



INDIAN RIVER COUNTY DEPARTMENT OF EMERGENCY SERVICES

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY (COPCN)

APPLICANT NAME: HCA Florida Lawnwood Hospital

DATE: 8/25/2025

APPLICATION FEE: \$100.00 APPLIES TO INITIAL APPLICATIONS ONLY.

If payment applicable, make check payable to INDIAN RIVER COUNTY FIRE RESCUE.

- ☐ This is a new application; fee is attached.
- ☒ This is a renewal of our present COPCN.
- ☐ This is a renewal of our present COPCN with ownership or classification changes.

I. CLASSIFICATION OF CERTIFICATE REQUESTED

Please check applicable boxes and options.

Class A ☐ BLS ALS

Governmental entities that use advanced life support vehicles to conduct a pre-hospital EMS ALS/BLS service.

Class B ☒ BLS ☒ ALS

Agencies that provide non-emergency ambulance inter-facility medical transport at the ALS/BLS level.

Class C ☐ BLS ALS

Agencies that provide non-emergency ambulance inter-facility medical transports which require special clinical capabilities and require a physician's order.

Class D ☐ BLS ALS

Agencies that provide non-emergency ambulance medical transports limited to out of county transfers.

II. COMPANY DETAILS

1. NAME OF AGENCY: HCA Florida Lawnwood Hospital

MAILING ADDRESS: 1700 S 23rd Ave

CITY Fort Pierce COUNTY St. Lucie

ZIP CODE: 34950 BUSINESS PHONE: 772-461-4000

2. TYPE OF OWNERSHIP (i.e. Private, Government, Volunteer, Partnership, etc.):

Private

3. MANAGER'S NAME: Katie Whitman

ADDRESS: 1700 S. 23rd St. Fort Pierce, FL 34950

PHONE #: 772-710-7818

4. PROVIDE NAME OF OWNER(s) OR LIST ALL OFFICERS, PARTNERS, DIRECTORS, AND SHAREHOLDERS, IF A CORPORATION (attach a separate sheet if necessary):

<u>NAME</u>	<u>ADDRESS</u>	<u>POSITION</u>
Sam Hazen	1 Park Plaza, Nashville, Tn 37203	President
William B. Rutherford	1 Park Plaza, Nashville, Tn 37203	Vice President
John Hackett	1 Park Plaza, Nashville, Tn 37203	Treasurer

5. PROVIDE NAMES AND ADDRESSES OF AT LEAST THREE (3) LOCAL REFERENCES

<u>NAME</u>	<u>ADDRESS</u>	<u>PHONE #</u>
Staples	300 Arbor Lake Dr. Columbia SC 29223	9419262456
Johnson & Johnson Health Care Systems	8800 Grand Oak Circle, Tampa, FL 33637	8135584386
C.R. Bard Inc.	1 Executive Dr. Suite 304, Chelmsford, MA 01824	2405265624

6. FUNDING SOURCE: Funding comes from general hospital revenue and fee for service billing

7. RATE SCHEDULE ATTACHED? YES ☒ NO ☐ N/A ☐

8. LIST THE ADDRESS OF YOUR BASE AND ALL SUB-STATIONS:

1700 S. 23rd St. Fort Pierce, FL 34950

III. COMMUNICATIONS INFORMATION:

TYPES OF RADIOS/EQUIPMENT:

XPR 5550e 403-470 MHz 40W 1000 CH Mobile Radio 2-iphone cell devices for communication with med direction, hospital, and dispatch

1. RADIO FREQUENCY (ies)

Med Channel 12

Med 12 Talk-around

Med Channel 10

Med Channel 8

2. RADIO CALL NUMBER(s)

LW 1

LW2

3. LIST ALL HOSPITALS AND OTHER EMERGENCY AGENCIES WITH WHICH YOU HAVE DIRECT RADIO COMMUNICATIONS:

FROM AMBULANCE

HCA Florida Lawnwood emergency department

FROM BASE STATION

**IV. ADDITIONAL INFORMATION REQUIRED TO BE SUBMITTED
WITH THIS APPLICATION:**

RENEWAL APPLICANTS NEED ONLY #'s 4 - 9

1. Factual Statement indicating the public need and services, including studies 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. Factual statement of the proposed services to be provided, including type of service, hours and days of operation, market to be served, geographic areas to be serviced, and any other pertinent data you wish to be considered.
3. Factual Statement indicating the ability of the applicant to manage and provide the proposed services, including the management plan, maintenance facilities, insurance program, accounting system, system for handling complaints, system for handling accidents and injuries, system for providing the county monthly operating reports and any other pertinent data you wish to be considered.
4. Copy of Standard Operating Procedures.
5. Copy of Medical Protocols.
6. Copy of your insurance policy – must show coverage limits –
7. Vehicle Information. For each vehicle provide the following:
 - a. Make, Model, Year, Manufacturer
 - b. Mileage
 - c. VIN #
 - d. Tag Number
 - e. Passenger capacity (E/E1 classification)
 - f. Indicate ALS/BLS (A-D classification)
8. Personnel Roster. For each employee provide the following:
 - a. Name – Last, First and Middle Initial
 - b. Driver's License # (if commercial, specify class) & Expiration Date
ADDITIONAL INFO REQUIRED FOR A-D classifications
 - c. Emergency Medical Service Certification and # (EMT or Paramedic)
 - d. Expiration date of Certification
 - e. Whether or not has an Emergency Vehicle Operation Certificate.
9. Fee Schedule Incl: Service Type, Base Rate, Mileage, Waiting & Special Charges

V. NOTARIZED STATEMENTS

I, Katie Whitman, the representative of
Applicant Name

HCA Florida Lawnwood Hospital, do hereby attest that
Business Name of Service

the above named service will provide continuous service on a 24-hour, 7-day week basis. I do hereby attest that the above named service meets all the requirements for operation of an ambulance service in the State of Florida as provided in Chapter 401, Part III, Florida Statutes, Chapter 64E-2, Florida Administrative Code, and that I agree to comply with all the provisions of Chapter 304, Life Support Services.

ALL APPLICANTS

I further acknowledge that discrepancies discovered during the effective period of the Certificate of Public Convenience and Necessity will subject this service and its authorized representatives to corrective action and penalty provided in the referenced authority and that to the best of my knowledge, all statements on this application are true and correct.

[Signature] 8-27-25
APPLICANT SIGNATURE DATE

Before me personally appeared the said Katie Whitman who says that he/she executed the above instrument of his/her own free will and accord, with full knowledge of the purpose thereof. Sworn and subscribed in my presence this 27th day of August, 2025.

[Signature]
NOTARY PUBLIC

My commission expires: 2/28/2026

