

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY

APPLICATION TYPE: ☐ NEW ☐ RENEWAL						
SERVICE TYPE: Wheelchair Transport Stretcher Transport						
TYPE OF ENTITY: Sole Proprietor Partners	ership 🗌 Non-Pr	rofit Corporation	rporation			
ORGANIZATION NAME:		HOURS OF OPERATION:	☑24-HOUR			
Johns Hopkins All Children's Hospital - LifeLin	e	A.M. to				
ADDRESS 1		PHONE				
501 6th Avenue South		727.767.7337				
ADDRESS 2		FAX:				
Department - LifeLine		727.767.4837				
CITY, STATE, ZIP CODE:						
St. Petersburg, FL 33701						
OFFICER/DIRECTOR NAME & TITLE	PHONE NUMBER & E-MA	AIL				
Julie Bacon, Program Manager		Julie.Bacon@jhmi.ed	u			
VICE OFFICER/DIRECTOR NAME & TITLE	PHONE NUMBER & E-MA	AIL.				
LifeLine Transfer Center CFN On Call	727.767.7337					
BUSINESS HOURS POINT-OF-CONTACT	PHONE NUMBER & E-MAIL					
Julie Bacon, Program Manager	727.767.7737	Julie.Bacon@jhmi.ed	u			
AFTER HOURS POINT-OF-CONTACT	PHONE NUMBER & E-MA	AIL				
LifeLine Transfer Center CFN On Call	727.767.7337					
REQUIRED ATTACHMENTS: Record Keeping Verification Form, Vehicle Roster(s), Driver Roster(s), Certificate of Incorporation, Certification of Fictitious Name (d.b.a) if applicable, Insurance Verification for the highest level of service provided, and retail rate schedule. Also include any new applications per County Driver Certification Requirements.						
I, the undersigned representative of the above named freyoked if at any time the firm fails to meet all of the requirements.	irm, do hereby ackr uirements of the Pir	nowledge this certificate m nellas County Code or Rul	nay be suspended or les and Regulations.			
SIGNATURE OF APPLICANT		DATE	/			
in lay hope		10/3/25				
STATE OF FLORIDA						
COUNTY OF Pinollas						
Subscribed and sworn to (or affirmed) before me this 10-3-25 by Anthony, Wagelifane, who						
is/are personally known to me or has/have produced Drivers License as identification.						
(SEAL) JENNIFER J, EDWARDS MY COMMISSION # HH 254385 EXPIRES: August 17, 2028 (Name of Notary typed, printed or Form stamped)						



WHEELCHAIR/STRETCHER SERVICE RECORD KEEPING VERIFICATION FORM

Pinellas County Rules and Regulations, as Amended

Name of Service:	Johns Hopkins All Children's Hospital LifeLine

Section	Inspection Items	Initials
8.1	Record all telephone lines when used for requests for transport, including cell phones.*	JLB
	*Initial here if standard business practice is to receive requests via fax and/or e-mail and written records are maintained of such contacts in accordance with written records criteria.	
8.1	Written record contains: Date Call Received Time Call Received Pick-up & Destination Address Arrival Time at Destination Client's Name Person Ordering Transport Telephone Number of Caller (*if applicable)	JLB JLB JLB JLB JLB JLB JLB
8.1	Audio dispatch records shall be kept for a minimum of six (6) months.	JLB
8.1	Written or electronic dispatch shall be kept for a minimum of three (3) years.	JLB
8.1	Dispatch audio & written/electronic records shall be available for inspection.	JLB

Form B Rev. 02/06/2017



WHEELCHAIR VEHICLE ROSTER Pinellas County Rules and Regulations, as Amended

EM	S G FIRE	Name of Service:	ins Hop	KINS AII	Childre	n's Hos	pitai - Li	reLine					Page: _	of	
ADMINIS	TRATION	Provide Unit, Tag and VI attached, as long as all r													ay be
Unit Number	Florida Vehicle Tag Number	Vehicle Identification Number (VIN)	Client compartment observation mirror	Passenger floor properly maintained	Fire extinguisher 2A:10B:C	Operable interior lights	Free of denVrust that interferes with safe operation	Equipment in patient compartment safely secured	Doors, latches, and handles working properly	Patient lift platfom working properly	Positive means of securing/locking wheelchair/stretcher	Properly designed passenger safety belts and/or straps	Radio/tablet/cell phone for communication with base station	Exterior lights – high, low, turns, brake, tails, backup	Interior clean, sanitary and in good working order
LL3	MIN01	2NKHHM6X0HM165535													
LL5	MIP51	2NKHHM6X2HM136408													
LL7	MIS19Z	2NKHHM6X7LM391757													
4.															
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10.															
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12.															
Form C-1 R	ev. 02/06/2017		EMSI	NSPECT(DR:					Date	:	_			

Johns Hopkins All Children's Hospital - LifeLine

EMS INSPECTOR: Date:

Pinellas County Rules and Regulations, as Amended STRETCHER VAN ROSTER

Johns

Name of Service:

*Such

Provide Unit, Tag and VIN nu attached, as long as all requi

Unit Number

Vehicle Identification Number (VIN)

Client compartment observation mirror

Not Applicable

Florida Vehicle Tag Number

observation mirror	h vel	Hop
Passenger floor properly maintained	vehicles may not be enough the control of the contr	kins All
Fire extinguisher 2A:10B:C	vehicles.	Childre
Operable interior lights	be equipped If more lines ded. Contact	en's Hos
Free of dent/rust that interferes with safe operation	are	kins All Children's Hospital - LifeLine
Equipment in patient compartment safely secured	narked or needed, it S & Fire A	ifeLine
Doors, latches, and handles working properly	or operatit is accepaddministra	
Patient lift platform working properly	perated as an acceptable to coninistration for a	
Positive means of securing/locking wheelchair/stretcher	or operated as an Ambulance* it is acceptable to copy this form. A Company Rost Administration for a Vehicle Inspection appointment	
Properly designed passenger safety belts and/or straps	lance* form. A C	
Radio/tablet/cell phone for communication with base station	company n appoint	Page:
Exterior lights – high, low, turns, brake, tails, backup	, d	o <u>t</u>
Interior clean, sanitary and in good working order	ay be	
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WHEELCHAIR / STRETCHER DRIVER ROSTER Pinellas County Rules and Regulations, as Amended

Name of Service:	Johns Hopkins All Children's Hospital - LiteLine		of	
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Attach a copy of the Class E Driver's License for each listed Driver. If more lines are needed, it is acceptable to copy this form. A Company Roster may be attached, as long as all required information is included.

Name (Last, First) Also list "nick-name" if applicable	Class E Driver's License Number	Expiration Date	Date of Birth	Assigned EMS ID#
SCHULTHEISS, JONATHAN	S432-438-90-180-0	5/20/2027	5/20/1991	EMT54478
REA, CHRISTOPER	R000-113-96-141-0	4/21/2030	4/21/1996	EMT583697
JOHNSON, ELISHA	J525-212-03-106-0	03/26/2026	03/26/2003	EMT585252
BOADEN, ETHAN	B236-480-45-200-0	8/15/2032	8/15/2000	EMT590088
5. KIRLEY, JONATHAN	K640-437-02-087-0	3/7/2026	3/7/2002	EMT590149
SPACKMAN, RAYMOND	S125-721-90-374-0	10/14/2029	10/14/1990	EMT586579
POIRIER, TESSA	P229-396-55-800-0	10/19/2032	10/19/1994	EMT558647
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PERSONNEL RECORDS

NAME LAST, FIRST	PROFESSIONAL LICENSE NUMBER	LICENSE ISSUE DATE	LICENSE EXPIRATION	CPR/ACLS EXPIRATION
WEBB, SARA	RN9200051	03/28/2003	07/31/2026	2026/2026
PEARCE, CARRON	RN9301513	12/15/2009	04/30/2027	2026/2026
BRYAN, KELLY	RN9332683	10/14/2011	04/30/2027	2026/2026
JONES, NATHAN	RN9486637	06/11/2018	04/30/2026	2026/2026
WALL, JESSICA	RN9424484	01/19/2016	04/30/2027	2026/2026
RYMES, WHITNEY	TT12959	05/01/2006	05/31/2027	2026/2026
FORDYCE, BRENDON	RT22515	02/17/2022	05/31/2027	2026/2026
MCAULIFFE, JEREMY	RT7236	04/22/2003	05/31/2027	2026/2026
MEEKE, CORI	RN9510502	05/08/2019	04/30/2027	2026/2026
SPENGLER, KRISTOPHER	RT10095	06/24/2009	05/31/2027	2026/2026
OCHIPA, PATRICIA	RN1850662	08/31/1987	04/30/2026	2026/2026
POWERS, PAUL	RN9291675	05/14/2009	04/30/2027	2026/2026
WATSON- THOMPSON, TAYLOR	RN9441828	08/19/2016	07/31/2026	2026/2026
PAGE, BRITTANY	RN9460587	05/31/2017	04/30/2027	2026/2026
HULL, GLENN	RT7540	02/24/2004	05/31/2027	2026/2026
NUZZO, JULIA	RT16310	08/09/2017	05/31/2027	2026/2026
DISANTO, TIFFANY	RT14561	08/14/2015	05/31/2027	2026/2026
BACON, JULIE (PROGRAM MANAGER)	RN1797622	03/23/1987	04/30/2026	2026/2026



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/23/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s). CONTACT NAME: Kris Hughes PRODUCER Arthur J. Gallagher Risk Management Services, LLC PHONE (A/C, No. Ext): E-MAIL FAX (A/C, No); 10 West Carmel Drive, Suite 260 ADDRESS: kris_hughes@ajg.com Suite 260 Carmel IN 46032 INSURER(S) AFFORDING COVERAGE NAIC# INSURER A: Arch Insurance Company 11150 JOHNHOP-03 INSURED INSURER B: Johns Hopkins Health System INSURER C: c/o JHU Risk Management 3910 Keswick Road, Suite N-5400 INSURER D Baltimore MD 21211 INSURER E INSURER F: **COVERAGES REVISION NUMBER:** CERTIFICATE NUMBER: 1084208550 THIS IS TO CERTIFY THAT 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, LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. ADDL SUBR POLICY EFF POLICY EXP TYPE OF INSURANCE LIMITS POLICY NUMBER COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) CLAIMS-MADE OCCUR MED EXP (Any one person) s PERSONAL & ADV INJURY GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$ PRO-JECT POLICY PRODUCTS - COMP/OP AGG \$ OTHER: COMBINED SINGLE LIMIT (Ea accident) AUTOMOBILE LIABILITY \$ 2,000,000 41CAB1072102 7/1/2025 7/1/2026 ΧI ANY AUTO BODILY INJURY (Per person) \$ SCHEDULED AUTOS OWNED AUTOS ONLY BODILY INJURY (Per accident) \$ NON-OWNED AUTOS ONLY PROPERTY DAMAGE \$ AUTOS ONLY (Per accident) s UMBRELLA LIAB EACH OCCURRENCE OCCUR \$ **EXCESS LIAB** CLAIMS-MADE AGGREGATE \$ DED RETENTION \$ WORKERS COMPENSATION STATUTE AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE E.L. EACH ACCIDENT OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. DISEASE - EA EMPLOYEE If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Evidencing insurance. Certificate holder is included as additional insured where required by written contract. CERTIFICATE HOLDER CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. Pinellas County, A Political Subdivision of the State of Florida 400 South Fort Harrison Ave. AUTHORIZED REPRESENTATIVE Clearwater FL 33756 USA

AGENCY CUSTOMER ID: JOHNHOP-03	
LOC #:	



ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

AGENCY Arthur J. Gallagher Risk Management Services, LLC		Johns Hopkins Health System Corporation (incl.entities on the Schedule of Named Insureds) c/o Johns Hopkins University Risk Management Department 3910 Keswick Road,Suite N5400 Baltimore MD 21211				
POLICY NUMBER						
PR1124						
CARRIER	NAIC CODE					
MCIC Vermont (A Reciprocal Risk Retention Group)	19437	EFFECTIVE DATE: 1/1/2025				
ADDITIONAL REMARKS						
THE ADDITIONAL DEMARKS FORM IS A SOURDLU F TO	ACCED FORM					

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

Additional Insured Entities Include:

The Johns Hopkins Hospital

Johns Hopkins Healthcare, LLC dba Johns Hopkins Health Plans

Johns Hopkins All Children's Hospital, Inc.

Johns Hopkins Bayview Medical Center Inc.

Johns Hopkins Health System

Suburban Hospital, Inc.

Sibley Memorial Hospital

Howard County General Hospital, Inc. dba Johns Hopkins Howard County Medical Center

Johns Hopkins Home Care Group, Inc. dba Johns Hopkins Care at Home

Johns Hopkins Pharmaquip, Inc.

Johns Hopkins Regional Physicians, LLC

Johns Hopkins Community Physicians, Inc.

ACORD 101 (2008/01)