



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

May 31, 2018

Certified Mail/Read Receipt

Roneika Pettermon, Administrator
American Family Planning
6115 Village Oaks Drive
Pensacola, FL 32504

Application Number: 1603
File Number: 13960123
License Number: Pending
Provider Type: Abortion Clinic

Re: Omission Notice for American Family Planning, 6115 Village Oaks Dr, Pensacola

Dear Administrator:

This letter is to acknowledge receipt of your Initial application for your Abortion Clinic license. After review, it was found to be incomplete. Applicants receive only **one** letter describing the errors or omissions that must be addressed to deem the application complete. If the response to this letter does not satisfactorily address what is outlined below, the application will be withdrawn from consideration. Therefore, pursuant to section 408.806, Florida Statutes, no further action can be taken until the following is received:

1. **Background Screening – Nancy Luke:** As per AHCA's, Background screening results site, a new screening is required for this individual. Please contact the Background Screening Unit at (850) 412-4503 for more information.
2. **Background Screening Clearinghouse Employee Roster: Warren Taylor and Candace Cooley** are both listed as the medical director on the employee roster. Please update the employee roster with the current medical director.
3. **Background Screening Clearinghouse Employee Roster:** Please update the facility's employee roster with the current financial officer. The financial officer listed has an end date for employment with the clinic.
4. **Clinical Laboratory Application:** The laboratory application for license number 800025910 has not been received. If the clinic will continue to conduct its own laboratory testing, please submit the renewal application along with the appropriate fee. If the clinic will not conduct its own testing, please provide the name of the company who will be providing laboratory services for the clinic.

Additionally, section 408.831, Florida Statutes, requires any outstanding fines, liens, or overpayments assessed by Final Order of AHCA or the Centers for Medicare and Medicaid Services by the licensee or a common controlling interest to be paid prior to license/registration issuance. Failure to comply with any repayment plan may result in the denial, suspension or revocation of a license, registration or certificate.

The required information must be submitted to the Agency no later than 21 calendar days from receipt of this letter. You may submit this information to the Agency by Email or by US Mail.



05/31/2018

- Email: Ferronda.Burke@ahca.myflorida.com
- US Mail: Please include a copy of this letter with your response:

Agency for Health Care Administration
Hospital and Outpatient Services Unit, MS#31
2727 Mahan Drive
Tallahassee, Florida 32308

If the applicant fails to submit all the information required in the application within 21 days of being notified by AHCA of the omissions, the application will be withdrawn from consideration and the fees will be forfeited pursuant to section 408.806(3)(b), Florida Statutes.

If you have any questions or need further assistance, please call Ferronda Burke at (850) 412-4361 or email at Ferronda.Burke@ahca.myflorida.com.

Sincerely,

Ferronda L. Burke

Ferronda L. Burke
Hospital and Outpatient Services Unit
Agency for Health Care Administration