



**APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY**

**APPLICATION TYPE:**  NEW  RENEWAL

**SERVICE TYPE:**  Wheelchair Transport  ALS Interfacility  ALS Non-Transport  
 Stretcher Transport  ALS Helicopter  ALS Transport

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

<b>ORGANIZATION NAME:</b> Baycare Health System - St. Joseph's Children's Hospital Ne		<b>HOURS OF OPERATION:</b> <input checked="" type="checkbox"/> 24-HOUR A.M. to <input type="checkbox"/> A.M. / <input type="checkbox"/> P.M.
<b>ADDRESS 1:</b> 3030 W. Dr. Martin Luther King Jr Blvd		<b>PHONE:</b> 813-356-7188
<b>ADDRESS 2:</b>		<b>FAX:</b> 813-872-3955
<b>CITY, STATE, ZIP CODE:</b> Tampa, FL 33607		
<b>OFFICER/DIRECTOR NAME &amp; TITLE:</b> Sarah Naumowich, President	<b>PHONE NUMBER &amp; E-MAIL:</b> 813-872-2950, Sarah.Naumowich@baycare.org	
<b>VICE OFFICER/DIRECTOR NAME &amp; TITLE:</b> Charles Ennis, Director of Patient Care	<b>PHONE NUMBER &amp; E-MAIL:</b> 813-356-7307, Charles.Ennis@baycare.org	
<b>BUSINESS HOURS POINT-OF-CONTACT:</b> Amy Praznik, Manager	<b>PHONE NUMBER &amp; E-MAIL:</b> 813-356-7188, Amy.Praznik@baycare.org	
<b>AFTER HOURS POINT-OF-CONTACT:</b> Amy Praznik, Manager	<b>PHONE NUMBER &amp; E-MAIL:</b> 727-337-1478, Amy.Praznik@baycare.org	
<b>REQUIRED ATTACHMENTS:</b> 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.		
<b>SIGNATURE OF APPLICANT:</b> 	<b>DATE:</b> 10/21/2024	
STATE OF FLORIDA COUNTY OF <u>Hillsborough</u>		
Subscribed and sworn to (or affirmed) before me this <u>10/21/24</u> by <u>Amy Praznik</u> , who is/are personally known to me or has/have produced <u>Driver License</u> as identification.		
(SEAL)		
(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: Baycare Health System - St. Joseph's Children

Date: 10/9/2024

Section	Inspection Items	Initials
8.1	Record all telephone lines when used for requests for transport, including cell phones.*  *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.	<u>ALP</u>
8.1	Written record contains: <ul style="list-style-type: none"> <li>• Date Call Received</li> <li>• Time Call Received</li> <li>• Pick-up &amp; Destination Address</li> <li>• Arrival Time at Destination</li> <li>• Client's Name</li> <li>• Person Ordering Transport</li> <li>• Telephone Number of Caller (*if applicable)</li> </ul>	<u><i>ALP</i></u> <u>ALP</u> <u>ALP</u> <u>ALP</u> <u>ALP</u> <u>ALP</u>
8.1	Audio dispatch records shall be kept for a minimum of six (6) months.	<u>ALP</u>
8.1	Written or electronic dispatch shall be kept for a minimum of three (3) years.	<u>ALP</u>
8.1	Dispatch audio & written/electronic records shall be available for inspection.	<u>ALP</u>



**WHEELCHAIR VEHICLE ROSTER**  
**Pinellas County Rules and Regulations, as Amended**

Name of Service: Baycare Health System - St. Joseph's Children's Hospital Page: 1 of 2

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. CCT1	U2855B	1HA6GUCG8HN004992													
2. CCT2	MIN08V	1FVACWFC2JHJP2439													
3. CCT3	MIW68S	1FDUF5HT0NDA17565													
4.															
5.															
6.															
7.															
8.															
9.															
10.															
11.															
12.															



**STRETCHER VAN ROSTER**  
**Pinellas County Rules and Regulations, as Amended**

Name of Service: Baycare Health System - St. Joseph's Children's Hospital

Page: 2 of 2

**\*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/stretchers	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. CCT1	U2855B	1HA6GUCG8HN004992													
2. CCT2	MIN08V	1FVACWFC2JHJP2439													
3. CCT3	MIW68S	1FDUF5HT0NDA17565													
4.															
5.															
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10.															
11.															
12.															



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

Name of Service: Baycare Health System - St. Joseph's Children's Hospital Page: 1 of 1

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.

1. Name (Last, First) Also list "nick-name" if applicable	Class E Driver's License Number	Expiration Date	Date of Birth	Assigned EMS ID #
1. Meghann Boyd	B300-552-80-743-0	7/03/31	7/3/1980	
2. Justin Brittain	B635-435-84-409-0	11/9/27	11/9/1984	
3. Tony Biasotti	B230-005-77-304-0	8/24/28	8/24/1977	
4. Ryan Smith	S530-730-82-028-0	1/28/27	01/28/1982	
5. Joseph Blackwelder	B424-483-81-346-0	09/26/2026	9/26/1981	
6. Matt Sox	S218-834-18-100-0	10/1/2032	10/01/1990	
7. Tiffany DiSanto	D253-816-89-604-0	3/24/27	03/24/1989	
8. Tawny Zieba	Z100-812-81-661-0	5/01/2030	5/1/1981	
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				

## HELICOPTER/AIRCRAFT ROSTER

Name of Service: BayCare Health System - St. Joseph's Children's Hospital Date: 10/9/2024 Page 1 of 1

Provide helicopter/aircraft type, model/year, identifying FAA license #/permit information, radio ID, and base location. 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.

Helicopter/Aircraft Type	Model/Year	FAA License #	Radio ID	Base Location
EC135	<b>Utilize Air Method's Aircraft</b>			St. Joseph's Hospital

PERSONNEL ROSTER

<b>Name (Last, First)</b>	<b>License/Certification</b>	<b>Expiration Date</b>
Praznik, Amy	RN 9458802	07/26
Yarbrough, Hope	RN 9258711	07/26
Craven, Jennifer	RN 9362215	04/25
Neveu, Jonathan	RN 9321356	07/26
Zieba, Tawny	RN 9287221	07/26
Wright, Anthony	RN 9413807	04/25
Watson-Thompson, Taylor	RN 9441828	07/26
Lynch, Christina	RT 11947	05/25
Rincon, Kathleen	RT 10829	05/25
Nunemaker, Courtney	RT 15807	05/25
DiSanto, Tiffany	RT 14561	05/25
Ceo, Melody	RT 13700	05/25
Brittain, Justin	PM 529803	12/24
Biasotti, Anthony	PM 524361	12/24
Smith, Ryan	PM 522933	12/24
Blackwelder, Joseph	PM 521695	12/24
Sox, Matthew	PM 519304	12/24
Collins, Caley	RT 23374	05/25



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
1/10/2024

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).

<b>PRODUCER</b> Coverage is independently procured by the named insured	<b>CONTACT NAME:</b> Annette Decato <b>PHONE (A/C, No, Ext):</b> 727-519-1325 <b>FAX (A/C, No):</b> 727-519-1276 <b>E-MAIL ADDRESS:</b> Annette.Decato@baycare.org	
<b>INSURED</b> St. Joseph's Hospital, Inc. BayCare Health System, Inc. 2985 Drew Street Clearwater FL 33759	<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>
	INSURER A : BCHS Insurance, Ltd.	
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
INSURER F :		

**COVERAGES**      **CERTIFICATE NUMBER:** 2002537168      **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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	HPL2024BCHS-1	1/1/2024	1/1/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ FireDmg-Any one Fire \$ 100,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY	Y	BCHSAL3865-2024	1/1/2024	1/1/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED   RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y / <input checked="" type="checkbox"/> N				PER STATUTE   OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Professional Liability (Claims-Made Form)		HPL2024BCHS-1	1/1/2024	1/1/2025	Each Loss \$1,000,000 Aggregate \$3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) This cancel and replaces certificate issued 12/29/2023

Contact Address:  
BCHS Insurance, LTD - Tel: 1 345 945 1266  
18 Forum Lane, 2nd Floor, Camana Bay, Grand Cayman, KY1-1102, Cayman Islands

Above auto limits sit excess of the following self-insured retention: \$100,000/\$300,000 third-party bodily injury; \$50,000 third-party property damage; \$10,000 personal bodily injury.  
Pinellas County EMS & Fire Administration and the Pinellas County Board of County Commissioners are included as additional insureds for General Liability and Automobile Liability with respect to COPCN, St. Joseph's Hospital – St. Joseph's Children's Hospital, 3001 W. Dr. MLK Jr. Boulevard, Tampa, FL 33607.

## CERTIFICATE HOLDER

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

## 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**  
*Annette Decato*  
an insurance manager and authorized representative

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#884 Source

**FLORIDA AUTOMOBILE LIABILITY  
IDENTIFICATION CARD**

**BayCare Health System**

**Certificate #: 4647      Effective Date: 01/01/2024**

**Name Insured: St. Joseph's Hospital, Inc.  
2985 Drew Street  
Clearwater, FL 33759**

**Make: Chevy**

**Year: 2017**

**VIN #: 1HA6GUCG8HN004992**



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**Signature of Certificate Holder**

**NOT VALID FOR MORE THAN ONE YEAR FROM EFFECTIVE DATE**

**THIS CARD MUST BE KEPT IN THE INSURED  
VEHICLE AND PRESENTED UPON  
DEMAND**

**IN CASE OF ACCIDENT: Report all Accidents to  
BayCare Risk and Insurance Services as soon as  
possible. Obtain the following information:**

- 1. Name and address and phone number of each driver,  
passenger and witness.**
- 2. Name of Insurance Company and policy number for  
each vehicle involved.**

**MISREPRESENTATION OF INSURANCE IS  
A FIRST DEGREE MISDEMEANOR.**

**FLORIDA AUTOMOBILE LIABILITY**  
**IDENTIFICATION CARD**

**BayCare Health System**

**Certificate #: 4647      Effective Date: 01/01/2023**

**Name Insured: St. Joseph's Hospital, Inc**  
**2985 Drew Street**  
**Clearwater, FL 33759**

**Make: Ford**

**Year: 2022**

**VIN #: 1FDUF5HT0NDA17565**



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**Signature of Certificate Holder**

**NOT VALID FOR MORE THAN ONE YEAR FROM EFFECTIVE DATE**

**THIS CARD MUST BE KEPT IN THE INSURED  
VEHICLE AND PRESENTED UPON  
DEMAND**

**IN CASE OF ACCIDENT: Report all Accidents to  
BayCare Risk and Insurance Services as soon as  
possible. Obtain the following information:**

- 1. Name and address and phone number of each driver,  
passenger and witness.**
- 2. Name of Insurance Company and policy number for  
each vehicle involved.**

**MISREPRESENTATION OF INSURANCE IS  
A FIRST DEGREE MISDEMEANOR.**

#812

SORNOL

**FLORIDA AUTOMOBILE LIABILITY  
IDENTIFICATION CARD**

**BayCare Health System**

**Certificate #: 4647      Effective Date: 01/01/2024**

**Name Insured: St. Joseph's Hospital, Inc.  
2985 Drew Street  
Clearwater, FL 33759**

**Make: Freightliner**

**Year: 2018**

**VIN #: 1FVACWFC2JHJP2439**



**Signature of Certificate Holder**

**NOT VALID FOR MORE THAN ONE YEAR FROM EFFECTIVE DATE**

**THIS CARD MUST BE KEPT IN THE INSURED  
VEHICLE AND PRESENTED UPON  
DEMAND**

**IN CASE OF ACCIDENT: Report all Accidents to  
BayCare Risk and Insurance Services as soon as  
possible. Obtain the following information:**

- 1. Name and address and phone number of each driver,  
passenger and witness.**
- 2. Name of Insurance Company and policy number for  
each vehicle involved.**

**MISREPRESENTATION OF INSURANCE IS  
A FIRST DEGREE MISDEMEANOR.**

St Joseph's Women's/Children's Hospital Retail Rate Schedule  
2024

Service Name	CPT / HCPCS	Modifier 1	Rev Cd	Type of Service	Retail
TRNS EMERGENCY NEONATE TRANSPORT	A0225		540	Tech	1,900.80
TRNS & PEDI TRANSPORT SCT	A0434		540	Tech	2,127.00
TRNS GROUND MILEAGE PER MILE	A0425		540	Tech	13.20
TRNS INJECTION SQ IM	96372		940	Tech	213.60
TRNS INJ/IV PUSH INITIAL DRUG	96374		940	Tech	213.60
TRNS PUSH EA ADD NEW DRUG	96375		940	Tech	213.60
TRNS INJ/IV PUSH SAME DRUG	96376		940	Tech	144.60
TRNS IV THERAPY UP TO 1HR	96365		940	Tech	614.40
TRNS EMERG ADV LIFE SUPP LV2	A0433		540	Tech	1,269.00
TRNS EMERG BASIC LIFE SUPPORT	A0429		540	Tech	738.00
TRNS NONEMERG BASIC LIFE SUPPORT	A0428		540	Tech	462.00
TRNS EMERG ADVANCE LIFE SUPP LV1	A0427		540	Tech	876.60
TRNS NONEMERG ADV LIFE SUPPORT LV1	A0426		540	Tech	553.80
TRNS PACU PHASE I 1ST 30MIN			710	Tech	522.00
TRNS PACU PHASE I ADD'L 15MIN			710	Tech	261.00
TRNS NEBULIZER TX SUBSEQUENT	94640		410	Tech	91.80
TRNS NEBULIZER TX INTL	94640		410	Tech	91.80