

Comprehensive Emergency Management Plan (CEMP) submissions

The Florida Department of Health Region 4 Reviewer covers 18 counties:

*Brevard Citrus Hardee Hernando Hillsborough Indian River Lake Manatee
Martin Orange Osceola Pinellas Pasco Polk Seminole St. Lucie Sumter Volusia*

CEMP Submission Tips and Requirements: Submissions go to: Region4.CEMP@flhealth.gov. For questions regarding the form, please call 863.519.7900, ext. 11144.

All submissions must be typewritten

1. Please ensure you use the correct form for submission and include your company name/address/type of agency and an email address.

- Home Health Agencies 3110-1022
- Home Medical Equipment Companies: 3110-1019
- Nurse Registries: 3110-1017
- Hospice: DOEA Form #

2. The cover page should include your license or the words, “License Pending”, if new. It should also include all the counties to which, that license applies. Please also include a month/year of submission.

3. You are required to include a typewritten Table of Contents and all pages must be numbered.

4. The intro should describe your company in a few sentences or paragraphs. In the list of the chain of command, please include at least one or two email addresses. Tell us about the kind of annual trainings you hold, how long you’ve been in business and the services you provide.

5. All questions must be answered in full. “N/A” is an insufficient answer.

6. Be descriptive enough to ensure anyone reading your plan has a true idea of your emergency operations and procedures.

7. The questions about the special needs registry and shelters need a level of detail. Include contact info and websites so all employees understand how to access that info for each county in which, you are licensed.

8. Include appendices with illuminating information. Ensure they are labeled and have current information.

Does your plan only address predictable disasters , or have you considered other scenarios? The details matter.

Once you are ready to submit you CEMP, please review the [fee schedule](#) . Your check or money order can be mailed as outlined in the hyperlinked letter. Your CEMP should be sent to: Region4.CEMP@flhealth.gov
