Pinellas County EMS & FIRE ADMINISTRATION

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY

APPLICATION TYPE: ☐ NEW ☑ RENEWAL

SERVICE TYPE: ☐ Wheelchair Transport ☐ Stretcher Transport ☑ ALS Interfacility ☑ ALS Helicopter ☐ ALS Non-Transport ☐ ALS Transport

TYPE OF ENTITY: ☐ Sole Proprietor ☐ Partnership ☐ Non-Profit Corporation ☐ Corporation

ORGANIZATION NAME:	HOURS OF OPERATION: ☑24-HOUR
Johns Hopkins All Children's Hospital - LifeLine	_____ A.M. to _____ ☐A.M. / ☐P.M.
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-MAIL
Julie Bacon, Program Manager	727.767.7737 Julie.Bacon@jhmi.edu
VICE OFFICER/DIRECTOR NAME & TITLE	PHONE NUMBER & E-MAIL
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.edu
AFTER HOURS POINT-OF-CONTACT	PHONE NUMBER & E-MAIL
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 firm, do hereby acknowledge this certificate may be suspended or revoked if at any time the firm fails to meet all of the requirements of the Pinellas County Code or Rules and Regulations.

SIGNATURE OF APPLICANT	DATE
[signature]	10/3/25

STATE OF FLORIDA
COUNTY OF Pinellas

Subscribed and sworn to (or affirmed) before me this 10-3-25 by Anthony Napolitano, who is/are personally known to me or has/have produced Drivers License as identification.

(SEAL) [signature]

JENNIFER J. EDWARDS
MY COMMISSION # HH 254385
EXPIRES: August 17, 2026

(Name of Notary typed, printed or Form stamped)

Form A. Rev. 02/06/2017

WHEELCHAIR/STRETCHER SERVICE
RECORD KEEPING VERIFICATION FORM

Pinellas County Rules and Regulations, as Amended

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

Date: 10/1/2025

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	JLB
	• Time Call Received	JLB
	• Pick-up & Destination Address	JLB
	• Arrival Time at Destination	JLB
	• Client's Name	JLB
	• Person Ordering Transport	JLB
	• Telephone Number of Caller (*if applicable)	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

Pinellas County EMS & FIRE ADMINISTRATION

WHEELCHAIR VEHICLE ROSTER
Pinellas County Rules and Regulations, as Amended

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

Provide Unit, Tag and VIN numbers for all vehicles. 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. Contact EMS & Fire Administration for a Vehicle Inspection appointment.

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 dent/rust that interferes with safe operation	Equipment in patient compartment safely secured	Doors, latches, and handles working properly	Patient lift platform 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
1. LL3	MIN01Y	2NKHHM6X0HM165535													
2. LL5	MIP51Y	2NKHHM6X2HM136408													
3. LL7	MIS19Z	2NKHHM6X7LM391757													
4.															
5.															
6.															
7.															
8.															
9.															
10.															
11.															
12.															

Form C-1 Rev. 02/06/2017

EMS INSPECTOR: _____ Date: _____

Pinellas County
EMS & FIRE ADMINISTRATION

STRETCHER VAN ROSTER
Pinellas County Rules and Regulations, as Amended

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

Such vehicles may not be equipped, marked or operated as an Ambulance

Provide Unit, Tag and VIN numbers for all vehicles. 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. Contact EMS & Fire Administration for a Vehicle Inspection appointment.

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 dent/rust that interferes with safe operation	Equipment in patient compartment safely secured	Doors, latches, and handles working properly	Patient lift platform 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
1.		Not Applicable													
2.															
3.															
4.															
5.															
6.															
7.															
8.															
9.															
10.															
11.															
12.															

EMS INSPECTOR: _____ Date: _____

Pinellas County EMS & FIRE ADMINISTRATION

WHEELCHAIR / STRETCHER DRIVER ROSTER
Pinellas County Rules and Regulations, as Amended

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

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 #
1. SCHULTHEISS, JONATHAN	S432-438-90-180-0	5/20/2027	5/20/1991	EMT54478
2. REA, CHRISTOPER	R000-113-96-141-0	4/21/2030	4/21/1996	EMT583697
3. JOHNSON, ELISHA	J525-212-03-106-0	03/26/2026	03/26/2003	EMT585252
4. 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
6. SPACKMAN, RAYMOND	S125-721-90-374-0	10/14/2029	10/14/1990	EMT586579
7. POIRIER, TESSA	P229-396-55-800-0	10/19/2032	10/19/1994	EMT558647
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				

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

ACORD®

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).

PRODUCER Arthur J. Gallagher Risk Management Services, LLC 10 West Carmel Drive, Suite 260 Suite 260 Carmel IN 46032	CONTACT NAME: Kris Hughes PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: kris_hughes@ajg.com
INSURED JOHNHOP-03 Johns Hopkins Health System c/o JHU Risk Management 3910 Keswick Road, Suite N-5400 Baltimore MD 21211	INSURER(S) AFFORDING COVERAGE — NAIC # INSURER A : Arch Insurance Company — 11150 INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :

COVERAGES **CERTIFICATE NUMBER:** 1084208550 **REVISION NUMBER:**

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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$
	☐ CLAIMS-MADE ☐ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$
	☐ POLICY ☐ PRO-JECT ☐ LOC						PRODUCTS - COMP/OP AGG	$
	☐ OTHER:							$
A	AUTOMOBILE LIABILITY			41CAB1072102	7/1/2025	7/1/2026	COMBINED SINGLE LIMIT (Ea accident)	$ 2,000,000
	X ANY AUTO						BODILY INJURY (Per person)	$
	☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	☐ UMBRELLA LIAB ☐ OCCUR						EACH OCCURRENCE	$
	☐ EXCESS LIAB ☐ CLAIMS-MADE						AGGREGATE	$
	☐ DED ☐ RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						☐ PER STATUTE ☐ OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ N/A (Mandatory in NH)						E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							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

Pinellas County, A Political Subdivision
of the State of Florida
400 South Fort Harrison Ave.
Clearwater FL 33756
USA

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.

AUTHORIZED REPRESENTATIVE

AGENCY CUSTOMER ID: JOHNHOP-03

LOC #:

ADDITIONAL REMARKS SCHEDULE

AGENCY Arthur J. Gallagher Risk Management Services, LLC	NAMED INSURED 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: MCIC Vermont (A Reciprocal Risk Retention Group) / NAIC CODE: 19437	EFFECTIVE DATE: 1/1/2025

ADDITIONAL REMARKS

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.