

CEMP REVIEW PAYMENT SUBMISSION FORM

ALL FIELDS ARE REQUIRED

AGENCY INFORMATION

Agency Name: _____

Address: _____

CEMP Preparer: _____

Email: _____ Telephone: _____

PLEASE SUBMIT A SEPARATE FORM FOR EACH LICENSE NUMBER

License #: _____ ☐ Check if license is in process

Type of License:

- ☐ Home Medical Equipment Provider
- ☐ Nursing Registries
- ☐ Home Health Agencies
- ☐ Hospice

Please indicate type of review:

- ☐ \$60.00 - Initial/Annual Submission
- ☐ \$60.00 - Each Revision Submission

Submit questions to: DOHOrange.CEMP@FLHealth.gov

Submission of this document with associated fees is required prior to review.

Make check or money order payable to:

Florida Department of Health in Orange County

Mail to:

Florida Department of Health in Orange County
Emergency Preparedness Dept./ATTN: CEMP
8150 Chancellor Drive, Suite 110
Orlando, FL 32809

Payment Amount:

Keep a copy of this form and check as proof of payment.