

**Lee County Board Of County Commissioners
Agenda Item Summary**

Blue Sheet No.
20050217

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 is required by Florida Statute 401.25(d) for renewal of EMS provider license application.

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

2. DEPARTMENTAL CATEGORY:

07
COMMISSION DISTRICT #:

C 7A

3. MEETING DATE:

03-01-2005

4. AGENDA:

- CONSENT
- ADMINISTRATIVE
- APPEALS
- PUBLIC
- WALK ON
- TIME REQUIRED:

5. REQUIREMENT/PURPOSE:
(Specify)

- STATUTE
- ORDINANCE
- ADMIN. CODE
- OTHER

6. REQUESTOR OF INFORMATION:

- A. COMMISSIONER
- B. DEPARTMENT
- C. DIVISION Public Safety
- BY: John D. Wilson, Director

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 Statute 401.25(d), "The applicant has obtained a certificate of public convenience and necessity from each county in which the applicant will operate." The re-licensing application requires a copy of the certificate of public convenience and necessity be include 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, 2005. 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:

A Department Director	B Purchasing or Contracts	C Human Resources	D Other	E County Attorney	F Budget Services				G County Manager
					OA	OM	Risk	GC	
<i>[Handwritten Signature]</i>	<i>N/A</i>	<i>N/A</i>		<i>[Handwritten Signature]</i>	<i>[Handwritten Signature]</i>	<i>[Handwritten Signature]</i>	<i>[Handwritten Signature]</i>	<i>[Handwritten Signature]</i>	<i>[Handwritten Signature]</i>

10. COMMISSION ACTION:

- APPROVED
- DENIED
- DEFERRED
- OTHER

Rec. by CoAtty
Date: *2/15/05*
Time: *10:20*
Forwarded To:
Admin 2/15/05

RECEIVED BY
COUNTY ADMIN: *[Signature]*
2/15/05
1:30 pm
COUNTY ADMIN
FORWARDED TO
[Signature]
2/16/05
4pm

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 Advanced Life Support (ALS) non-transport service within the geographic district designated:

FORT MYERS BEACH FIRE CONTROL DISTRICT

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 Fire 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 (ALS) non-transport 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.

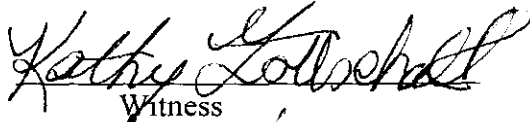
3. It shall be the duty of said District, upon the acceptance of the terms of this Certificate, to diligently and efficiently protect and save lives and authority is hereby granted to said District to do all things needful to such ends not inconsistent to Florida Law now in existence or which may change or hereafter be passed. District certifies it has the legal capacity to operate said (ALS) non-transport services 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 Fire 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.

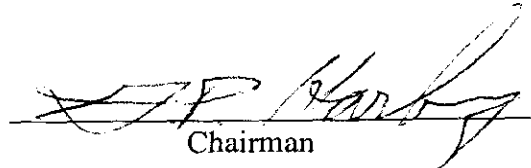
5. Upon the failure of said Fire District to carry out and fulfill the obligation and duties hereby imposed upon it, all the rights hereby granted to said District shall thereupon be forfeited.

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.

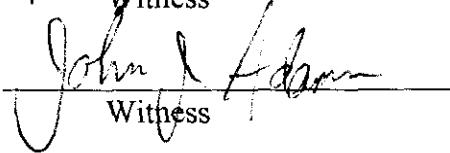
This permit is valid for the period 04/27, 2005 to 04/27, 2007, unless sooner forfeited or rescinded.



Witness



Chairman



Witness

ATTEST:
Charlie Green, Clerk

BOARD OF COUNTY COMMISSIONERS
OF LEE COUNTY, FLORIDA

By: _____
Deputy Clerk

By: _____
Chairman

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

02/09/05

Governmental [X]	Private []	Voluntary []
TYPE:		
Transport	[X] ALS	[X] BLS []
Non-Transport	[] ALS	[] BLS []
Air-Medical	[] ALS	[] BLS []
GOVERNMENTAL/CORPORATION/OWNER		
Name: Fort Myers Beach Fire Control District		
Address: 100 Voorhis Street	Fort Myers Beach	Florida 33931
Street/PO Box	City	State Zip
DIRECTORS/OWNERS		
Name:		
Address:		
Street/PO Box	City	State Zip
Name:		
Address:		
Street/PO Box	City	State Zip
Name:		
Address:		
Street/PO Box	City	State Zip
Name:		
Address:		
Street/PO Box	City	State Zip
Name:		
Address:		
Street/PO Box	City	State Zip

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

See Attachment A Number 1

**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.



1998 Pierce Quantum Engine
1998 Pierce Quantum Engine
2003 Horton E-450
2003 Horton E-450
2000 Horton E-450
2000 Horton E-450

We have a total of six advanced life support vehicles

ADDRESS OF HEADQUARTERS

Fort Myers Beach Fire Control District
100 Voorhis Street
P.O. Box 2880
Fort Myers Beach, FL 33931

ADDRESS OF POSTING-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 4-1 On April 9, 2003, at the Regular Monthly Meeting that schedule of rates for service would Be as follows;

- | | |
|--|----------|
| 1. Basic Life Support (BLS) | \$325.00 |
| 2. Advanced Life Support (ALS-1) | \$375.00 |
| 3. Advanced Life Support (ALS-2) | \$550.00 |
| 4. Mileage charge of \$7.00 per loaded mile. | |

MEDICAL DIRECTOR=S NAME AND LICENSE NUMBER(S)

NAME: Dr. Robert G. Sharkey

AUDIT CONTROL # 134664

FILE #

BOARD CERTIFICATION # ME 5634 **Exp. Date:** 01-31-2007

D.E.A. Certificate Number: BS6540834 **Exp. Date:** 02-29-2008

AC# 1541879

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
10/16/2004	ME 56364	134664

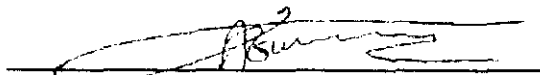
STATE OF FLORIDA DEPARTMENT OF HEALTH DIVISION OF MEDICAL QUALITY ASSURANCE	AC#
DATE 10/16/2004	LICENSE NO. ME 56364
	CONTROL NO. 134664

The **MEDICAL DOCTOR** named below has met all requirements of the laws and rules of the state of Florida.
 Expiration Date: **JANUARY 31, 2007**
ROBERT GEORGE SHARKEY
LEE MEMORIAL HOSPITAL -- ER DEPARTMENT
2776 CLEVELAND AVE.
FT MYERS, FL 33901

The **MEDICAL DOCTOR** named below has met all requirements of the laws and rules of the state of Florida.
 Expiration Date: **JANUARY 31, 2007**

ROBERT GEORGE SHARKEY


 JEB BUSH
 GOVERNOR


 JOHN O. AGWUNOBI, M.D., M.P.H., M.B.A.
 SECRETARY

DISPLAY IF REQUIRED BY LAW

EXPIRATION DATE: **JANUARY 31, 2007**

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 the licensee's current mailing address and practice location address. Use this section to report name and/or practice location address and/or mailing address changes. have not received your renewal notice 90 days prior to the expiration date shown on this license, please call (850) 488-0595.

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, divorce decree or a court order. **A driver's license or social security card is not considered legal documentation.**

Medical Quality Assurance offers you the convenience of several online services. These services give you the ability to renew your license, update your mailing and practice location addresses and update your profile information:

1. Go to www.DOH-MDAServices.com
2. Choose one of the licensee services
3. Select your profession
4. Enter the account ID and password here (Account ID and Password are case sensitive) Account ID: **sharkero** Password: **d4kFZfbx**

To request a duplicate license, submit this form and a check or money order, payable to the **DEPARTMENT OF HEALTH**, in the amount of **\$25.00**.

MAIL TO: DEPARTMENT OF HEALTH
 DIVISION OF MEDICAL QUALITY ASSURANCE
 LICENSURE SERVICES
 P.O. BOX 6320
 TALLAHASSEE, FLORIDA 32314-6320

NAME CHANGE (ATTACH LEGAL DOCUMENTATION)

FROM: LAST FIRST MIDDLE
 TO: LAST FIRST MIDDLE

PRACTICE LOCATION ADDRESS CHANGE

(This address will be printed on your license and posted on the Internet.)

CITY STATE ZIP

MAILING ADDRESS CHANGE

(This address will be used when mailing your license and for all other correspondence from the Department.)

CITY STATE ZIP

CERTIFICATE OF INSURANCE-VEHICLE AND MALPRACTICE

See Attached

ACORD CERTIFICATE OF LIABILITY INSURANCE

CSR GW
FORM-5

DATE (MM/DD/YYYY)

10/07/04

PRODUCER Edison Insurance Agency, Inc. 15 Palm Beach Boulevard #A Ft 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.	
INSURED Fort Myers Beach Fire Control P.O. Box 2880 Fort Myers FL 33932		INSURERS AFFORDING COVERAGE	NAIC #
		INSURER A: Cumis Insurance Society	10847
		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 ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	MEPK047646	10/01/04	10/01/05	EACH OCCURRENCE \$ 1000000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100000 MED EXP (Any one person) \$ 5000 PERSONAL & ADV INJURY \$ 1000000 GENERAL AGGREGATE \$ 10000000 PRODUCTS - COMP/OP AGG \$ 10000000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	MEPK047646	10/01/04	10/01/05	COMBINED SINGLE LIMIT (Ea accident) \$ 1000000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
A	EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> CLAIMS MADE DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$10000	MEUM047648	10/01/04	10/01/05	EACH OCCURRENCE \$ 2000000 AGGREGATE \$ 1000000 \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER				WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

CERTIFICATE HOLDER

CANCELLATION

DEPT005
 Department of Health
 Division of EMS
 Fax #805-488-2512
 2002 Old St. Augustine Road
 Tallahassee FL 32301

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 000 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.
 AUTHORIZED REPRESENTATIVE
 Linda A. Quimby #0012586

INSURANCE DATA

Insurance Company	Type of Insurance	Insurance Expiration Date
Cumis Insurance Society	Vehicle Liability	10/01/2005

SERVICE AREA DATA

County of Service	Date Certificate of Public Convenience and Necessity Expires	Comments
Lee	03/30/2005	

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	04/28/2003	1FDKE30F3THA49856	\$ 25.00
10565	ALS	N	PIERCE	QUANTUM	1998	10565	ALS	N	Issued	04/28/2003	4PICT02E4WA000736	\$ 25.00
10593	ALS	T	FORD	F450	2000	10593	ALS	T	Issued	04/28/2003	1FDXE45F4YHB54093	\$ 25.00
10594	ALS	T	FORD	F450	2000	10594	ALS	T	Issued	04/28/2003	1FDXE45F2YHB54092	\$ 25.00
10645	ALS	N	PIERCE	QUANTUM	1998	10645	ALS	N	Issued	04/28/2003	4PICT02E1WA000743	\$ 25.00
12830	ALS	T	FORD	553	2003				Issued	10/12/2004	1FDXE45F63HB19032	\$ 25.00
12831	ALS	T	FORD	553	2003				Issued	10/12/2004	1FDXE45F23HB15317	\$ 25.00

Count of vehicles with status of "Issued"

Total	BLS	ALS (Transport)	ALS (Non-Transport)	AIR
7	0	5	2	0

**Emergency Medical Services
License Application Profile Report**

PROVIDER DATA

Name: FT. MYERS BEACH FIRE CONTROL DISTRICT

Phone: (239) 463-6163

Manager Name: Chief Stephen J Markus

ID Number: 3601

County: Lee

Fax: (239) 463-6761

Mailing Address: PO Box 2880
Fort Myers Beach FL 33932

Email:

Physical Address: 100 Voorhis Street
Fort Myers Beach FL 33931

Service Type

Fire Dept
Non-Profit
Public Safety

LICENSE DATA

License Number: 2339

Date Received: 03/28/2003

Date Issued: 04/28/2003

Expires: 04/27/2005

Application Type: Renewal

Service Type: Advanced Life Support (ALS)

Service Sub-Type: Transport (T)

Status: License Issued

Last Update: 10/12/2004

Amount Required: \$1,500.00

Amount Paid: \$1,500.00

Balance:

PRIMARY MEDICAL DIRECTOR DATA

Name: Sharkey, Robert G

License Number: ME 0056364

License Expires: 01/31/2005

Phone: (239) 489-1556

Contract End Date: 09/30/2005

DEA Reg. #: BS 6540834

DEA Reg. Expires: 02/28/2005

Address: 6400 Griffin Rd
Ft Myers FL 33908

SECONDARY MEDICAL DIRECTOR DATA

Name:

License Number:

License Expires:

Phone: () -

Contract End Date:

DEA Reg. #:

DEA Reg. Expires:

Address:

INSURANCE DATA

Insurance Company	Type of Insurance	Insurance Expiration Date
Cumis Insurance Society	Vehicle Liability	10/01/2005

SERVICE AREA DATA

County of Service	Date Certificate of Public Convenience and Necessity Expires	Comments
Lee	03/30/2005	

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	04/28/2003	1FDKE30F3THA49856	\$ 25.00
10565	ALS	N	PIERCE	QUANTUM	1998	10565	ALS	N	Issued	04/28/2003	4PICT02E4WA000736	\$ 25.00
10593	ALS	T	FORD	F450	2000	10593	ALS	T	Issued	04/28/2003	1FDXE45F4YHB54093	\$ 25.00
10594	ALS	T	FORD	F450	2000	10594	ALS	T	Issued	04/28/2003	1FDXE45F2YHB54092	\$ 25.00
10645	ALS	N	PIERCE	QUANTUM	1998	10645	ALS	N	Issued	04/28/2003	4PICT02E1WA000743	\$ 25.00
12830	ALS	T	FORD	553	2003				Issued	10/12/2004	1FDXE45F63HB19032	\$ 25.00
12831	ALS	T	FORD	553	2003				Issued	10/12/2004	1FDXE45F23HB15317	\$ 25.00

Count of vehicles with status of "Issued"

Total	BLS	ALS (Transport)	ALS (Non-Transport)	AIR
7	0	5	2	0

LEE COUNTY BOARD OF COUNTY COMMISSIONERS

P.O. BOX 398

FORT MYERS, FLORIDA 33902-0398

INVOICE

APPLICATION FEE: \$250.00

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

NAME: Fort Myers Beach Fire Control District

ADDRESS: 100 Voorhis Street, 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**