PALM BEACH COUNTY

OFFICE OF EMERGENCY MANAGEMENT
EMERGENCY MEDICAL SERVICES

APPLICATION FOR SECONDARY SERVICE PROVIDER
CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY
(COPCN)

Section 1: (Check one)

_____ Applying for **new** Secondary Service Provider Certificate of Public Convenience and Necessity (COPCN) with Advanced Life Support (ALS) and Basic Life Support (BLS) Interfacility Ground Transfer Endorsement and Secondary ALS/BLS Transport Service Endorsement.

_____ Applying for **renewal/revised** Secondary Service Provider Certificate of Public Convenience and Necessity (COPCN) with ALS/BLS Interfacility Ground Transfer Endorsement and Secondary ALS/BLS Transport Service Endorsement.

Specific area(s) or specific community to be covered and services to be provided: (attach additional page if necessary)

_____
_____
_____
_____

Secondary Service Provider COPCN service start date: _____

Section 2: AGENCY INFORMATION

Full legal name of agency _____

Mailing address _____

Central place of business _____

Phone # _____

Agency is public sector _____ private sector _____

Note: The name of the service that is placed on the "Name of agency" line must be identical to the name listed on your COPCN

Chief Officer/General Manager's name _____

Medical Director's name _____

Medical Director's business address _____

Medical Director's Medical License # _____Exp. Date _____

If applicant is a private sector agency, provide a list of all owners, officers, directors, primary shareholders. Include each person's position/interest and business address. (Please attach separate list referencing question #18.)

Section 3: ATTACHMENTS REQUIRED

Applicants shall submit the application for COPCN as set forth in Chapter 13, Article II, Division I, of the Palm Beach County Code of Laws and Ordinances and satisfy all requirements therein, and in addition, applicants shall also provide satisfactory completion of the following requirements. **Please be sure to include with the Application, as separately numbered Attachments in a three (3) ring binder, the following:**

1. Describe the need and area(s) for the proposed service to be covered by your agency. Include studies, if available, supporting the demonstrated demand and feasibility for the proposed service(s) and deficiencies in existing services and any other pertinent data you wish to be considered.

2. The financial information of the applicant to ensure financial ability to provide and continue to provide service to the area. Such financial information shall include copies of the applicant's past two (2) Medicare audits, if any. Government entities must provide the past three (3) years Comprehensive Annual Financial Reports via hard copy, or electronically. Privately held entities must provide copies of audited financial statements, if any, of the company and its parent company or holding company if any, for the past three (3) years.

3. Copy of current fee schedule.

4. A summary history of applicant's EMS performance record, if any, for the past three (3) years, including any ALS Transport Service experience, and provide Benchmark Response time data for the previous six (6) months (Form A).

5. The applicant must demonstrate that its general manager or an executive staff member has a minimum of five (5) years of experience in managing ALS Transport Services.

6. Disclosure of litigation involving Patient care, for the past six (6) years which resulted in a judgment, award, or finding in favor of a Patient or the complaining party, including case number, nature of the claim and allegations, and a copy of final judgment or award.

7. Proof of satisfactory completion of all federal, state, and/or local agency vehicle and staff inspections for the last three (3) years including copies of all deficiency reports.

8. Records substantiating the implementation of a formal quality assurance system consistent with Florida Statute Section 401.265 and Chapter 64J-1, Florida Administrative Code, as may be amended.

9. Applicants must have an Emergency Medical Dispatch (EMD) program or an agreement for appropriate EMD service consistent with Section 768.1335, Florida Statutes, titled "The Emergency Medical Dispatch Act", as may be amended.

10. Applicants must have a sufficient number of permitted ALS Transport Units available for response to ensure compliance with Response Time requirements. Each applicant must at all times have at least one (1) ALS Transport Unit, and one (1) ALS Vehicle or a second ALS Transport Unit, both fully staffed, Permitted, operationally available and in service at all times. Applicant must also have one (1) spare ALS Transport Unit fully equipped and Permitted in the event that one of their primary ALS Transport Units is not in service. Provide the minimum number of ALS Transport Units, ALS Vehicles, and BLS Transport Units that the applicant will have dedicated, operationally available, and fully staffed in Palm Beach County.

11. The applicant must provide a certified letter from the COPCN Holder's Chief Executive Operating Officer or Fire Chief that the applicant has met all applicable federal, state and local requirements pertaining to the delivery of EMS.

12. Management Plan. Provide information on how the following business functions will be conducted and managed: a) employee and driver training programs, b) complaint handling system, c) system for handling accidents and/or injuries, and d) vehicle maintenance system.

13. Copy of current State of Florida Emergency Medical Services (EMS) license(s) and/or current COPCN, if any.

14. The Medical Director must be a Florida licensed physician. Provide a copy of a fully executed contract or agreement. Include copies of current DEA and Florida Physician's License. Must meet requirements of 64J-1.004, Florida Administrative Code, and Section 401.265, Florida Statutes.

15. Copy of standard operating procedures and protocols relating to EMS that have been approved by your Medical Director.

16. A letter from your Medical Director stating your agency has adopted the State-approved countywide Trauma Transport Protocols.

17. Copy of profile sheet(s) relating to current Florida State license(s), if any, or the equivalent information sheet listing all of the agency's vehicles.

18. A list of the names of personnel, and their EMS certifications, certification numbers and expiration dates. Personnel must meet all requirements of certification and training referred to in Chapter 401, Florida Statutes, Chapter 64J-1, Florida Administrative Code.

19. Applicant must have hands free mapping capability, and an automatic vehicle locator system that would allow the Administrator and the requesting facility to track the location of responding vehicles. The applicant must provide details about all such systems and their capabilities.

20. A memorandum of understanding for radio communications that is executed between the applicant and Palm Beach County. The applicant must meet all requirements as set forth in the agreement. The radio system agreement must be executed by the applicant prior to submittal of the COPCN application..

21. Insurance verification. A copy of an insurance policy, a self-insurance policy, or a Certificate of Insurance is acceptable, so long as the agency meets the minimum insurance limits as required by Section 64J-1, Florida Administrative Code. There must be a 30-day cancellation notice and **Palm Beach County shall be shown as the certificate holder with a mailing address of 301 N. Olive Ave, West Palm Beach, FL 33401.**

22. A non-refundable application fee in the amount of five-hundred dollars ($500.00) made payable to: "Palm Beach County Board of County Commissioners."

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SECTION 4: AUTHORIZED SIGNATURE

I, the undersigned representative of the applicant Agency, do hereby attest that said Agency meets all the requirements of Palm Beach County Emergency Medical Services (EMS) Ordinance, as codified in the Palm Beach County Code of Laws and Ordinances, and any accompanying Rules and Regulations of the Division of Emergency Management Emergency Medical Services Section, as well as all the requirements for the operation of an emergency service as provided for in Florida Statutes, Chapter 401, Part III, and Chapter 64J, Florida Administrative Code.

I, the undersigned representative of the above applicant Agency, further attest that this Agency is in compliance with the State of Florida EMS Communications Plan.

I, the undersigned representative of the applicant Agency, acknowledge that any discrepancies discovered by the Palm Beach County Emergency Management staff during the annual mandatory inspections may subject my Agency and its representatives to corrective action and possible penalty as provided for by Florida law and applicable Rule. Further, I understand that an annual vehicle inspection permit-fee per-vehicle shall be paid for any EMS vehicle or ambulance utilized in Palm Beach County.

I, the undersigned Agency Representative of the applicant Agency, hereby submit this application on behalf of the applicant Agency, and hereby affirm that I am authorized to submit this application on behalf of the applicant Agency and that, to the best of my knowledge, all statements on the application and the included attachments in support of the application are true and correct.

_____
Name of Agency

_____
Print or Type Name of Agency Representative

_____
Signature

_____
Date

STATE OF FLORIDA
COUNTY OF PALM BEACH

The foregoing Application was acknowledged before me this ____ day of _____, 20__, by _____, who is personally known to me or who has produced _____, as identification and who did take an oath.

_____
Signature Notary Seal: