
ROBERT GEORGE SHARKEY

LICENSEE SIGNATURE

AT LEAST 90 DAYS PRIOR TO THE
EXPIRATION DATE SHOWN ON
THIS LICENSE, A NOTICE OF
RENEWAL WILL BE SENT TO
YOUR LAST KNOWN ADDRESS.
IF YOU HAVE NOT RECEIVED
YOUR NOTICE 60 DAYS PRIOR
TO THE EXPIRATION DATE,
PLEASE CALL (850) 410-3359.



JEB BUSH
GOVERNOR



JOHN O. AGWUNOBI, M.D., M.B.A.
ACTING SECRETARY

DISPLAY IF REQUIRED BY LAW

EXPIRATION DATE: **JANUARY 31, 2005**

YOUR LICENSE NUMBER IS **ME 56364**. PLEASE USE IT IN ALL CORRESPONDENCE WITH YOUR BOARD/COUNCIL. EACH LICENSEE IS SOLELY RESPONSIBLE FOR NOTIFYING THE DEPARTMENT IN WRITING OF THE LICENSEE'S CURRENT MAILING ADDRESS. USE THIS SECTION TO REPORT NAME AND/OR MAILING ADDRESS CHANGES.

NAME CHANGES REQUIRE LEGAL DOCUMENTATION SHOWING THE NAME CHANGE. PLEASE MAKE SURE THAT A PHOTOCOPY OF ONE OF THE FOLLOWING ACCOMPANIES THIS FORM: A MARRIAGE LICENSE (MARRIAGE LICENSE MUST INDICATE THE ORIGINAL SIGNATURE AND SEAL FROM THE CLERK OF THE COURT), A DIVORCE DECREE INDICATING RESTORATION OF YOUR MAIDEN NAME, OR A COURT ORDER (E.G., ADOPTION, NAME CHANGE, OR FEDERAL IDENTITY CHANGE). ANY ONE OF THESE WILL BE ACCEPTED UNLESS THE DEPARTMENT HAS A QUESTION ABOUT THE AUTHENTICITY OF THE DOCUMENT. **A DRIVER'S LICENSE OR SOCIAL SECURITY CARD IS NOT CONSIDERED LEGAL DOCUMENTATION.**

TO REQUEST A DUPLICATE LICENSE SUBMIT THIS FORM AND A CHECK, PAYABLE TO THE DEPARTMENT OF HEALTH, IN THE AMOUNT OF \$25.00.

REQUEST DUPLICATE LICENSE

SIGNATURE REQUIRED

DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE
LICENSURE SERVICES
4052 BALD CYPRESS WAY, BIN #C-10
TALLAHASSEE, FLORIDA 32399-3260

NAME CHANGE (ATTACH LEGAL DOCUMENTATION)

MAILING ADDRESS CHANGE

FROM: _____
MIDDLE

TO: _____
LAST FIRST MIDDLE

CITY STATE ZIP

CERTIFICATE OF INSURANCE-VEHICLE AND MALPRACTICE

See Attached

ACORD CERTIFICATE OF LIABILITY INSURANCE

BSR GW
FORM-5

DATE (MM/DD/YY)
07/02/02

PRODUCER
Edison Insurance Agency, Inc.
3835 Palm Beach Boulevard #A
Fort Myers FL 33916
Phone: 239-693-0400 Fax: 239-693-2522

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE

INSURED
Fort Myers Beach Fire Control
P.O. Box 2880
Fort Myers FL 33932

INSURER A: Cumis Insurance Society
INSURER B:
INSURER C:
INSURER D:
INSURER E:

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	ZDZ5627387	06/05/02	06/05/03	EACH OCCURRENCE \$ 1000000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire) \$ 50000
	<input checked="" type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR				MED EXP (Any one person) \$ 5000
					PERSONAL & ADV INJURY \$ 1000000
					GENERAL AGGREGATE \$ 2000000
					PRODUCTS - COM/OP AGG \$ 2000000
					GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC
A	AUTOMOBILE LIABILITY	ZDZ5627387	06/05/02	06/05/03	COMBINED SINGLE LIMIT (EA ACCIDENT) \$ 1000000
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS				PROPERTY DAMAGE (Per accident) \$
<input checked="" type="checkbox"/> NON-OWNED AUTOS					
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
					AUTO ONLY: AGG \$
A	EXCESS LIABILITY	UMB420236	06/05/02	06/05/03	EACH OCCURRENCE \$ 1000000
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$ 1000000
	<input type="checkbox"/> DEDUCTIBLE RETENTION \$				\$
					\$
					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUTORY LIMITS OTHER
					E.L. EACH ACCIDENT \$
					E.L. DISEASE - EA EMPLOYEE \$
					E.L. DISEASE - POLICY LIMIT \$
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
 Fire Department 3043 Estero Blvd. ATTN: Barbara Hyde

CERTIFICATE HOLDER
FL Dept. of Health
Bureau of Emergency Medical
4052 Bald Cypress Way
Mail Bin C18
Tallahassee FL 32399-1738

CANCELLATION
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL *** DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.
 Linda A. Quimby #0042996

VEHICLE DATA

Permit #	Type	Sub-Type	Make	Model	Year	Last Permit			Status	Issue Date	Vehicle Identifier	Permit Fee
						Permit #	Type	Sub-Type				
8463	ALS	T	FORD	E350	1996	8463	ALS	T	Issued	04/28/2001	1FDKE30FSTHA49857	\$ 25.00
10565	ALS	N	PIERCE	QUANTUM	1998	10565	ALS	N	Issued	04/28/2001	4PICT02E4WA000736	\$ 25.00
10593	ALS	T	FORD	F450	2000	10593	ALS	T	Issued	04/28/2001	1FDXE45F4YHB54093	\$ 25.00
10594	ALS	T	FORD	F450	2000	10594	ALS	T	Issued	04/28/2001	1FDXE45F2YHB54092	\$ 25.00
10645	ALS	N	PIERCE	QUANTUM	1998	10645	ALS	N	Issued	04/28/2001	4PICT02E1WA000743	\$ 25.00

Count of vehicles with status of "Issued"

<u>Total</u>	<u>BLS</u>	<u>ALS (Transport)</u>	<u>ALS (Non-Transport)</u>	<u>AIR</u>
5	0	3	2	0

Emergency Medical Services License Application Profile Report

PROVIDER DATA

Name: FT. MYERS BEACH FIRE CONTROL DISTRICT

Phone: (941) 463-6164

Manager Name: Chief Stephen J Markus

ID Number: 3601

County: Lee

Fax: (941) 463-6761

Mailing Address: PO Box 2880
Fort Myers Beach FL 33932

Email:

Physical Address: 3043 Estero Blvd
Fort Myers Beach FL 33931

Service Type
Fire Dept
Non-Profit
Public Safety

LICENSE DATA

License Number: 2098

Date Received: 04/25/2001

Date Issued: 04/28/2001

Expires: 04/27/2003

Application Type: Renewal

Service Type: Advanced Life Support (ALS)

Service Sub-Type: Transport (T)

Status: License Issued

Last Update: 01/28/2002

Amount Required: \$1,500.00

Amount Paid: \$1,500.00

MEDICAL DIRECTOR DATA

Name: Sharkey, Robert G

License Number: ME 0056364

License Expires: 01/31/2005

Phone: (941) 489-1556

Contract End Date: 09/30/2002

DEA Reg. #: BS 5540834

DEA Reg. Expires: 02/28/2002

Address: 6400 Griffin Rd
Ft Myers

FL 33908

INSURANCE DATA

Insurance Company	Type of Insurance	Insurance Expiration Date
Massachusetts Bay Insurance Company	Vehicle Liability	6/05/2003

SERVICE AREA DATA

County of Service	Date Certificate of Public Convenience and Necessity Expires	Comments
Lee	03/30/2003	

LEE COUNTY BOARD OF COUNTY COMMISSIONERS
P.O. BOX 398
FORT MYERS, FLORIDA 33902-0398

I N V O I C E

APPLICATION FEE: \$250.00

FOR: CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY
AMBULANCE AND RESCUE SERVICE

NAME: Fort Myers Beach Fire Control District

ADDRESS: 3043 Estero Blvd., P O Box 2880, Ft. Myers Beach, FL 33932
STREET/PO BOX CITY STATE ZIP

MAKE CHECKS PAYABLE TO: LEE COUNTY BOARD OF
COUNTY COMMISSIONERS